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# 2018

## CDI SALARY SURVEY

# Salaries continue slow ascent, job titles diversify

**W**hen ACDIS first conducted its CDI Salary Survey, more than half the respondents earned \$69,999 or less. In 2018, only 17% fell into that bracket, down from 20% according to 2017 results. The next earnings bracket, and usually the largest group—those who earn \$70,000–\$79,999—remained nearly the same year-over-year, 21.17% in 2018 versus 20.72% in 2017. (See Figure 1.)

Those who earn salaries of \$100,000 or more, however, grew to 28.15%, up from last year's 25.58%, indicating that top-earning CDI professionals found themselves on a path of continued growth in 2018. In fact, the majority of the 1,030 respondents to the 2018 survey reported earning a raise in the last 12 months. (See Figure 15.)

"I always review the salary surveys," says **Jeff Morris, RN, BSN, CCDS**, supervisor of CDI at University of South Alabama Health System in Mobile, encouraging those working in the field to stay informed about the annual changes illustrated within the results. "It gives us all the pulse of the industry, especially if you're not able to get out much to network."

### Salary growth and career opportunities

"I think one of the reasons salaries are increasing is because the CDI profession is now a recognized role in health systems," says **Romerl Cris Gumayagay, CCDS, CCS, CDIP**, director of CDI at Providence St. Joseph Health—Los Angeles market/California region, who has worked in the field for roughly a decade.

The most popular career model was a step/level increase system based on staff members' longevity, education, and experience levels (34.75%). Much like last year, the highest growth opportunity outside of step increases continued to be the CDI team lead position (45.76%), followed by CDI education lead (23.90%), CDI quality reviewer (20.34%), CDI preceptor (16.27%), and CDI denials manager (8.47%). (See Figure 2.)

"The more experienced CDI specialists move to those newer, more advanced roles," says Gumayagay. "The impact of CDI is not just financial, so it's important to move into the quality aspect of it."

"CDI is more important than ever," adds **Anthony F. Oliva, DO, MMM, FACPE**, vice president and CMO of Nuance Healthcare CDI. "Outcomes and patient satisfaction have become more important; therefore, the ability to measure how well clinical documentation correlates to the severity of the population just became more important, much more important."

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As the CDI profession grows and matures, the need for new roles becomes ever more pressing. For **Tamara Hicks, RN, BSN, MHA, CCS, CCDS, ACM**, director of clinical documentation excellence at Wake Forest Baptist Health in Winston-Salem, North Carolina, the time for further job stratification is now.

"Moving forward, we see a need to implement a clinical ladder structure," she says. "With this new ladder, we'd have two levels for staff: CDI I and CDI II."

Putting a career ladder in place keeps CDI professionals from feeling stagnant, from feeling as if they have nowhere else to grow in their current roles. Additionally, if done well, such ladders allow managers to identify an individual CDI professional's strengths and areas of expertise and allows that person to specialize—a common trend in growing industries.

"The level of employee engagement and retention within an organization may increase as a result" of implementing a career ladder, according to the ACDIS white paper, "*Keep your staff growing and engaged with a CDI career ladder.*" "Further, an organization may attract new and experienced candidates by demonstrating that

it values its employees and cares about their future successes through establishing a career ladder.”

Though instituting a career ladder can be a great way to attract and keep staff members, CDI professionals themselves also need to take responsibility for their own career paths, says **Alma Yap, RN, BSN, CCDS, CDIP**, CDI specialist at UC San Diego Health in La Jolla, California.

“There’s no magic formula for achieving career growth,” she says. “Preparation is the key to career advancement. This can happen through advanced education or acquiring credentials, progressive CDI experience, and networking with other professionals in the field.”

### Professional backgrounds and certifications

Nursing-credentialed CDI specialists represented the greatest number of respondents to the survey (61.46%), followed by CDI managers (17.48%) and HIM/coding-credentialed CDI specialists (7.48%). (See Figure 3.)

The survey results gave credence to the long-decried disparity between nursing- and HIM/coding-credentialed CDI professional salaries as the majority of those with a nursing background (46.45%) earned \$70,000–\$89,999, with 19.11% earning less than that and 18.33% earning \$100,000 or more. Only 37.57% of HIM/coding-credentialed individuals, however, fell into the \$70,000–\$89,999 range, with 36.36% falling below that bracket and 13% earning \$100,000 or more. (See Figure 5.)

“I’ve seen the unfairness through the years here at my facility and other hospitals,” wrote one respondent. “It is assumed that just because you’re an RN, that you can perform the job duties better. It is not always so. The individual person needs to be looked at, along with their background. [...] I personally have trained RNs who had a very hard time with the business part of CDI, learning the coding rules, etc. Sometimes they never quite got it, but still they were paid on a higher scale.”

ACDIS does not endorse disparities in pay due to professional background types. The role is the role, and credentials do not guarantee whether an individual will succeed in it; they merely identify the body of knowledge in which that person was originally trained,

according to the ACDIS position paper, “*CDI: More than a credential.*”

“I’m a big advocate for the right candidate for the job, no matter their credentials, and I think their pay should be the same,” says Morris. “If it’s going to be the same position on paper, then you should pay it equally.”

While there’s still work to be done in this area, year-over-year, there have been noticeable improvements.

According to Hicks, the times are changing when it comes to anticipated salary scales. In 2017, only 8.87% of HIM/coding-credentialed survey respondents made \$100,000 or more (increasing 5% in 2018, to 13%), and 43.04% made under \$70,000 (dropping 6% in 2018, to 36.36%).

“My whole department are RNs, and most have their BSNs, which helped us initially get their salaries up,” says Hicks. “But I did make a query recently asking if I could change one position to an HIM-credentialed person, and HR told me I could probably get the same salary for them.”

When it comes to actual credentials (rather than professional background), RN was the most commonly held certification for respondents at 77.86%. The next most common certification was Certified Clinical Documentation Specialist (CCDS) at 59.03%, up by 3% year-over-year. The third most common was Certified Coding Specialist (CCS) with 13.11%. (See Figure 6.)

