Outpatient and risk adjustment

As part of the sixteenth annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. Michele A. Hamilton, RN, CRC, CCDS-O, a CDI specialist at a large healthcare system, answered these questions. Hamilton is a member of the ACDIS Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Editor Jess Fluegel (jess.fluegel@hcpro.com).

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Q: The majority of respondents who conduct outpatient reviews on average complete more than 25 daily (42.47%). In comparison, 42.25% are expected to complete more than 25 by their department. Do you think a specific goal can be helpful, and/or are there other metrics helpful to track? What advice would you give an outpatient CDI professional to improve their chart review tactics, query writing, etc.?

A: While establishing a productivity benchmark such as reviewing more than 25 charts per day can help set performance expectations, volume alone does not define success in outpatient CDI. The true value of a CDI program is demonstrated through the quality and impact of its work. Programs should balance productivity metrics with measures such as query response and agreement rates, risk adjustment capture, quality measure performance, provider engagement, and educational outcomes.

To maximize effectiveness, outpatient CDI professionals should approach each review with intention. Rather than focusing solely on the number of encounters reviewed, I recommend prioritizing high-risk, high-impact conditions; chronic disease management; and documentation opportunities that influence risk adjustment, quality metrics, medical necessity, and overall patient care. A standardized review process—combined with strong clinical knowledge, coding expertise, and clear, clinically supported query practices—helps ensure meaningful and consistent results.

Q: When respondents were asked which outpatient settings their program currently reviewed, physician practice/clinics/Part B services was by far the most common answer (50.84%), followed by outpatient oncology (25.14%). Obstetrics/gynecology took third place this year (24.02%), which was the most popular choice in 2025 of the settings respondents planned to review in the next 12 months. This year, observation stays is the setting most plan to review within the year (5.59%). What advice do you have for CDI programs needing to choose their focus?

A: When choosing an outpatient CDI focus, my advice is to start with the organization's strategic priorities rather than selecting a specialty solely based on volume. The most successful programs are built around areas where documentation improvement can have a measurable impact on quality outcomes, risk adjustment accuracy, provider performance metrics, and patient care.

For organizations new to outpatient CDI, primary care and other Part B services often provide the greatest opportunity because they influence chronic disease

capture, Hierarchical Condition Category (HCC) reporting, Medicare Advantage risk adjustment, and quality measure performance. However, specialty areas such as oncology, OB/GYN, cardiology, or observation services may offer significant value depending on the patient population and organizational goals.

Before expanding into additional settings, I recommend conducting a needs assessment. Review available data such as missed HCC opportunities, coding audit findings, quality measure gaps, denial trends, and provider documentation patterns. These insights can help identify where CDI efforts are likely to yield the greatest return.

It's also important to consider provider engagement. A smaller service line with strong physician partnership may be a better place to start than a larger area where providers are not yet receptive to CDI collaboration. Early successes help build credibility, demonstrate value, and create momentum for future program growth.

Lastly, I encourage programs to focus on meaningful outcomes rather than review volume alone. Metrics such as documentation accuracy, query response rates, risk adjustment capture, quality measure improvement, and provider education outcomes tell a much more complete story about the success of an outpatient CDI program.

In my experience, the best outpatient CDI programs start with a focused approach, establish strong workflows and provider relationships, demonstrate measurable results, and then strategically expand into additional specialties as resources and organizational priorities evolve.

Q: Among those who currently review outpatient records, the most popular focus area was Hierarchical Condition Category (HCC) capture (43.58%). About 47% of respondents reported that their outpatient CDI program uses HCC capture rate to monitor their impact, followed by their Risk Adjustment Factor (RAF) score year-over-year (43.02%). What are the challenges unique to this type of review, and what advice would you give others about measuring the success of their efforts?

A: While HCC capture rates and year-over-year RAF trends are important indicators, they only tell part of the story. Try to focus on a combination of measures that reflect documentation accuracy, provider engagement, and the overall health of your population.

Key metrics include HCC recapture rates, suspect condition validation rates, provider response and agreement rates, RAF performance trends, and the completeness and specificity of documentation. You can collaborate closely with various departments such as population health, quality, and coding teams to evaluate how documentation supports quality measures, care gap closure, and accurate representation of patient complexity.

My advice to CDI programs is to avoid defining success solely by the number of HCCs captured or the financial impact. Those metrics are important, but they can create an overly narrow focus. The true goal of outpatient CDI and risk adjustment is to ensure the medical record accurately reflects the patient's clinical picture. When documentation integrity is the priority, appropriate risk adjustment, quality reporting, and reimbursement naturally follow.

