From Risk to Revenue Clarity: How One Health System Transformed OP CDI Performance

December 2025

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Today's Agenda and Goal

During our time today we will answer the following questions:

1. Before deploying an outpatient CDI program what did the organization consider?

2. How did the organization begin and what were some of the critical success factors to a strong launch?

3. What did the organization do to drive success?

4. What lessons were learned and where does the organization go next?

Today's Goal
Our goal is to show you how one organization started its outpatient CDI program and help position you for success in starting, expanding, or improving your current team's performance.

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Health System Background, History and Project Timeline

Norwood began partnering with the health system in September 2024. The project started with a launch and aligning on goals. From there the organization leveraged Norwood's consultative guidance and staff to rapidly drive results.

System Background

- Large single hospital health system in the Southeast
- Multiple value-based care risk arrangements
  - Medicare Shared Savings Program
  - Medicare Advantage
  - Commercial risk arrangement with a large payer
- 32 primary care locations
- 164 providers with 50+ attributed patients
- Approximately 84k risk lives

Project Timeline

- Q3 2024- Partnership launch
- Q4 2024
  - Process standardization
  - Historical chart review
  - 1:1 provider education
  - Launch initial reviews
- Q1 2025
  - Reviews accelerate
  - Continuous feedback loops expanded
- Q2 2025
  - Hired internal CDI supervisor
- Q3 2025
  - Hired internal CDI staff / prepare for expansion

Key Early Decisions and Considerations

To drive rapid success, there were several critical decisions that had to be made rapidly. Each of these decisions took longer to execute than the partner desired but building the foundation right was more important than doing it fast.

Steering Committee

Participants:
- Physician leader
- Revenue cycle
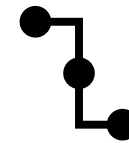- Operations
- Compliance
- IT

Frequency
- Operations- weekly
- Others- monthly

Prioritization

Key prioritization needs included:
- Departments
- Providers
- Populations
- Review prioritization

Process

The top processes to either create or refine:
- Pre-visit review process
- Problem list management
- Getting info to providers
- Point of care
- Post-visit review or reconciliation
- Data sharing

Review Focus

Key review decisions:
- Staffing ratio
- Goal coverage rate
- Only additions vs. more comprehensive review
- Diagnosis or HCC level

Where To Begin – Selecting Pilot Locations

Pilot Location Selection:
1) Ran a list of all sites and showed the number of lives by each location
2) Included the CMS average RAF score (per Epic) at the time the report was run
3) Sites below 1,000 patients were excluded from being pilot locations

Location	Lives	Avg. CMS RAF Score
Site 1	1643	1.02
Site 2	2722	0.96
Site 3	4477	0.91
Site 4	3018	0.86
Site 5	3381	0.84
Site 6	1619	0.84
Site 7	3019	0.84
Site 8	2308	0.83
Site 9	2058	0.83
Site 10	2310	0.80
Site 11	2815	0.80
Site 12	5047	0.79
Site 13	2419	0.79
Site 14	5458	0.79
Site 15	1703	0.78
Site 16	4488	0.77
Site 17	2067	0.77
Site 18	1207	0.77
Site 19	2111	0.76
Site 20	3382	0.76
Site 21	5353	0.76
Site 22	3929	0.74
Site 23	1133	0.74
Site 24	3308	0.73
Site 25	2170	0.72
Site 26	3877	0.71
Site 27	1097	0.71

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Key Questions to Answer:
1) Where do we have strong physician leadership and buy in?
2) Where is annual wellness visit usage high?
3) Where do we believe we can drive quick impact?

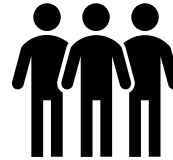# The Road to Success: Critical Success Factors

Deploying the Right Team to Drive Results

Success begins with aligning the vision and the process for the work. The work then needs to be done by people with the right expertise. The organization elected to use highly trained industry experts while simultaneously identifying and building its own internal team.
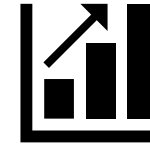
Launch Expertise

- Executive:25+ years of revenue cycle expertise
- Lead Consultant- 10+ years of revenue cycle expertise
- Subject Matter Expert- 10+ years of CDI and Epic expertise
- Program Supervisor- 30+ years of healthcare expertise

Accelerating Value

- Program Supervisor
- 3 CDI Specialists
  - CDI #1- Nurse with 10+ years of experience and supported 3 new programs
  - CDI #2- Nurse with 3+ years of OP CDI
  - CDI #3- Coder with CRC

Staffing For Sustainability

- Executive:25+ years of revenue cycle expertise
- Lead Consultant- 10+ years of revenue cycle expertise
- Subject Matter Expert- 10+ years of CDI and Epic expertise
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Results Overview

$9.6M Annualized Care Funding Impact

A 0.09 improvement in year over year RAF scores for the CDI population is worth nearly $10 million in care funding. How much of that shared with the organization will depend on medical loss ratios.

