AMS Solutions
A SUPERIOR MEDICAL BILLING SERVICE

WHO IS ACTUALLY DOING YOUR MEDICAL BILLING?

Why AMS keeps billing in-house and what practices should know about subcontracted RCM

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ACCOUNTABILITY
CONTINUITY
CONTROL

YOU HIRED A BILLING COMPANY. BUT WHO IS ACTUALLY DOING THE WORK?

The answer should be simple. Sometimes it is not.

Medical billing vendors may use very different staffing models. Some directly employ the people working client accounts. Others subcontract portions of the revenue cycle to separate organizations. Both models can work, but they create different questions about turnover, training, PHI access, quality control and accountability.

YOUR PRACTICE SHOULD KNOW WHO IS TOUCHING ITS REVENUE CYCLE.

THE AMS MODEL	THE QUESTION TO ASK
100% AMS employees working AMS accounts. No third-party billing company sitting behind us.	Who employs the people working our claims, posting our payments and accessing our systems?

OUTSOURCING AND SUBCONTRACTING ARE NOT THE SAME THING

When a medical practice hires an outside billing company, it has deliberately outsourced the revenue cycle. The practice can evaluate the organization it hired: its leadership, experience, security, reporting, contract and performance.

Subcontracting adds another organizational layer. A primary billing company may assign part of the work to a separate organization that employs its own staff and manages its own operations.

DIRECT MODEL	SUBCONTRACTED MODEL
Medical Practice ↓ Billing Company ↓ Billing Company Employees	Medical Practice ↓ Billing Company ↓ Third-Party Subcontractor ↓ Subcontractor Workforce

The practice may have carefully evaluated the company at the top of the second chain. The question is how much it knows about the organization actually performing some of the work.

SUBCONTRACTING CAN BE LEGITIMATE. HIDDEN SUBCONTRACTING IS WHERE TRANSPARENCY STARTS TO MATTER.

AMS KEEPS CLIENT BILLING WORK INSIDE AMS

THE PEOPLE WORKING AMS ACCOUNTS ARE AMS EMPLOYEES.

AMS does not hand client billing operations to an unrelated third-party billing company. Our employees operate inside our management structure.

☐ AMS hires the people doing the work	☐ AMS trains them
☐ AMS supervises them	☐ AMS evaluates their performance
☐ AMS manages system access	☐ AMS performs quality control
☐ AMS owns escalation	☐ AMS owns the result

This is what we mean by 100% in-house: the work is performed by AMS employees, not by a white-labeled third-party billing vendor.

OUR PHILOSOPHY

We do not subcontract the accountability we were hired to assume. If something goes wrong, there is no outside billing company for AMS to point at. The work carries our name, so the responsibility belongs to us.

WHY THIS MATTERS TO ME PERSONALLY

Most of the guides I write for AMS are intentionally written from an organizational perspective. This one is different.

I have seen this problem firsthand. Before joining AMS, I worked for a healthcare organization that outsourced its medical billing. Over time, one of my responsibilities effectively became policing the billing company we had hired to do the work.

There was repeated turnover among the people working our account. New people had to learn our practice, providers, payer mix, recurring problems, workflows and expectations. Mistakes happened. Institutional knowledge disappeared when people left. Problems that should have been recognized quickly had to be rediscovered.

WE HIRED A COMPANY TO REDUCE THE BURDEN OF MANAGING BILLING. THEN WE HAD TO DEDICATE INTERNAL RESOURCES TO MANAGING THE COMPANY THAT WAS SUPPOSED TO BE MANAGING THE BILLING.

Eventually I was spending meaningful time reviewing the vendor's work, identifying errors, following up on unresolved issues and making sure the revenue cycle was actually being managed correctly.

That experience changed the question for me. It is not simply: Should we outsource billing? It is: Who is actually doing the work, who manages them, and who is accountable when something goes wrong?

THE LESSON WAS ACCOUNTABILITY, CONTINUITY AND CONTROL

There are talented revenue-cycle professionals all over the world. Geography was never the lesson I took from that experience.

WHAT MATTERS	WHAT DOES NOT ANSWER IT
Who employs the worker?	Where the salesperson lives
Who trains them?	Where the account manager sits
Who supervises them?	A logo on a proposal
Who controls access?	A generic claim of “global coverage”
Who performs QA?	
Who owns the error?	