I would also encourage programs to establish baseline metrics and track trends over time rather than focusing on a single reporting period. Sustainable improvement is often demonstrated through consistent provider engagement, improved documentation practices, reduced variability in documentation, and more accurate risk capture across populations.

As outpatient CDI continues to evolve, I believe success measures will become increasingly sophisticated and incorporate quality outcomes, population health metrics, and value-based care performance alongside traditional risk adjustment indicators. The most effective CDI programs will be those that can clearly demonstrate how their work contributes not only to reimbursement, but also to quality and compliance.

Q: When asked which risk adjustment methodologies their organization uses, the most popular choice among respondents was the Elixhauser Comorbidity Index (68.08%), followed by CMS-HCCs (65.49%) and Vizient's Risk Adjusted Index (64.32%). What advice do you have for a CDI professional wanting to get educated on these methodologies?

A: My advice to CDI professionals is to start by understanding the purpose behind each risk adjustment methodology, not just the mechanics. While all three

models use diagnoses to measure patient complexity, they are designed to answer different questions and support different organizational goals.

For example, CMS-HCCs are primarily used to predict future healthcare expenditures and support risk-adjusted reimbursement in Medicare Advantage and other value-based care programs. The Elixhauser Comorbidity Index is widely used to measure patient severity and predict outcomes such as mortality, complications, and resource utilization. Vizient's Risk Adjusted Index focuses on benchmarking quality, mortality, and performance outcomes across organizations. Understanding why a model exists helps CDI professionals recognize what documentation elements have the greatest impact.

I would recommend a layered approach to learning. Build a strong foundation in clinical documentation and coding. Accurate diagnosis capture and clinical validation remain the cornerstone of every risk adjustment methodology. Study each model independently. Learn how conditions are weighted, how risk scores are calculated, and what outcomes the methodology is designed to predict. Partner with your organization's experts. Data analysts, quality teams, coding professionals, population health leaders, and finance teams can provide valuable insight into how these methodologies are applied within your organization. Review real-world patient cases. Comparing how the same patient impacts different models is one of the most effective ways to understand the nuances of each methodology. Last, invest in ongoing education. Industry conferences, webinars, professional associations, and vendor-sponsored training often provide practical updates as risk adjustment models continue to evolve.

Looking ahead, I believe CDI professionals will need to become increasingly comfortable with data analytics and quality metrics in addition to traditional documentation improvement skills. The most successful CDI specialists will be those who can connect documentation integrity to organizational outcomes. Understanding methodologies such as CMS-HCCs, Elixhauser, and Vizient's Risk Adjusted Index positions CDI professionals to be strategic partners in these conversations rather than simply documentation reviewers.

Q: Outpatient CDI and risk adjustment have both been important industry topics for a long time, but how have you seen the conversation evolve in recent years? What external factors do you anticipate influencing outpatient CDI reviews and/or how CDI teams will be involved in outpatient or risk adjustment in the future?

A: Outpatient CDI and risk adjustment have been important topics for many years, but the conversation has evolved significantly. Early discussions primarily focused on translating inpatient CDI processes into the ambulatory setting and improving HCC capture. Today, the focus is much broader and more strategic. Organizations are increasingly recognizing that outpatient CDI is not just about reimbursement; it is about ensuring the medical record accurately reflects the patient's true complexity, supports quality reporting, informs population health initiatives, and demonstrates the value of care provided.

One of the biggest shifts I have seen is the growing emphasis on prospective CDI. Rather than conducting retrospective chart reviews, many organizations are embedding CDI specialists into the clinical workflow to support providers before or during patient encounters. This approach helps improve documentation quality and reduces provider burden by addressing documentation opportunities in real time.

Several external factors will continue to shape the future of outpatient CDI and risk adjustment. The expansion of value-based care models is a major driver. As healthcare organizations assume greater financial risk for patient populations, the need for accurate risk adjustment and complete documentation becomes even more critical. Additionally, increasing scrutiny from CMS and Medicare Advantage audits, including risk adjustment data validation audits, is placing greater emphasis on documentation integrity and clinical validation rather than simply capturing diagnoses.

Technology and artificial intelligence (AI) will also influence how CDI reviews are conducted. AI-powered tools can help identify documentation opportunities, prioritize high-risk patients, and streamline chart reviews. However, I believe the future role of the CDI professional will become even more important. Technology can identify patterns, but CDI specialists provide the clinical judgment needed to assess documentation accuracy and ensure compliance with evolving regulations.