41%
Through October, 41% of all
pilot patients that have received
a CDI review to date

0.12 RAF Points
Average total RAF for patients seen
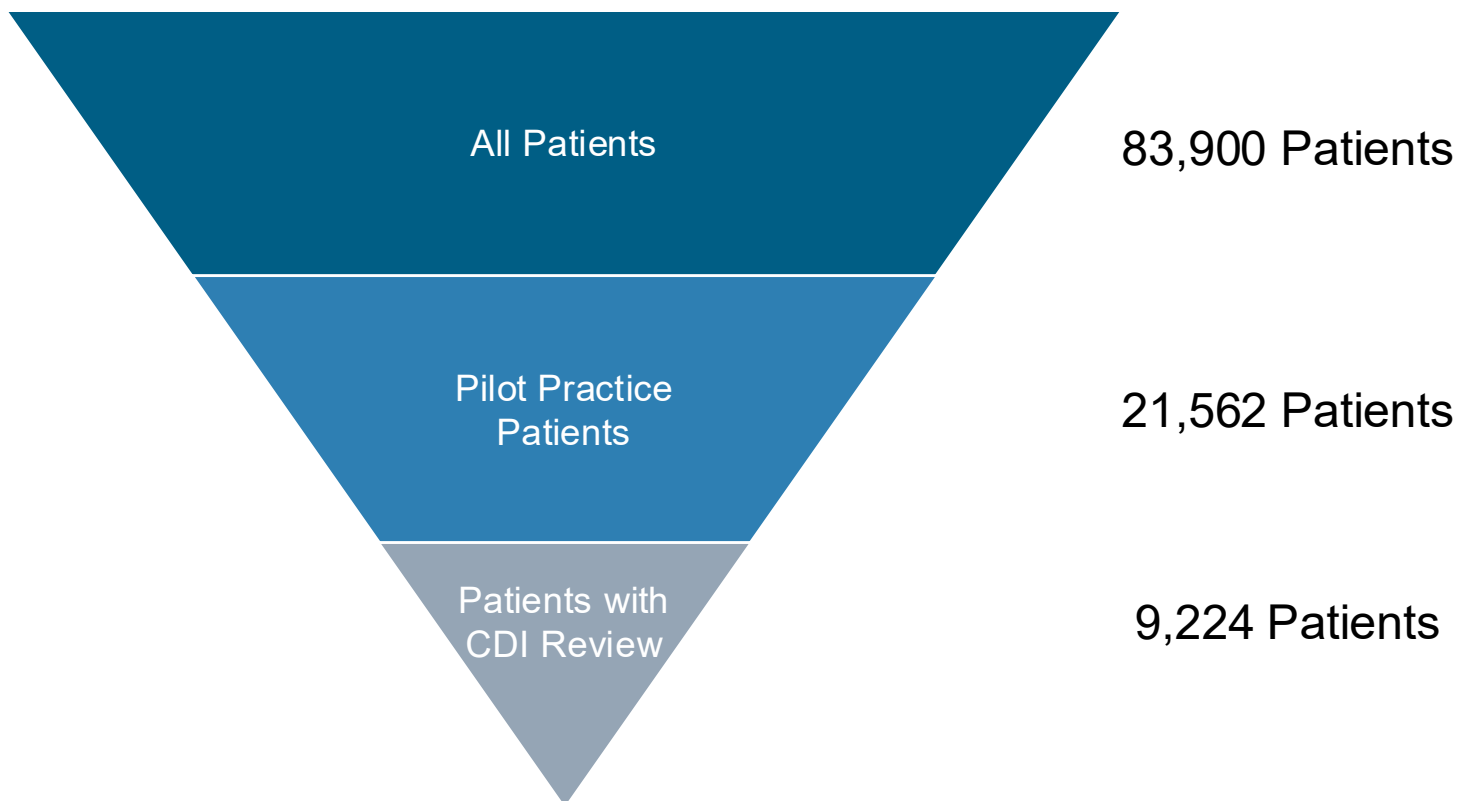by CDI is 0.12 points or 16.9%
higher than the overall population

112%
Percent of total 2024 RAF score that has
already been captured for CDI reviewed
patients. Across the organization that
number is 94%

85%
Percent of all perceived RAF has
been captured for CDI reviewed
patients. For all patients that
number is 66%.

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Examining the Attributed Population

The organization's universe of patients is significantly larger than the scope of the CDI program's pilot. One way to examine effectiveness of the program is to dive deeper into specific performance across the pilot and get down to the specific patients receiving a CDI review.

All Patients — 83,900 Patients

Pilot Practice Patients — 21,562 Patients

Patients with CDI Review — 9,224 Patients

Approximately 50% of patients at pilot practices will have a 2025 CDI review. Overall performance is in line with expectations. To assess future coverage rate goals, patient turnover and visit volumes should be considered.