“If I have an applicant with a CDI-related certification, I go with them first,” says Gumayagay. “That shows they know their stuff and have stepped up to the challenge.”

On a personal level, Yap says earning her CCDS certification changed her outlook on her career as a CDI specialist.

“After getting my CCDS certification in 2015, I became more motivated to expand my CDI skills. I gained more confidence not just in chart reviews, but also in interacting with providers, multidisciplinary team members, and organizational leadership,” she says. “In terms of job mobility, my CCDS credential has opened the door to more options, even in a competitive job market.”

More than a third (35.05%) of those who hold the CCDS in addition to other credentials earned \$100,000

or more, while only 9.87% of CCDS holders earned under \$70,000. In general, 28.15% earned \$100,000 or more, and 17% earned under \$70,000. (See Figure 9.)

“Certification speaks to their wanting to be professionally recognized for their experience,” says Hicks. “I see these folks as people who have a greater interest in the field, and they don’t just view it as a job.”

Setting credentials aside, unsurprisingly, managers/directors earned the highest wages, with 82.77% earning \$80,000 or more and 53.88% earning \$100,000 or more. (See Figure 5.)

“I think the overall increase in salaries could be due to a couple things. I think there are probably more management positions being created now. My own position as director was only created about three years ago,” says Hicks. “Until then, we didn’t have a manager of

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CDI specifically because we were within a different department.”

Perhaps dispelling some of the myths surrounding the high-paying CDI consulting world, only 78.57% of consultants earned \$80,000 or more, according to the survey, and 54.76% earned \$100,000 or more. This puts them in line with the average CDI manager or director. Consultants made up roughly 4% of this year’s survey respondents. (See Figure 5.)

Looking at the average CDI specialist respondents (both clinical- and HIM/coding-credentialed), 25.49% earned \$70,000–\$79,999, with 31.33% earning \$100,000 or more and 18.93% in the lowest bracket (\$50,000 or less). (See Figure 5.)

Program reporting structures have remained status quo, with the plurality of CDI departments reporting to HIM. However, the percentage of respondents working in stand-alone CDI departments increased 3% year-over-year. Third place belonged to those who report

through case management (13%), finance (10.95%), and quality (7.62%). (See Figure 8.)

## Education level

The highest level of education most CDI professionals have obtained is a bachelor’s degree (49.32%), followed by an associate degree or some college (25.24%), much like last year. While the percentage of those holding an associate degree remained flat year-over-year, the percentage of those holding a bachelor’s degree increased by nearly 3%. The percentages of those holding a master’s (roughly 17%) and those holding a doctorate (nearly 2%) remained nearly flat year-over-year. (See Figure 11.)

“I see a lot of step-level increases grounded on advanced educational levels,” says Yap. “In fact, I probably wouldn’t have even been considered for my current positions if I didn’t have my BSN degree.”

As may be expected, those in CDI manager or director roles tended to be more likely to have completed some graduate work (9.44%) or to hold a master’s degree (30.56%) or a doctorate (2.22%). In contrast, only 5.49% of those who hold a CDI staff-level position had completed some graduate work, 11.69% held a master’s degree, and roughly half a percent held a doctorate. (See Figure 10.)

Earning those higher-level degrees takes a particular type of person, according to Hicks—who herself holds a master’s degree in health administration. “These people are typically type A and are very driven,” she says. “If they’re seeking their own personal development, they are driven to do a good job.”

Salary does seem to be linked to educational level, though it could also be due to the fact that those in management roles tend to have achieved higher educational levels. The plurality (22.31%) of those who hold an associate degree earned \$70,000–\$79,999, with only 18.07% making \$100,000 or more. Twenty-three percent of those who hold a bachelor’s degree earned \$70,000–\$79,999, 22.05% earned \$80,000–\$89,999, and 24.99% earned \$100,000 or more. While the plurality of those with a master’s degree (17.01%) still earned \$70,000–\$79,999,

only 9.95% earned less than that range, and 42.72% earned \$100,000 or more. (See Figure 12.)

## Experience level

Just as we observed in 2017, respondents' years of experience in the CDI field trended upward a bit in the 2018 survey, with the plurality (23.50%) having three to four years' experience and only 14.18% having zero to two years of experience. Those in the nine- to 14-year range made up 21.54% of the survey's respondents. The percentage of respondents with 15 or more years in the CDI industry grew slightly year-over-year (from 3.4% to 5.44%), which may indicate the first generation of CDI professionals nearing retirement. (See Figure 13.)

The results for number of years in a specific role were nearly the same as last year, with most (28.74%) having three to four years in their role, 20.97% having one to two years, and 15.05% having five to six years. (See Figure 13.)

The plurality of respondents have been employed at their facility for more than 20 years (20.78%), despite only having a few years in the CDI field and in their role specifically. (See Figure 13.) Many CDI programs find it easier to hire from within their organization and then train the candidate in the ways of CDI. According to Hicks, this is a common setup when starting a new program, but as a program matures, leadership may choose to look outside facility walls for candidates.

"When I started in leadership, I stayed very much within my organization because I felt hiring staff nurses who knew the providers was the most important thing. As I've grown, I've reached outside," she says. "When I'm hiring, I'm looking for the people with the right personality because I can teach them the CDI part."

Alternatively, Gumayagay says it may be easier to train an existing employee who's new to the CDI role than it would be to help an incoming experienced CDI professional adapt to your work environment.

"It depends on the culture within the organization. Sometimes [that culture] can make it really hard to onboard someone," he says. "I've hired experienced CDI specialists before [who just couldn't] adapt to the processes [we have] in place."

## Raises and reductions

According to survey results, 76.89% of respondents received a raise in the last 12 months, with most of those obtaining an increase of 2% (41.03%) or 3% (31.45%). These results were only slightly higher than last year, with 73.79% seeing a raise in 2017. (See Figure 15 and Figure 17.)