A directly employed member of a billing company's workforce and an employee of an unrelated subcontractor are different operating relationships. The issue is not the employee's nationality. It is the management and accountability chain around the work.

WHEN SOMETHING GOES WRONG, SOMEBODY SHOULD OWN THE RESULT.

WHY BILLING COMPANIES SUBCONTRACT WORK

Usually the answer is economics and scale. Third-party outsourcing can give a company access to lower-cost labor, rapid capacity, extended working hours and standardized task processing without building the entire workforce internally.

☐ Add capacity quickly	☐ Lower internal hiring burden
☐ Extend working hours	☐ Standardize repetitive tasks
☐ Shift some staffing administration	☐ Access specialized labor pools

Those can be legitimate advantages. The practice simply needs to understand the tradeoff.

LOWER OPERATING COST FOR THE VENDOR DOES NOT AUTOMATICALLY MEAN LOWER OPERATIONAL RISK FOR THE CLIENT.

A subcontracted model can perform extremely well when the primary vendor has strong contracts, low turnover, transparent staffing, mature security controls, strong QA and direct oversight. The model itself is not the verdict. The controls are.

TURNOVER IS NOT JUST AN HR PROBLEM

An experienced biller gradually learns a practice in ways that are difficult to capture completely in a procedure manual.

☐ Provider-specific billing patterns	☐ Important payer behavior
☐ Common denial patterns	☐ Contract quirks
☐ Credentialing issues	☐ Location-specific issues
☐ Escalation paths	☐ Solutions already attempted

When that person leaves, a replacement can be capable and still require time to rebuild context. Documentation, training and SOPs reduce the impact, but they do not completely replace lived account experience.

EVERY TURNOVER EVENT CREATES SOME DEGREE OF INSTITUTIONAL-MEMORY RESET.

That becomes especially important when the staffing model experiences repeated churn. At some point, the practice can become the keeper of institutional knowledge that the billing company was hired to maintain.

HIGH-TURNOVER OUTSOURCING MARKETS DESERVE EXTRA DUE DILIGENCE

India is one of the world's largest technology and business-process services markets. The workforce is sophisticated and enormous, but several outsourcing-oriented sectors have also reported meaningful employee churn.

Measure	EY reported attrition
India IT-enabled services - 2023	21.8%
India IT-enabled services - 2024	19.4%
India overall workforce - 2025	16.4%

The same data also show why geography alone is a poor shortcut. EY's 2025 GCC Pulse Survey reported attrition around 9% among participating Indian Global Capability Centers, demonstrating that mature operating models can retain talent far better than broad market averages.

THE QUESTION TO ASK

Do not ask only, “Is work performed in India?” Ask: What is the turnover rate on the team actually performing our work, and how do you protect continuity when someone leaves?

Sources: EY Future of Pay 2024 and 2026; EY GCC Pulse Survey 2025. Sector and survey populations differ, so the figures should be used as context rather than as a universal rate for all Indian employers.

ASK ABOUT ACCOUNT-LEVEL TURNOVER, NOT JUST COMPANY TURNOVER

A corporate retention statistic can look impressive while telling you very little about the people touching your account.

- ☐ How many people worked this function on our account in the last 12 months?
- ☐ How long has the average team member been with your organization?
- ☐ How long have they worked in medical billing?
- ☐ How long have they worked in our specialty?
- ☐ How often are employees moved between accounts?
- ☐ What happens when our primary biller leaves?
- ☐ How much overlap occurs before a replacement takes over?
- ☐ Who retains account knowledge during transitions?

YOUR ACCOUNT SHOULD NOT BECOME A TRAINING GROUND.

Every billing professional has to learn somewhere. The concern is when the practice repeatedly absorbs the cost of a staffing model built around constant replacement.

THE SKILLS GAP IS NOT ABOUT INTELLIGENCE

Medical billing contains different levels of work. Many tasks can be standardized and trained efficiently. Other parts of revenue-cycle management depend heavily on judgment, pattern recognition and experience.

TRANSACTION PROCESSING	REVENUE-CYCLE JUDGMENT
Post routine payments	Recognize denial trends
Enter demographic data	Identify root causes
Run eligibility	Connect billing to credentialing
Submit clean claims	Assess payer behavior
Process standardized queues	Escalate systemic issues

Consider a payer that suddenly begins denying a service that historically paid. A strong RCM professional may need to determine whether the issue involves coding, modifiers, authorization, credentialing, location setup, contract configuration, claim routing or payer processing.