Simultaneously Maximizing Revenue + Mitigating Risk

Norwood's philosophy is that the only CDI program approach acceptable is one that focuses on risk score accuracy. The CDI team embodies this, and statistics show that the activity the team is doing is having a tremendous impact to prompt clinicians to address clinically relevant conditions, reduce risk by suppressing unsupported conditions, and also seek clarity for diagnoses.
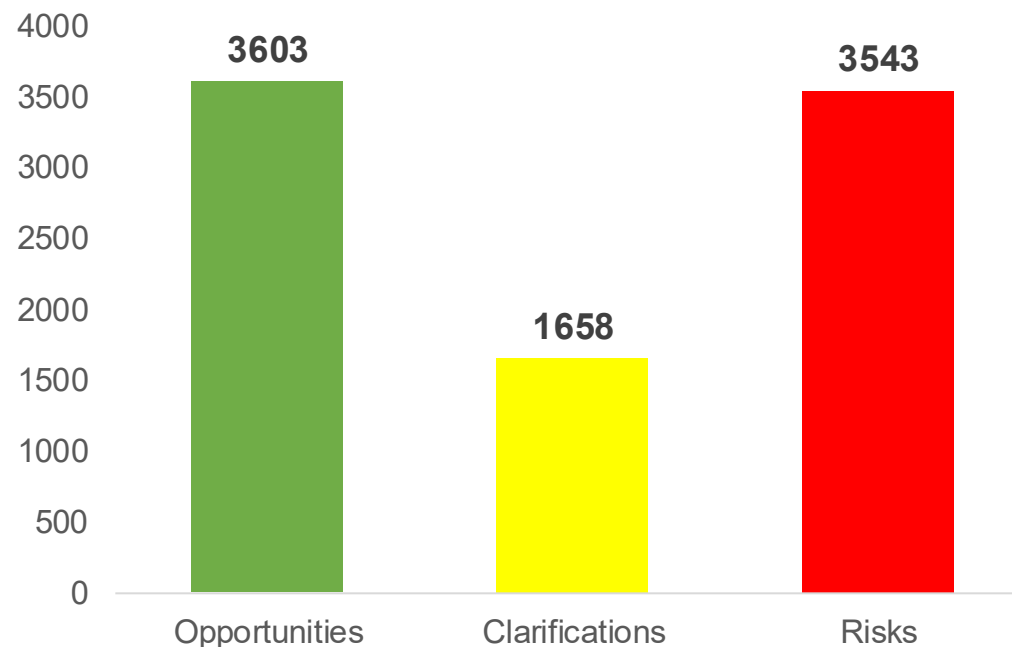
Definitions for CDI Query Metrics

Opportunity- These are conditions CDI has identified that clinicians should evaluate and ultimately document/bill as appropriate. These conditions are not on the problem list and reflect an opportunity to increase risk scores in alignment with the patient's complexity.

Clarification- These are conditions that are clinically relevant but a different diagnosis is recommended. These are often tied to condition specificity or clinical evolution. These clarification support risk score accuracy and balance risk score and compliance.

Risk- These are conditions that the CDI team has identified that are no longer clinically supported or are suspects that would prompt to clinicians unless suppressed. Removing these helps prevent inappropriate capture and enhances compliance.

Volume of CDI Prompts for Clinicians
Year to Date 2025 – Through October

Bar chart:
- Opportunities: 3603
- Clarifications: 1658
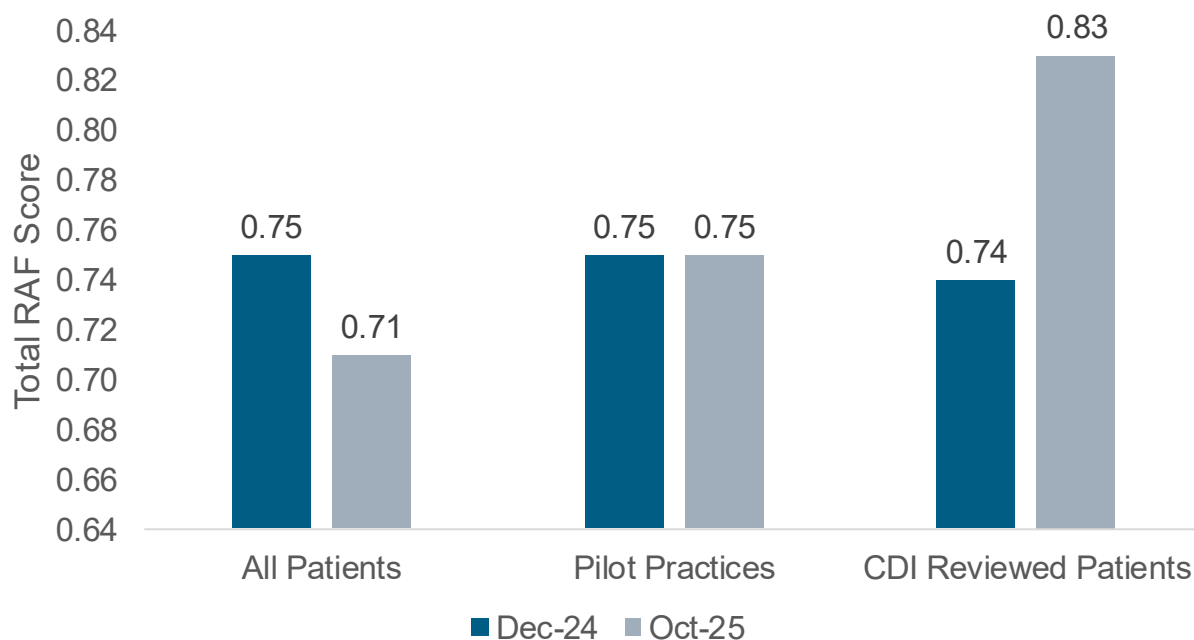- Risks: 3543