Of those who received a raise, the majority said it was a merit- or performance-based increase (46.21%), 13.01% said it was productivity-based, 3.79% said it was tied to obtaining a CDI-related credential, and 0.68% said it was due to completing additional college-level course work. Of those who responded "other" (48.51%) for the reason behind their raise, many said it was either a cost of living increase or a hospital/departmentwide raise. (See Figure 18.)

Morris and his team did not receive a raise this year, but they also didn't receive any reduction in benefits. "It all depends on the year, but I think it's tied to the fact that we're in a financially driven industry—as much as we don't want to be—and systems need to cut back somehow," Morris says. "We're playing games with the insurance companies," which causes hospitals to pay "good salaries" to people to fight claim denials and track paperwork. Unfought denials mean lost dollars for the healthcare facility. Most institutions can't afford to do it all, so they "need to cut back somewhere and assess what will be best for the whole organization."

One of the best ways to make the case to leadership, according to Hicks, is to lean on the data within this salary survey. In her experience, sorting the raw data by region and by state can be particularly helpful for justifying a market adjustment. (*Those wishing to do so for themselves can access the data here.*)

"I was significantly underpaid when I signed on to work as a CDI," one respondent echoed. "Having no idea what I was signing up for, I accepted what I thought was a good offer. However, after doing some research, I noted that I was being paid significantly less than what was quoted as the baseline for an RN with my level of experience. I approached my boss to discuss my concerns, and at my annual review, I was given a 6% 'in-range adjustment' and a 3% merit raise."

Despite annual raises, roughly half of CDI professionals still say they don't believe their salary, benefits, bonuses, and job perks have kept up with the cost of living. (See Figure 16.)

This less than cheery outlook may be because, while the majority of respondents did receive a raise, many have seen reduction in other parts of their compensation, including health coverage (27.87%), travel (33.79%), and continuing education budgets (44.07%). (See Figure 21.)

"I think hospitals are struggling to make budget," Hicks says. "I think that, while they see the benefit in having the human resources involved in CDI, they're trying to compensate in any way they can. Administrators are trying the best they can to meet budget constraints, and they can't cut the clinical staff."

Gathering data surrounding the successes of the CDI program will help CDI leaders justify their organization's investment in the program, Oliva suggests.

"The healthcare system is a very costly one, and many hospitals are struggling to make ends meet financially under value-based care as it is," he says. "CDI is the best way to manage the resources we already have at our disposal. We need to continuously measure and analyze the effect CDI programs have. Doing so provides the data to support ongoing education, hiring additional staff, and obtaining advanced technology to expand and improve CDI's work."

## Demographics

By far, the majority of respondents (89.61%) worked in acute care hospitals. The next most prevalent response was pediatric/children's hospitals with 2.23%. All other settings garnered under 2% of respondents each. (See Figure 22.)

Most of those acute care hospitals have 600 or more beds (22.75%), followed by those with 300–399 beds (17.23%), 200–299 beds (16.90%), and 100–199 beds (15.71%). The rest of the bed size categories each garnered under 10%.

Regardless of the setting, 50.10% of respondents said their CDI department contains five or fewer team members, and 25.31% have six to 10 staff members.

Thirty-six percent of CDI programs were planning to hire within the next 12 months, up 4% year-over-year. (See Figure 23 and Figure 26.)

CDI professionals (consistent with previous years' results) were most likely to be women (94.47%) and between 40 and 69 years old (83.79%), though the percentage of respondents in the under-40 category has been slowly rising year-over-year (12.19% in 2016, 14.19% in 2017, and 15.73% in 2018). This shift may also reflect the fact that many founding CDI department members are now reaching retirement age.

## Regional considerations

As we saw in last year's results, those working in suburban areas can expect to see a slightly higher salary

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than those in urban areas. According to the 2018 survey, 32.66% of respondents working in suburbia made \$100,000 or more. In contrast, 30.88% of those in urban areas and only 14% of those in rural areas reached that bracket. (See Figure 27.)

"Different areas of the country have different salary brackets," says Hicks. "I just recently had our staff market adjusted to make sure we were paying them adequately."

Unsurprisingly, those living and working on either coast of the country, in the Northeast or the Pacific regions, are the highest earners. Just over 72% of those living in the Pacific region earned \$100,000 or more, and 45.45% of those in the Northeast region reached the same bracket. In contrast, 14.77% in the North Central region, 25.89% in the mid-Atlantic, 15.93% in the

Southeast, and 19.99% in the West reached earnings of \$100,000 or more. Those in the Southeast region earn the least, with 25.31% earning \$70,000–\$79,999, and 20% each earning \$60,000–\$69,999 and \$80,000–\$89,999. (See Figure 28.)

Despite positive CDI compensation shifts over the years, Hicks says there’s still work to be done—and a

large part of that work is educating leadership on the value of CDI staff and program efforts.

“When I was talking to HR about raises for my team, they didn’t really know anything about CDI,” she says. “I actually sent them the last salary survey to refer to, and I suggest others do the same.” 🌈

## COMMENTS FROM THE FIELD

Those who completed the 2018 CDI Salary Survey were asked to provide additional feedback regarding their compensation. The following comments were taken from these open-ended responses.