THAT IS NOT SIMPLE TASK COMPLETION. THAT IS JUDGMENT.

WHO IS DOING THE THINKING?

A person can be trained to work a queue. A more experienced professional asks why the queue suddenly has twice as many claims in it. Both roles matter, but they are not the same skill.

☐ Who analyzes denial trends?	☐ Who decides when an issue needs escalation?
☐ Who reviews payer behavior?	☐ Who identifies root causes?
☐ Who monitors A/R deterioration?	☐ Who recognizes unusual write-off patterns?
☐ Who connects billing issues to credentialing?	☐ Who communicates findings to practice leadership?

ACCOUNT MANAGER IS NOT ENOUGH

If the answer to every question is “your account manager,” ask how much of the underlying work that person actually sees. The person speaking to the practice needs enough operational access and expertise to understand what the production team is seeing.

THE DISTANCE BETWEEN THE PRACTICE AND THE WORK MATTERS

Every additional organizational handoff can create another point where context, urgency or accountability can be diluted.

SHORTER CHAIN	LONGER CHAIN
Practice ↓ Billing Company ↓ Billing Company Employee	Practice ↓ Billing Company ↓ Vendor Manager ↓ Subcontractor ↓ Team Lead / Worker

A longer chain does not automatically fail. It simply needs stronger communication, escalation, training and governance to compensate for the additional layers.

HOW MANY ORGANIZATIONS SEPARATE YOUR PRACTICE FROM THE PERSON ACTUALLY WORKING THE CLAIM?

THEN THERE IS THE PHI QUESTION

Medical billing professionals may access patient names, dates of birth, diagnoses, procedures, insurance information, medical records, financial information and other protected health information.

Under HIPAA, a billing company handling PHI for a covered healthcare provider is generally a business associate. HHS states that a subcontractor that creates, receives, maintains or transmits PHI on behalf of a business associate is itself a business associate.

SUBCONTRACTING DOES NOT MAKE HIPAA OBLIGATIONS DISAPPEAR. IT EXTENDS THE COMPLIANCE CHAIN.

HHS requires a business associate to ensure that subcontractors with PHI access agree to the same applicable restrictions, conditions and safeguards that apply to the business associate. Contracts between business associates and downstream business-associate subcontractors are subject to these requirements.

PRACTICAL TAKEAWAY

Subcontracting is expressly contemplated by HIPAA. The question is whether the relationship is transparent, appropriately contracted, securely managed and subject to meaningful oversight.

WHO HAS ACCESS TO YOUR SYSTEMS?

HHS Security Rule guidance requires workforce security and information-access management controls designed to ensure that people working with ePHI have appropriate authorization, supervision and role-based access.

☐ Who can access the EHR?	☐ Who can access the PM system?
☐ Who can access payer portals?	☐ Who can access clearinghouse data?
☐ Who can view patient records?	☐ Who approves access?
☐ Who limits access by role?	☐ Who removes access after termination?
☐ Who audits access?	☐ Does the primary billing company control these decisions directly?

ACCESS MANAGEMENT IS NOT A FOOTNOTE WHEN THE WORK INVOLVES PHI.

When a third party performs the work, understand exactly who controls identity, permissions, termination and audit responsibilities.

WHO TRAINS THE PERSON WORKING YOUR ACCOUNT?

Training and QA are where staffing models become real. Ask who owns them, not whether they exist.

TRAINING QUESTIONS	QUALITY QUESTIONS
Who hires?	Who audits claims?
What experience is required?	Who reviews posting accuracy?
Who provides specialty training?	Who reviews write-offs?
How is competency tested?	Who audits denials?
Who coaches after an error?	Who performs independent QA?

“THE SUBCONTRACTOR TOLD US QUALITY IS GOOD” IS NOT QUALITY ASSURANCE.

If subcontractors are involved, ask whether the primary billing company conducts its own independent review or simply relies on reports generated by the subcontractor.

PRODUCTIVITY CAN BECOME THE WRONG INCENTIVE

High-volume operations naturally measure productivity. They have to. But revenue-cycle performance cannot be reduced to accounts touched, claims worked, calls completed or tickets closed.