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Side by Side Comparison Highlights CDI Effectiveness

Comparing performance of patients in the CDI reviewed group to the broader pilot practices and all patients shows CDI's impact. October 2025 performance for the CDI group is appreciably more positive than all other groups both on a complexity and a percent of RAF captured basis. This performance shows the value of CDI and supports program expansion.
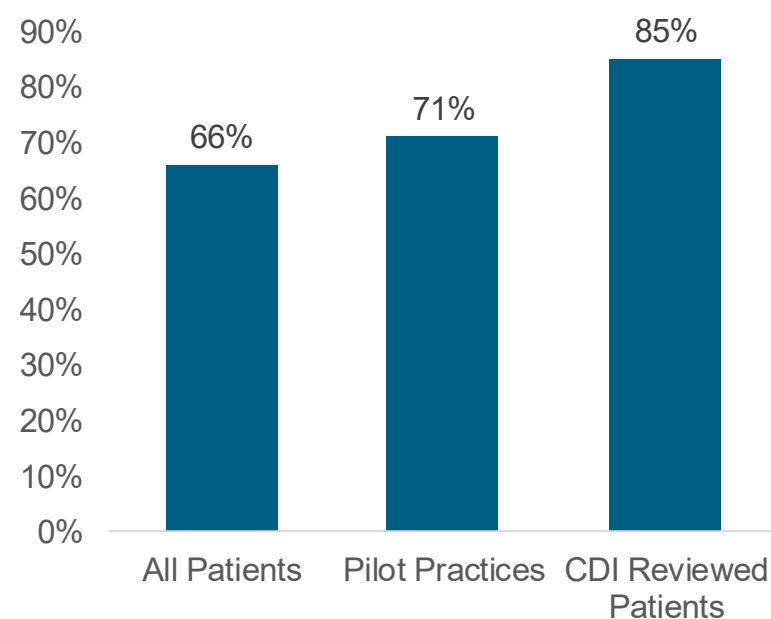
CMS-HCC Score per Patient by Group
Year End 2024 – October 2025

Percent of Total CMS-HCC Risk Potential Captured[1]
YTD- October 2025

Broader Side by Side View of Key Metrics

To analyze performance to show the impact of CDI reviews, below is a pilot practice only side by side comparison of performance. In every metric the patients with a review outperformed those without a review.

Metric	Pilot Practices + No CDI Review	Pilot Practices + CDI Review
Patients	12,651	8,911
Percent of Patients	58.7%	41.3%
2025 RAF Captured per Patient	0.69	*0.83*
2025 RAF Gap per Patient	0.42	*0.14*
2025 Percent of RAF Captured	62.4%	*85.5%*
2025 Patients with All RAF Captured	6,349	*6,876*
2025 Percent of Patients with All RAF Captured	50.2%	*77.2%*
2025 RAF Captured as a Percent of 2024 RAF	85.8%	*107.2%*