- I transferred to CDI with more than six years of intensive care experience. I transferred at the same base pay as I was receiving previously.
- We don’t have any advancement opportunities right now. Our manager is hoping to add a CDI team lead, if approved, next year. I have been functioning in that role now for years, but it’s not recognized by title or salary.
- Our system revamped the job descriptions and placed CDI in the range of a new graduate nurse. This doesn’t come close to what our team does as we are no longer staff nurses. Others consider us to be professional nurses as it takes years of clinical experience to even apply for this position. Where the CDI department is currently placed does not recognize the CDI specialists as professional nurses and there is no opportunity to advance.
- This job is too important for staff to be undercompensated.
- My facility employs both RNs and coders (with CCDS). We work side-by-side doing the same job. If an RN is off, I cover their work and vice versa. I am the go-to person for coding questions. However, I am paid much less than my co-workers. They have RN credentials, but we’re all working as CDI specialists.
- My organization does not reimburse or compensate CDI specialists for membership, literature, educational opportunities, or credentialing from our professional organizations. This is a benefit that I lost immediately upon coming into my CDI position from a floor nursing position. I think organizations should support and foster growth and advancement for all regardless of their role within the organization.
- Sadly, if my previous hospital had provided minimal salary increases, I wouldn’t have left for a consulting job. I felt overworked and underpaid in my hospital position. At least now I’m compensated for the amount of work I do, which is roughly the same number of hours as when I was employed by a hospital.
- I work in a facility that pays each CDI employee a different rate that is based on hospital seniority rather than CDI experience, which I think is unfair. There are employees that have been hired that make a lot more money per hour than a seasoned CDI employee just based on the fact they have been with the facility longer.
- I don’t think that I’m compensated enough for the amount of work we do in CDI, but I believe that’s mainly because administration does not understand the full level of work CDI does.

**Fig. 1 CDI salaries (all job titles): Year-over-year**

	2012	2013	2014	2015	2016	2017	2018
<b>\$59,999 or less</b>	25.70%	18.10%	16.80%	8.60%	10.70%	4.92%	3.50%
<b>\$60,000–\$69,999</b>	25.90%	25.20%	23.30%	18.20%	15.40%	14.00%	13.50%
<b>\$70,000–\$79,999</b>	19.70%	23.60%	21.50%	19.60%	22.00%	20.72%	21.17%
<b>\$80,000–\$89,999</b>	12.80%	13.70%	14.50%	15.50%	17.00%	19.68%	17.48%
<b>\$90,000–\$99,999</b>	6.50%	8.60%	8.80%	13.70%	14.40%	13.81%	14.76%
<b>\$100,000–\$109,999</b>	4.00%	4.80%	6.30%	11.20%	7.50%	11.07%	11.07%
<b>\$110,000–\$119,999</b>	N/A	2.42%	3.76%	4.87%	4.80%	4.82%	5.92%
<b>\$120,000–\$129,999</b>	N/A	1.88%	1.88%	3.33%	2.95%	3.88%	2.62%
<b>\$130,000–\$139,999</b>	N/A	0.81%	1.41%	2.69%	1.02%	1.80%	2.82%
<b>\$140,000–\$149,999</b>	N/A	0.54%	0.59%	1.02%	1.39%	1.61%	1.84%
<b>\$150,000–\$159,999</b>	N/A	0.40%	0.59%	0.51%	1.39%	0.57%	0.87%
<b>\$160,000 or more</b>	N/A	0.40%	0.47%	0.77%	1.29%	1.80%	3.01%
<b>Other (please specify)</b>	N/A	N/A	N/A	N/A	0.83%	1.32%	1.46%

**Fig. 2 CDI career ladder options**

	2015	2016	2017	2018
<b>CDI education lead</b>	26.05%	28.03%	23.34%	23.90%
<b>CDI team lead</b>	59.16%	58.05%	44.87%	45.76%
<b>CDI denials manager</b>	5.79%	9.34%	5.30%	8.47%
<b>CDI quality reviewer</b>	21.86%	26.64%	20.03%	20.34%
<b>CDI preceptor</b>	27.01%	28.83%	15.23%	16.27%
<b>Step-level increases</b>	N/A	N/A	30.63%	34.75%

**Fig. 3 Job title**

<b>CDI specialist, RN-credentialed (primary function is chart review)</b>	61.46%
<b>CDI specialist, HIM/coding-credentialed (primary function is chart review)</b>	7.48%
<b>CDI department manager/supervisor/director (primary function is oversight of CDI staff)</b>	17.48%
<b>HIM/quality/finance manager/supervisor/director (oversight of multiple programs including CDI)</b>	1.65%
<b>Physician advisor to CDI</b>	0.39%
<b>I don't work in CDI</b>	0.49%
<b>CDI consultant (work with facilities to establish, audit, and monitor program success)</b>	4.08%
<b>Other (please specify)</b>	6.99%

**Fig. 4 Job title: Year-over-year**

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>CDI specialist, all backgrounds (primary function is chart review)</b>	72.86%	72.48%	68.68%	68.94%
<b>CDI department manager/supervisor/director (primary function is oversight of CDI staff)</b>	19.85%	16.07%	18.45%	17.48%
<b>HIM/quality/finance manager/supervisor/director</b>	N/A	1.85%	2.65%	1.65%
<b>Physician advisor to CDI</b>	0.26%	0.37%	0.38%	0.39%
<b>I don't work in CDI</b>	0.26%	0.37%	0.19%	0.49%
<b>CDI consultant (work with facilities to establish, audit, and monitor program success)</b>	3.59%	3.32%	2.65%	4.08%
<b>Other (please specify)</b>	3.20%	5.54%	7.00%	6.99%

**Fig. 5 CDI salaries: By job title**

	All respondents	CDI specialist/ RN	CDI specialist/ HIM	CDI manager/ director	HIM manager/ director	CDI consultant
<b>\$50,000 or less</b>	3.50%	2.05%	16.88%	0.00%	0.00%	0.00%
<b>\$60,000–\$69,999</b>	13.50%	17.06%	19.48%	2.78%	0.00%	0.00%
<b>\$70,000–\$79,999</b>	21.17%	25.75%	23.28%	13.89%	5.88%	2.38%
<b>\$80,000–\$89,999</b>	17.48%	20.70%	14.29%	11.67%	5.88%	9.52%
<b>\$90,000–\$99,999</b>	14.76%	15.01%	11.69%	17.22%	5.88%	14.29%
<b>\$100,000–\$109,999</b>	11.07%	10.58%	1.30%	13.33%	11.76%	19.05%
<b>\$110,000–\$119,999</b>	5.92%	3.95%	2.60%	9.44%	29.41%	14.29%
<b>\$120,000–\$129,999</b>	2.62%	1.11%	1.30%	8.89%	11.76%	2.38%
<b>\$130,000–\$139,999</b>	2.82%	1.42%	2.60%	8.33%	0.00%	7.14%
<b>\$140,000–\$149,999</b>	1.84%	0.79%	3.90%	2.22%	0.00%	9.52%
<b>\$150,000–\$159,999</b>	0.87%	0.32%	0.00%	1.67%	5.88%	7.14%
<b>\$160,000 or more</b>	3.01%	0.16%	1.30%	10.00%	17.65%	11.90%
<b>Other (please specify)</b>	1.46%	1.11%	1.30%	0.56%	5.88%	2.38%