THE TOUCHES TRAP

An employee touches 75 A/R accounts. That sounds productive. But were balances resolved? Were payer errors identified? Were deadlines protected? Were appeals filed? Did anyone identify the systemic issue that caused the balances in the first place?

Consider this account history:

Week 1: Checked payer portal. Claim pending.
Week 3: Still pending.
Week 5: Claim remains pending.
Week 7: Called payer. Processing.

TOUCHES ARE EASY TO COUNT. JUDGMENT IS HARDER.

An experienced biller may ask whether the claim has exceeded normal processing time, whether information is missing, whether there is an escalation path, whether similar claims are affected and whether a filing or appeal deadline is approaching.

THE HARD MONEY IS WHERE THE DIFFERENCE SHOWS

Almost anyone can process the happy path: clean claim, correct payer, correct provider, correct coding, payment arrives. Revenue-cycle expertise becomes much more visible when the claim does not pay.

☐ Complex denials	☐ Appeals
☐ Chronic payer problems	☐ Credentialing-related denials
☐ Underpayments	☐ Recoupments
☐ Authorization issues	☐ A/R over 120 days
☐ Timely-filing threats	☐ Contract discrepancies

ASK WHO HANDLES THE HARD MONEY - THEN ASK WHO EMPLOYS THEM.

A domestic account manager does not answer that question by itself. Who actually works the claims? Who posts payments? Who works A/R? Who reviews denials? Who accesses the EHR? Ask about the full operating team.

20 QUESTIONS TO ASK BEFORE HIRING A BILLING COMPANY

☐ Are the people working our account employees of your company?	☐ Do you subcontract any part of our billing operation?
☐ Which functions are subcontracted?	☐ Does another company employ anyone who will access our systems?
☐ How many people have worked our function during the last year?	☐ What is turnover like on the team handling our account?
☐ How much medical-billing experience does the team have?	☐ How much experience do they have in our specialty?
☐ Who handles complex denials and escalations?	☐ Who analyzes payer and A/R trends?
☐ Who directly supervises the people doing our work?	☐ Who provides training?
☐ Who performs QA?	☐ How are errors documented and corrected?
☐ Who can terminate access immediately?	☐ If subcontractors are used, who are they?
☐ Are downstream subcontractors permitted?	☐ Will we be notified before work moves to another subcontractor?
☐ Are appropriate Business Associate Agreements in place?	☐ How do you independently audit subcontractor security and performance?

ONE QUESTION CUTS THROUGH A LOT OF SALES LANGUAGE: “CAN YOU GUARANTEE THAT EVERYONE ACTUALLY PERFORMING OUR BILLING WORK IS EMPLOYED DIRECTLY BY YOUR COMPANY?”

RED FLAGS AND FOLLOW-UP QUESTIONS

What you hear	What to ask next
“Our back-office team handles that.”	Who employs them?
“We have a global workforce.”	Are they your employees or another company's?
“We partner with another organization.”	Which organization and which functions?
“We do not track turnover by account.”	How do you monitor continuity on our team?
“Our vendor handles training.”	How do you verify competency?
“Our subcontractor handles QA.”	Do you perform independent QA?
“Your account manager oversees everything.”	How many accounts do they oversee and what production data can they see?
“We have never had an issue.”	What controls would detect one if it occurred?

A “no” to direct employment is not automatically disqualifying. It should simply lead to a deeper conversation about the operating model. Transparency is the dividing line.

SUBCONTRACTING IS NOT AUTOMATICALLY A DEALBREAKER

There are excellent outsourcing organizations, secure subcontracting models and highly capable revenue-cycle teams throughout the world. A mature vendor may have strong contracts, experienced staff, low turnover, excellent QA, robust security and clear accountability.

☐ Transparent subcontractor relationships	☐ Appropriate BAAs and security controls
☐ Low and monitored turnover	☐ Specialty training
☐ Independent QA	☐ Clear escalation paths
☐ Defined access controls	☐ Documented continuity plans

IF THE MODEL IS GOOD, THE VENDOR SHOULD BE COMFORTABLE EXPLAINING IT.

You should not discover who is performing the work only after an error, data incident or staffing problem occurs.

WHY AMS CHOSE A DIFFERENT MODEL

100% AMS EMPLOYEES. ZERO THIRD-PARTY BILLING SUBCONTRACTORS.