0.14 Points
Patients with a CDI review have a 0.14 point (20.2%) higher RAF score than those without a review
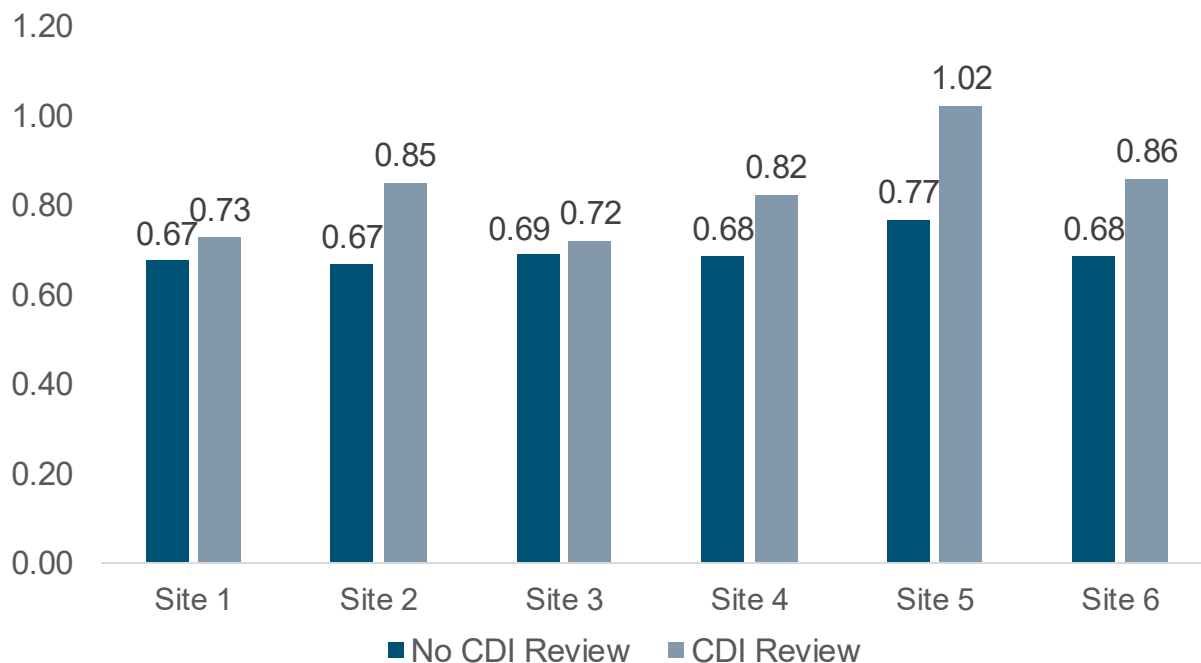
0.06 Points
Through 10 months, patients with a CDI review have a 0.06 point, or 7.2%, higher RAF score than last year.
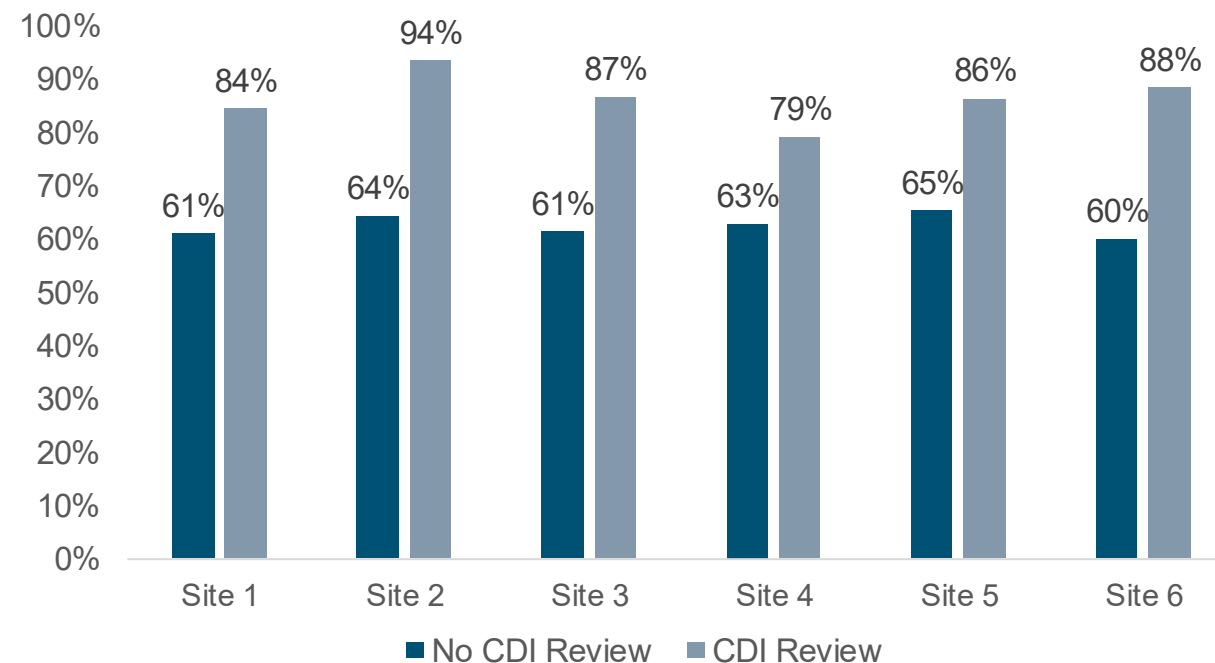
Side by Side RAF Capture Within Pilot Practices

Performance at every site also shows the benefit that CDI is having. Performance shows that when CDI reviews occur there is higher complexity as well as the percent of the RAF captured is higher. Continued expansion of lives covered by CDI and reinforcing education will be key to long-term organizational success.