**Fig. 6 Credentials: Year-over-year**

	2013	2014	2015	2016	2017	2018
<b>ACM</b>	0.70%	2.00%	1.54%	2.12%	2.27%	1.26%
<b>CCDS</b>	32.00%	41.00%	43.79%	45.24%	56.39%	59.03%
<b>CCM</b>	5.00%	5.00%	6.66%	5.54%	5.77%	3.69%
<b>CCS</b>	10.00%	10.00%	9.48%	9.79%	11.54%	13.11%
<b>CDIP</b>	N/A	N/A	5.51%	5.36%	7.10%	9.13%
<b>CPC</b>	5.00%	3.00%	2.69%	4.62%	3.31%	3.20%
<b>CPHQ</b>	1.00%	0.60%	0.90%	0.92%	0.95%	0.87%
<b>FACHE</b>	0.00%	0.00%	0.00%	0.00%	0.19%	0.00%
<b>LPN</b>	2.28%	1.88%	1.15%	1.11%	0.76%	1.26%
<b>MBBS</b>	N/A	N/A	N/A	N/A	0.57%	0.58%
<b>MD</b>	0.40%	1.06%	1.54%	1.29%	1.51%	1.46%
<b>MPH</b>	0.40%	0.47%	0.64%	0.46%	0.85%	0.49%
<b>RHIA</b>	3.22%	2.23%	3.97%	2.86%	3.50%	4.76%
<b>RHIT</b>	8.05%	5.99%	3.84%	4.43%	5.30%	3.98%
<b>RN</b>	70.34%	76.38%	75.67%	77.38%	76.35%	77.86%
<b>None, I have no credentials</b>	2.95%	2.12%	2.05%	1.02%	1.23%	0.49%

**Fig. 7 Credentials: By job title**

	<b>CDI specialist</b>	<b>CDI manager/director</b>	<b>HIM manager/director</b>
<b>ACM</b>	0.99%	1.67%	0.00%
<b>CCDS</b>	56.20%	70.56%	41.18%
<b>CCM</b>	4.08%	4.44%	5.88%
<b>CCS</b>	9.30%	13.33%	52.94%
<b>CDIP</b>	6.06%	2.78%	29.41%
<b>CPC</b>	2.39%	1.67%	5.88%
<b>CPHQ</b>	0.42%	1.67%	5.88%
<b>FACHE</b>	0.00%	0.00%	0.00%
<b>LPN</b>	0.42%	0.56%	0.00%
<b>MBBS</b>	0.00%	1.11%	0.00%
<b>MD</b>	0.28%	2.22%	0.00%
<b>MPH</b>	0.28%	0.56%	0.00%
<b>RHIA</b>	2.54%	7.22%	52.94%
<b>RHIT</b>	4.23%	1.11%	11.76%
<b>RN</b>	81.13%	82.22%	47.06%
<b>None, I have no credentials</b>	0.70%	0.00%	0.00%

**Fig. 8 CDI department reporting structure: Year-over-year**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Case management</b>	20.75%	15.88%	14.30%	11.21%	13.00%
<b>Chief financial officer</b>	10.25%	11.56%	13.74%	11.59%	10.95%
<b>Chief medical officer</b>	2.08%	3.06%	2.60%	2.49%	3.32%
<b>CDI manager/director</b>	17.51%	25.21%	18.38%	20.02%	22.87%
<b>HIM manager/director</b>	39.95%	34.12%	31.94%	34.77%	30.21%
<b>Quality manager/director</b>	9.47%	10.17%	8.08%	8.24%	7.62%
<b>Other</b>	N/A	N/A	10.96%	11.69%	12.02%

**Fig. 9 CDI salaries: By credential**

	<b>RN</b>	<b>CCDS</b>	<b>CDIP</b>	<b>CCS</b>	<b>RHIA/RHIT</b>
<b>\$50,000 or less</b>	2.00%	0.49%	2.13%	3.70%	9.20%
<b>\$60,000–\$69,999</b>	13.34%	9.38%	5.32%	10.37%	11.49%
<b>\$70,000–\$79,999</b>	21.57%	20.07%	10.64%	15.56%	12.64%
<b>\$80,000–\$89,999</b>	18.20%	17.93%	21.28%	11.11%	16.09%
<b>\$90,000–\$99,999</b>	15.21%	16.28%	13.83%	14.81%	16.09%
<b>\$100,000–\$109,999</b>	12.59%	13.16%	8.51%	6.67%	5.75%
<b>\$110,000–\$119,999</b>	5.74%	7.24%	13.83%	9.63%	4.60%
<b>\$120,000–\$129,999</b>	2.62%	2.80%	3.19%	4.44%	3.45%
<b>\$130,000–\$139,999</b>	2.87%	4.28%	2.13%	5.19%	4.60%
<b>\$140,000–\$149,999</b>	1.37%	2.63%	8.51%	5.19%	3.45%
<b>\$150,000–\$159,999</b>	0.75%	1.32%	2.13%	1.48%	2.30%
<b>\$160,000 or more</b>	2.49%	3.62%	7.45%	10.37%	8.05%
<b>Other (please specify)</b>	1.25%	0.82%	1.06%	1.48%	2.30%