AMS deliberately keeps client billing work within AMS because we want direct control over the things for which our clients hold us accountable.

DIRECT CONTROL	DIRECT ACCOUNTABILITY
Hiring	Escalation
Training	Corrections
Management	Communication
Quality assurance	Client reporting
Access	Operational improvement
Performance	The final result

If priorities need to change, our managers can change them. If someone needs coaching, we coach them. If access needs to be removed, we control it. If performance is not acceptable, it is ours to address.

WE CANNOT SAY, “OUR SUBCONTRACTOR MADE THE MISTAKE.” WE OWN IT.

OVERSIGHT IS RESPONSIBLE. DOING THE VENDOR'S MANAGEMENT JOB IS NOT.

A medical practice should absolutely monitor its billing company. Review reporting, A/R, denials, collections, write-offs and performance. That is responsible management.

But there is a difference between oversight and having internal staff constantly rescue the vendor.

☐ Finding missed claims	☐ Catching repeated posting errors
☐ Identifying obvious denial patterns	☐ Reminding billers to follow up
☐ Teaching replacement staff the account	☐ Escalating issues the vendor should have caught
☐ Correcting repeated mistakes	☐ Rebuilding institutional knowledge after turnover

YOU HIRED HELP. YOU SHOULD NOT HAVE TO BECOME THE HELP DESK FOR THE HELP YOU HIRED.

That is the operational leverage outsourcing is supposed to create: less time managing individual billing tasks, with better visibility into the revenue cycle.

ASK YOUR CURRENT BILLING COMPANY

You do not have to wait until you are shopping for a replacement. Ask the company you have today:

☐ Who actually performs our billing?	☐ Are those people your employees?
☐ Is any portion subcontracted?	☐ Who works our A/R?
☐ Who works our denials?	☐ Who posts our payments?
☐ Who has access to our EHR?	☐ How long have those people been on our account?
☐ How much turnover have we experienced?	☐ Who performs quality assurance?
☐ Who owns escalation?	☐ Who is ultimately accountable?

A GOOD PARTNER SHOULD BE COMFORTABLE ANSWERING THOSE QUESTIONS.

THE SIMPLEST QUESTION MAY BE THE BEST ONE

Before hiring a medical billing company, ask:

WHO ACTUALLY DOES MY BILLING?

Not: Who is my salesperson?
Not: Where does my account manager sit?
Not: Which company logo is on the proposal?

Who performs the work? Who employs them? Who trains them? Who manages them? And who owns the result?

THE AMS ANSWER

At AMS Solutions, the people performing client billing work are AMS employees. We do not subcontract client billing operations to third-party billing companies. That gives us direct responsibility for hiring, training, management, quality assurance, access, performance and escalation.

WHEN YOU PUT THE AMS NAME ON A REVENUE CYCLE, WE BELIEVE AMS SHOULD BE RESPONSIBLE FOR THE RESULT.

Contact AMS Solutions for a no-obligation medical billing and revenue-cycle review.

SOURCES AND METHODOLOGY

U.S. Department of Health and Human Services - Business Associates FAQs

HHS states that subcontractors creating, receiving, maintaining or transmitting PHI on behalf of a business associate are themselves business associates under HIPAA. View source

U.S. Department of Health and Human Services - Business Associate Contracts

HHS requires business associates to ensure PHI-handling subcontractors agree to the same applicable restrictions and safeguards; downstream BAA relationships are subject to the same requirements. View source

U.S. Department of Health and Human Services - Summary of the HIPAA Security Rule

HHS describes workforce security and information-access management requirements for appropriate authorization, supervision and role-based access to ePHI. View source

EY - Future of Pay 2024

EY reported India IT-enabled services attrition of 21.8% in 2023. View source

EY - Future of Pay 2024-25

EY reported India IT-enabled services attrition of 19.4% in 2024. View source

EY - Future of Pay 2026

EY reported overall India attrition of 16.4% in 2025, down from 17.5% in 2024. View source

EY - GCC Pulse Survey 2025

EY reported attrition among participating Indian GCCs declining to approximately 9% in 2025, illustrating how retention varies by operating model. View source

Important: This guide is an operational resource, not legal advice. Subcontracting, international staffing, HIPAA obligations, security controls and contract requirements vary by organization and circumstance. Practices should review vendor agreements, BAAs, security requirements and applicable law with appropriate legal and compliance professionals.

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