RAF Score per Patient – By Pilot Department
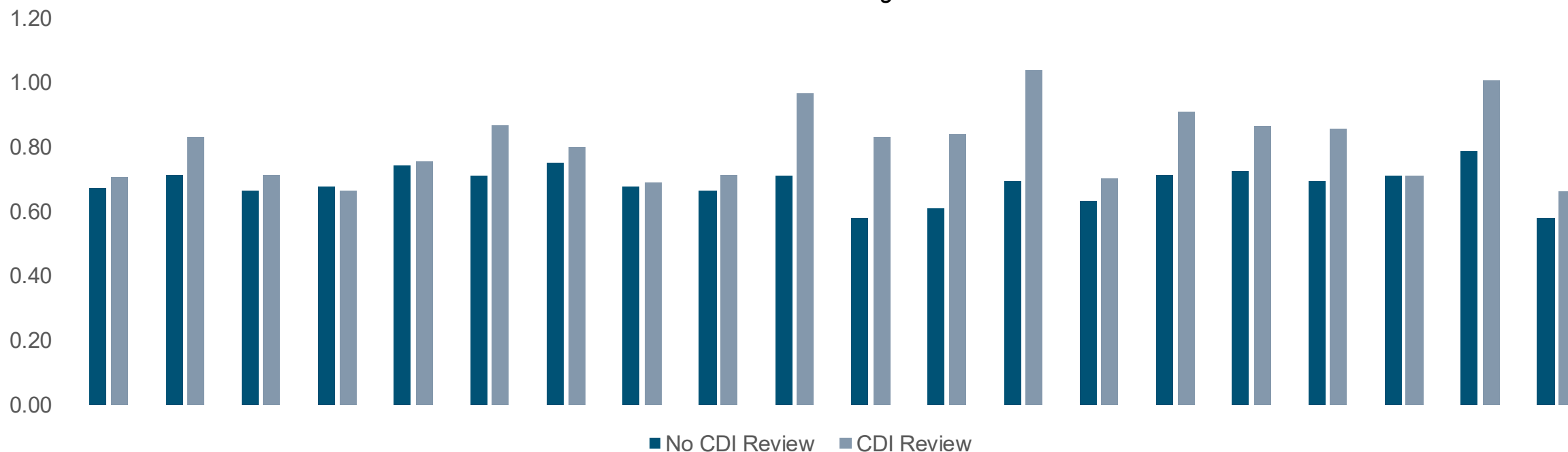*2025 Performance through October*

Percent of RAF Captured – By Pilot Department
2025 Performance through October

Side by Side RAF Capture- Top 20 Providers by Lives

The top 20 providers at the pilot practices represent 74% of all lives. The graphic shows the RAF captured per patient by provider for patients without/with a review. Of the 20 providers shown, 18 of the 20 providers have a more complex population when a CDI review occurred.
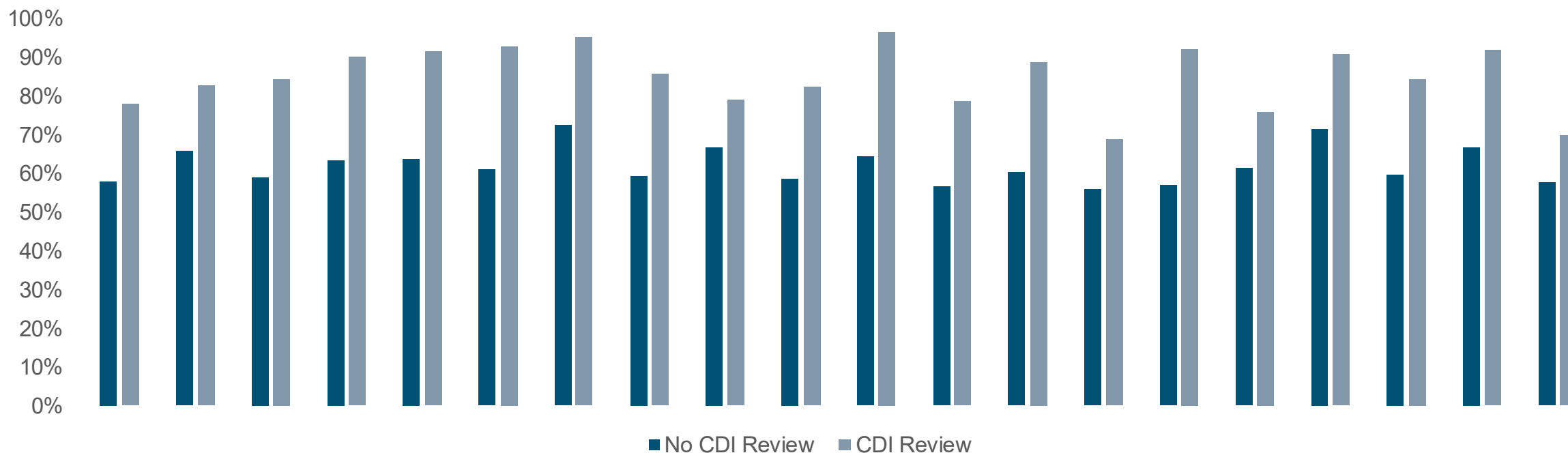