**Fig. 10 Highest level of education: By job title**

	<b>All responses</b>	<b>CDI specialist</b>	<b>CDI manager/ director</b>	<b>HIM manager/ director</b>
<b>High school</b>	0.29%	0.42%	0.00%	0.00%
<b>Some college</b>	3.01%	2.82%	0.56%	0.00%
<b>Associate's degree</b>	22.23%	25.92%	12.22%	17.65%
<b>Bachelor's degree</b>	49.32%	53.10%	45.00%	47.06%
<b>Some graduate work</b>	6.12%	5.49%	9.44%	0.00%
<b>Master's degree</b>	17.28%	11.69%	30.56%	35.29%
<b>Doctorate</b>	1.75%	0.56%	2.22%	0.00%

**Fig. 11 Highest level of education: Year-over-year**

	2016	2017	2018
<b>Associate's or some college degree</b>	30.01%	26.86%	25.24%
<b>Bachelor's degree</b>	44.51%	47.40%	49.32%
<b>Some graduate work</b>	8.22%	6.24%	6.12%
<b>Master's degree</b>	14.68%	17.41%	17.28%
<b>Doctorate</b>	2.22%	1.89%	1.75%

**Fig. 12 CDI salaries: By education level**

	Associate's degree	Bachelor's degree	Master's degree	Doctorate
\$50,000 or less	8.46%	1.97%	1.24%	5.56%
\$60,000–\$69,999	21.15%	12.20%	8.71%	0.00%
\$70,000–\$79,999	22.31%	22.64%	17.01%	16.67%
\$80,000–\$89,999	14.23%	22.05%	12.86%	0.00%
\$90,000–\$99,999	12.69%	14.96%	17.01%	11.11%
\$100,000–\$109,999	10.38%	10.04%	13.28%	22.22%
\$110,000–\$119,999	3.08%	5.51%	9.54%	11.11%
\$120,000–\$129,999	1.54%	1.77%	5.39%	5.56%
\$130,000–\$139,999	0.77%	2.56%	5.39%	0.00%
\$140,000–\$149,999	1.15%	1.77%	2.90%	0.00%
\$150,000–\$159,999	0.77%	0.98%	0.83%	0.00%
\$160,000 or more	0.38%	2.36%	5.39%	27.78%
Other (please specify)	3.08%	1.18%	0.41%	0.00%

**Fig. 13 Years of experience**

	<b>Years in CDI field</b>	<b>Years in current position</b>	<b>Years at current facility</b>
<b>Less than 1 year</b>	4.47%	11.94%	6.50%
<b>1–2 years</b>	9.71%	20.97%	10.29%
<b>3–4 years</b>	23.50%	28.74%	14.08%
<b>5–6 years</b>	19.81%	15.05%	9.51%
<b>7–8 years</b>	14.85%	10.00%	7.18%
<b>9–10 years</b>	11.84%	6.21%	6.41%
<b>11–12 years</b>	7.18%	2.72%	6.12%
<b>13–14 years</b>	2.52%	1.07%	4.37%
<b>15–16 years</b>	2.14%	1.26%	6.41%
<b>17–20 years</b>	2.62%	0.58%	6.50%
<b>More than 20 years</b>	0.68%	0.49%	20.78%
<b>Other (please specify)</b>	0.68%	0.97%	1.84%

**Fig. 14 Years of experience**

	<b>5 years or less</b>	<b>6-10 years</b>	<b>11–15 years</b>	<b>15 years or more</b>
<b>\$50,000 or less</b>	6.44%	1.67%	1.00%	1.79%
<b>\$60,000–\$69,999</b>	19.07%	11.48%	5.00%	8.93%
<b>\$70,000–\$79,999</b>	26.03%	19.00%	14.00%	19.64%
<b>\$80,000–\$89,999</b>	20.10%	15.87%	16.00%	14.29%
<b>\$90,000–\$99,999</b>	12.89%	15.66%	22.00%	5.36%
<b>\$100,000–\$109,999</b>	6.19%	13.78%	14.00%	17.89%
<b>\$110,000–\$119,999</b>	3.09%	7.52%	8.00%	8.93%
<b>\$120,000–\$129,999</b>	1.29%	3.76%	2.00%	1.79%
<b>\$130,000–\$139,999</b>	1.03%	3.55%	3.00%	8.93%
<b>\$140,000–\$149,999</b>	0.77%	2.92%	1.00%	1.79%
<b>\$150,000–\$159,999</b>	0.52%	0.84%	3.00%	0.00%
<b>\$160,000 or more</b>	0.52%	3.55%	10.00%	3.57%
<b>Other (please specify)</b>	2.06%	0.42%	1.00%	7.14%

**Fig. 15 Received a raise in the past 12 months: Year-over-year**

	2013	2014	2015	2016	2017	2018
<b>Yes</b>	69.20%	70.40%	73.20%	75.72%	73.79%	76.89%
<b>No</b>	30.80%	29.60%	26.80%	24.28%	26.21%	23.11%

**Fig. 16 Believe salary has kept pace with cost of living: Year-over-year**

	2013	2014	2015	2016	2017	2018
<b>Yes</b>	32.30%	35.60%	46.40%	43.12%	44.94%	49.61%
<b>No</b>	67.70%	64.40%	53.60%	57.88%	55.06%	50.39%

**Fig. 17 Percent raise received in past 12 months: Year-over-year**

	2017	2018
<b>1% or less</b>	14.94%	11.92%
<b>2%</b>	40.25%	41.03%
<b>3%</b>	29.38%	31.45%
<b>4%</b>	6.42%	7.49%
<b>5%</b>	4.32%	2.70%
<b>6%</b>	0.99%	0.61%
<b>7%</b>	0.37%	0.12%
<b>8%</b>	0.25%	1.11%
<b>9%</b>	0.12%	0.25%
<b>10%</b>	1.48%	1.35%
<b>More than 10%</b>	1.48%	1.97%