Another trend I anticipate is closer collaboration between CDI, coding, quality, population health, and

care management teams. As organizations move toward more integrated approaches to patient care and performance measurement, CDI professionals will be expected to contribute beyond documentation improvement and serve as strategic partners in organizational outcomes.

Looking ahead, I believe outpatient CDI will continue to mature as a specialty. Success will require CDI professionals to develop expertise not only in documentation and coding, but also in quality metrics, risk adjustment methodologies, regulatory compliance, data analytics, and population health. The organizations that invest in these competencies and promote interdisciplinary collaboration will be best positioned to succeed in an increasingly value-based healthcare environment.

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Outpatient CDI's Next Chapter: Turning Strategy into Action

by Nichole Soderquist MBA, RHIA, CDIP, CCDS-O, CCS, RAC, manager of Ambulatory Consulting Services, and Kathy Harkness, RN, BSN, CDI product solution executive

How do you move an outpatient CDI program from good intentions to measurable impact?

That challenge sits at the heart of new documentation initiatives. Organizations are no longer asking whether outpatient CDI matters. The focus is now on how to operationalize programs, improve outcomes, engage providers, and demonstrate value across complex reimbursement and quality initiatives.

As outpatient CDI programs evolve, two themes are emerging: how to optimize processes, workflows, and education, and how to leverage technology to improve efficiency and effectiveness. Success requires both.

Building a Strong Operational Foundation

We have seen a growing interest in introducing or expanding outpatient CDI programs across ambulatory care settings. Organizations are evaluating review models, staffing approaches, provider engagement strategies, and program priorities as they determine how to scale their efforts.

Introducing AI-driven technology seems like a logical step. But before technology can deliver meaningful results, programs need a strong operational foundation. HIM leaders must understand where documentation gaps exist, which workflows create friction, and how providers can be better supported through targeted education and training.

This is where many organizations find value in an outpatient CDI assessment. Solventum's HCC consulting services help healthcare organizations evaluate current-state performance, identify documentation and risk-adjustment opportunities, assess program readiness, and prioritize areas for improvement. By establishing a clear baseline, organizations can make more informed decisions about staffing, workflow design, provider education, and performance measurement.

Provider education is particularly important. Accurate documentation supports more than reimbursement; it influences risk adjustment, quality reporting, medical necessity, coding accuracy, and the organization's overall understanding of patient complexity. These goals are increasingly interconnected, making documentation excellence a shared responsibility across clinical, coding, and CDI teams.

Using Technology to Scale and Sustain Success

Even well-designed programs can struggle to keep pace with growing documentation demands.

As outpatient CDI programs expand, leaders are increasingly looking for ways to improve efficiency without sacrificing quality. Technology can help bridge that gap.

Solventum™ Outpatient CDI technology is designed to help organizations identify documentation opportunities, prioritize reviews, and support risk-adjustment and HCC capture efforts. Rather than asking teams to review

everything, Solventum Outpatient CDI solution prioritizes opportunities that have the greatest impact.

This allows CDI teams to spend less time searching for opportunities and more time driving meaningful improvement. When combined with effective workflows and provider education, technology helps create a more scalable approach that supports program growth while improving consistency across the organization.

Measuring What Matters

Another clear theme within the industry is the need for outcomes. CDI leaders are increasingly expected to demonstrate how documentation improvement efforts contribute to organizational goals.

Today's programs are looking beyond traditional productivity metrics and tracking measures such as RAF performance, HCC capture, coding accuracy, denial reduction, evaluation and management performance, and quality outcomes. Stakeholders want to understand not only how much work was completed, but what value was created.

Achieving those outcomes requires more than technology alone. It requires the right combination of optimized workflows, provider education, strong governance, analytics, and technology-enabled execution. Organizations that align these elements are better positioned to translate documentation improvement into measurable clinical, operational, and financial results.

Looking Ahead

Outpatient CDI continues to evolve alongside value-based care, risk adjustment, and quality reporting initiatives. Healthcare organizations are recognizing that documentation integrity extends across the continuum of care and plays a critical role in accurately representing patient complexity and organizational performance.

The next chapter of outpatient CDI will belong to organizations that successfully combine process optimization with technology enablement. Whether through an HCC consulting assessment that identifies opportunities for improvement or technology that helps operationalize CDI workflows, Solventum helps organizations build stronger programs, improve efficiency, and demonstrate measurable value.

The question is no longer whether outpatient CDI matters. The question is how organizations can maximize its impact—and prove it