RAF Score per Patient – By PCP for Top 20 Providers by Lives
2025 Performance through October

■ No CDI Review ■ CDI Review

Side by Side Capture Rate- Top 20 Providers by Lives

These same providers as the prior slide represent 74% of all pilot lives. The capture percentage for 41 of 42 PCPs across the pilots, have improved capture for CDI reviewed patients.
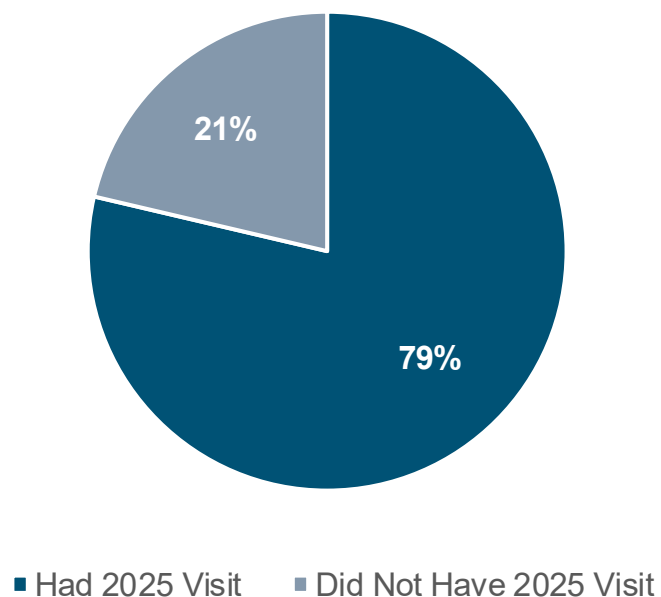

Percent of RAF Captured – By PCP for Top 20 Providers by Lives
2025 Performance through October

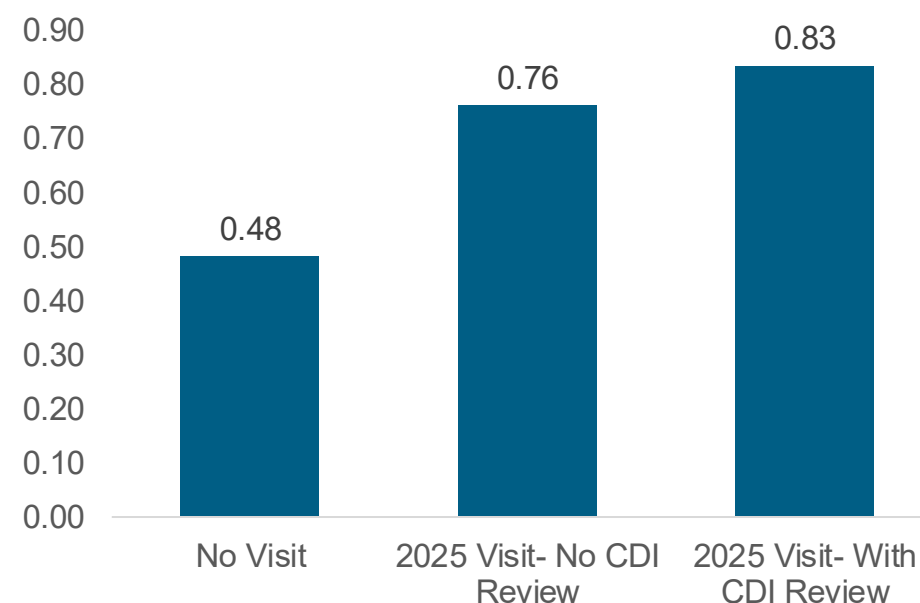■ No CDI Review ■ CDI Review

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2026 Imperative- Ensure 95% of Patients Are Seen

Organizations in risk arrangements must see 95% of their patients annually to not only ensure accurate risk adjustment but also drive health outcomes. Based on the data provided, through October only 79% of patients have been seen in 2025. When patients are seen their complexity is 60.4% higher than those without a visit.