**Fig. 18 Reason for raise**

<b>Obtaining a CDI-related credential (such as the CCDS)</b>	3.79%
<b>Completing additional college-level course work (in coding, anatomy, management, etc.)</b>	0.68%
<b>Merit/performance-based (e.g., taking on additional CDI-related projects)</b>	46.21%
<b>Productivity-based (e.g., meeting query quotas, physician agree rates, CC/MCC capture)</b>	13.01%
<b>Other (please specify)</b>	48.51%

**Fig. 19 Number of hours worked per week**

<b>Fewer than 24 hours</b>	1.17%
<b>24–31 hours</b>	0.68%
<b>32–40 hours</b>	53.79%
<b>41–50 hours</b>	38.54%
<b>More than 50 hours</b>	5.83%

**Fig. 20 Overtime compensation**

<b>I do not work overtime</b>	25.53%
<b>I don't get paid for overtime</b>	54.95%
<b>I receive my regular pay rate for overtime</b>	1.94%
<b>I receive one-and-a-half times my regular pay rate</b>	8.74%
<b>I receive twice my regular pay rate</b>	0.29%
<b>I receive time off in lieu of additional pay</b>	2.52%
<b>Other (please specify)</b>	6.02%

**Fig. 21 Experienced a reduction in any of the following in the last 12 months**

<b>Hours</b>	2.96%
<b>Salary</b>	3.16%
<b>Health coverage</b>	27.87%
<b>Retirement plan match</b>	13.83%
<b>Pension plan</b>	6.32%
<b>Travel budget</b>	33.79%
<b>Tuition reimbursement</b>	13.44%
<b>Continuing education budget</b>	44.07%
<b>Meals and entertainment (e.g., holiday parties, department lunches)</b>	33.20%
<b>Other (please specify)</b>	23.12%

**Fig. 22 CDI program settings: Year-over-year**

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Acute care hospital</b>	90.34%	88.64%	91.49%	89.61%
<b>Ambulatory surgery center</b>	0.00%	0.0%	0.38%	0.39%
<b>Critical access hospital</b>	1.66%	0.74%	1.23%	1.75%
<b>Home healthcare facility</b>	0.00%	0.18%	0.28%	0.29%
<b>Inpatient rehab hospital</b>	0.26%	0.28%	0.19%	0.68%
<b>Long-term care hospital</b>	0.00%	0.55%	0.57%	0.19%
<b>Pediatric/children's hospital</b>	1.55%	1.29%	1.89%	2.23%
<b>Physician practice setting</b>	NA	NA	1.23%	1.84%
<b>Other (please specify)</b>	6.19%	8.31%	6.34%	8.93%

**Fig. 23 Number of CDI staff**

0–5	50.10%
6–10	25.31%
11–15	11.58%
16–20	5.23%
More than 20	7.79%

**Fig. 24 Number of facility beds: Year-over-year**

	2015	2016	2017	2018
99 beds or fewer	9.48%	9.41%	9.09%	8.35%
100–199 beds	16.39%	17.73%	17.98%	14.56%
200–299 beds	17.54%	19.21%	22.14%	15.83%
300–399 beds	14.85%	13.20%	9.74%	16.12%
400–499 beds	9.99%	9.42%	9.65%	8.64%
500–599 beds	7.68%	8.03%	7.19%	7.96%
600 beds or more	19.08%	16.44%	19.21%	21.94%
I don't work in a hospital	4.99%	6.83%	5.01%	6.60%

**Fig. 25 CDI staff: By number of beds**

	0–5	6–10	11–15	16–20	More than 20
99 beds or fewer	100.00%	0.00%	0.00%	0.00%	0.00%
100–299 beds	79.68%	18.06%	1.94%	0.32%	0.00%
300–499 beds	45.49%	41.96%	10.20%	1.57%	0.78%
500–599 beds	15.00%	45.00%	26.25%	7.50%	6.25%
600 beds or more	7.48%	21.03%	27.10%	17.76%	26.64%