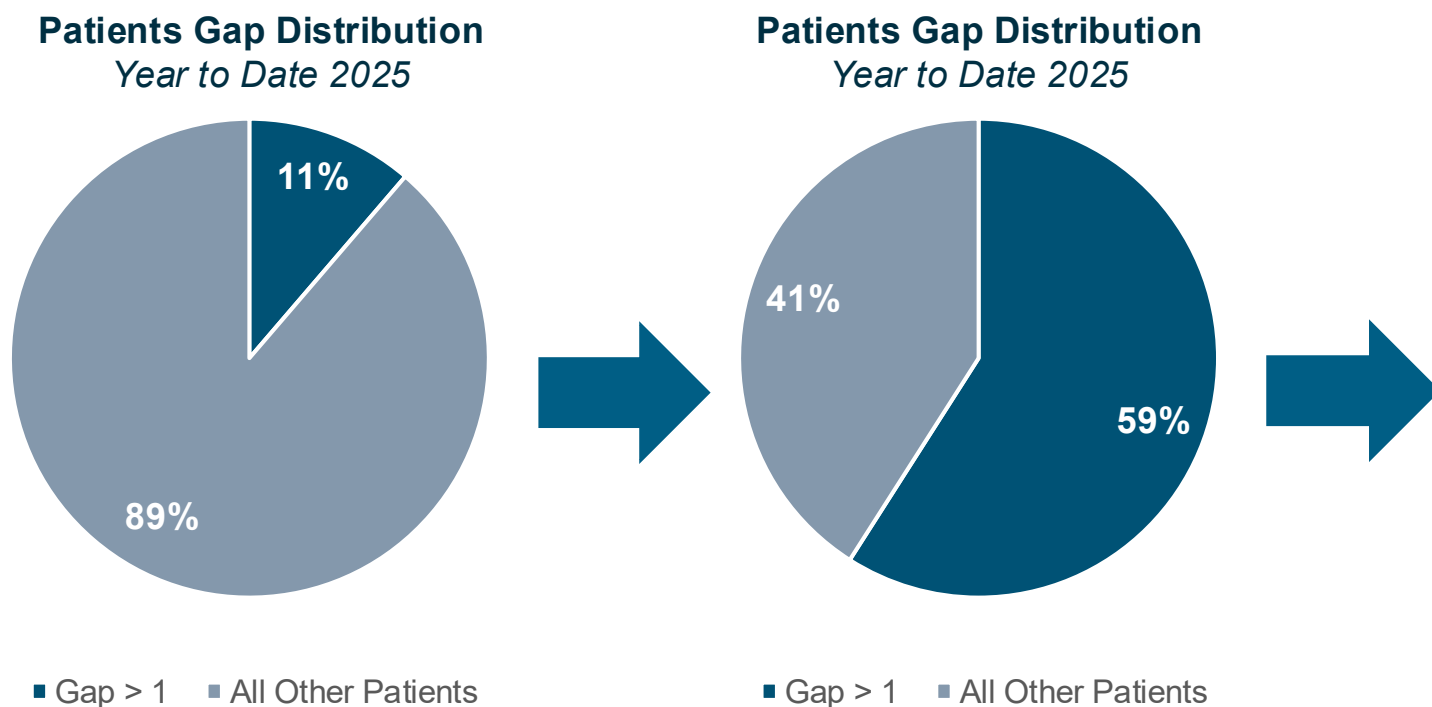### Percent of Patients with 2025 Visit
Year to Date 2025

- Had 2025 Visit
- Did Not Have 2025 Visit

Average RAF Score per Patient
Year to Date 2025

	No Visit	2025 Visit- No CDI Review	2025 Visit- With CDI Review
	0.48	0.76	0.83

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Finishing Strong – Focus On Patients With RAF Gap >1

11% of patients account for 59% of the remaining RAF score outstanding. Closing the gap on for these 9,474 patients is critical. Norwood recommends focusing on scheduling for pilot clinic patients and zeroing in CDI's efforts on this group to have maximum impact by the end of the year.

Patients Gap Distribution
Year to Date 2025

- 11%
- 89%

■ Gap > 1   ■ All Other Patients

Patients Gap Distribution
Year to Date 2025

- 41%
- 59%

■ Gap > 1   ■ All Other Patients
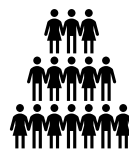
Recommendations to Finish 2025 Strong

- Target the 1,996 patients attributed to PCPs at pilot clinics with a RAF gap of 1.00 or more

- Ensure any patients with a RAF gap of 1.00 or more are prioritized for CDI review if/once scheduled

- Share communication to all pilot providers to reinforce that this may be the last opportunity for the year and to address all appropriate gaps.

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Lessons Learned and Program Expansion

To capitalize on the 2025 success and drive performance across its Medicare Advantage and MSSP populations, the organization is focused on several activities in the first half of 2026. The organization should then assess performance by the end of Q2 and devise strategies for the end of the year to help it hits its population health goals.

Expand CDI To Build on Pilot Success

Ensure Registry and Reporting Accuracy

Build / Assess HCC Coding Effectiveness

Improve Patient Scheduling

Continue CDI Feedback Loops

Components of a Best Practice Risk Adjustment Program

Norwood has created a list of best practices and segmented them into global themes. Each theme will have a number best practices.

Know Your Population	Patient Outreach	Provider Engagement	Pre-Visit Reviews
Point of Care Tools	Scheduling Follow-Up	HCC Coding	Retrospective Reviews

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Questions?