**Fig. 26 Plan to hire new staff: Year-over-year**

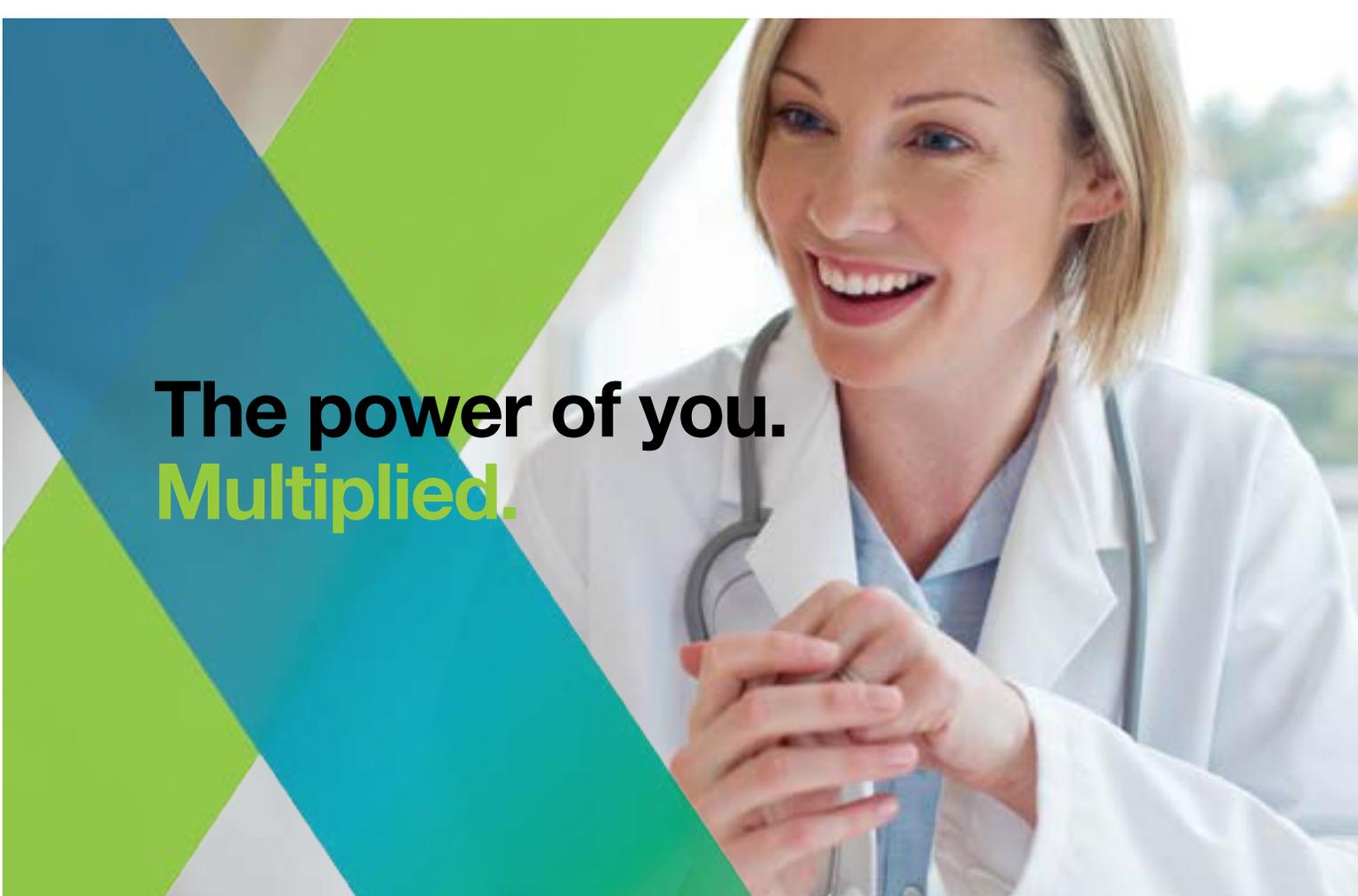
	2015	2016	2017	2018
Yes	40.18%	34.43%	32.56%	36.49%
No	35.44%	40.99%	43.86%	42.87%
Don't know	24.37%	24.58%	23.57%	20.64%

**Fig. 27 CDI salaries: By location type**

	<b>Rural</b>	<b>Suburban</b>	<b>Urban</b>
<b>\$50,000 or less</b>	12.08%	1.55%	1.14%
<b>\$60,000–\$69,999</b>	23.19%	10.62%	11.44%
<b>\$70,000–\$79,999</b>	28.02%	21.24%	17.85%
<b>\$80,000–\$89,999</b>	10.14%	18.65%	19.91%
<b>\$90,000–\$99,999</b>	9.66%	14.25%	17.62%
<b>\$100,000–\$109,999</b>	7.73%	15.03%	9.15%
<b>\$110,000–\$119,999</b>	2.90%	3.63%	9.38%
<b>\$120,000–\$129,999</b>	1.93%	3.37%	2.29%
<b>\$130,000–\$139,999</b>	1.45%	3.11%	3.20%
<b>\$140,000–\$149,999</b>	0.00%	2.59%	2.06%
<b>\$150,000–\$159,999</b>	0.00%	1.04%	1.14%
<b>\$160,000 or more</b>	0.00%	3.89%	3.66%
<b>Other (please specify)</b>	2.90%	1.04%	1.14%

**Fig. 28 CDI salaries: By geographic region**

	<b>Northeast</b> (CT, MA, ME, NH, NY, RI, VT)	<b>North Central</b> (IA, IL, IN, MI, MN, ND, NE, OH, SD, WI)	<b>West</b> (AZ, CO, ID, MT, NM, NV, UT, WY)	<b>Middle Atlantic</b> (DE, MD, NJ, PA, DC)	<b>Southeast</b> (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV)	<b>South Central</b> (AR, KS, LA, MO, OK, TX)	<b>Pacific</b> (AK, CA, HI, OR, WA)
<b>Where do you live?</b>	10.68%	22.33%	7.28%	8.25%	23.79%	12.43%	12.62%
<b>\$50,000 or less</b>	0.00%	5.22%	2.67%	1.18%	6.53%	2.34%	1.54%
<b>\$60,000–\$69,999</b>	6.36%	16.52%	9.33%	9.41%	20.41%	17.97%	3.08%
<b>\$70,000–\$79,999</b>	13.64%	31.30%	17.33%	23.53%	25.31%	25.78%	1.54%
<b>\$80,000–\$89,999</b>	13.64%	18.70%	22.67%	16.47%	20.00%	22.66%	8.46%
<b>\$90,000–\$99,999</b>	20.00%	13.04%	26.67%	23.53%	7.76%	15.63%	11.54%
<b>\$100,000–\$109,999</b>	9.09%	6.96%	9.33%	17.65%	6.94%	7.81%	25.38%
<b>\$110,000–\$119,999</b>	13.64%	3.04%	6.67%	1.18%	2.86%	2.34%	16.15%
<b>\$120,000–\$129,999</b>	0.91%	1.74%	1.33%	2.35%	2.45%	2.34%	6.92%
<b>\$130,000–\$139,999</b>	5.45%	0.43%	1.33%	1.18%	1.63%	1.56%	10.77%
<b>\$140,000–\$149,999</b>	7.27%	0.43%	0.00%	0.00%	0.82%	0.00%	5.38%
<b>\$150,000–\$159,999</b>	1.82%	0.43%	1.33%	0.00%	0.41%	0.78%	2.31%
<b>\$160,000 or more</b>	7.27%	1.74%	1.33%	3.53%	0.82%	0.78%	5.38%
<b>Other (please specify)</b>	0.91%	0.43%	0.00%	0.00%	4.08%	0.00%	1.54%



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