Tiered Pricing Model

Clinical Documentation Integrity

MEDOVENT SOLUTIONS

	PARTNER *Partner Rate*	COLLABORATIVE *Partner Rate +$5*	STRATEGIC *Partner Rate +$10*	CDI BOOTCAMP *Flat Price*	A LA CARTE SUPPORT *Variable Pricing by Need*
CDI Experience Level of Expertise	✓ 3-5 Years	✓ 5+ Years	✓ Expert		
Delivery Skills & Experience	• Strong in MS-DRG/CC/MCC Capture • Standard Client Delivered Onboarding • Daily Record Review & Compliant Queries • CDI/Coding Reconciliation Mismatch Reviews • Productivity Aligned with Client Benchmarks • Quality Metrics Knowledge (PSIs & HACs)	• Strong in MS-DRG/CC/MCC Capture • Standard Client Delivered Onboarding • Daily Record Review & Compliant Queries • CDI/Coding Reconciliation Mismatch Reviews • Productivity Aligned with Client Benchmarks • Quality Metrics Knowledge (PSIs & HACs) • **Client Specific Executive Summary per Candidate** • **Strong SOI/ROM Impact Focus** • **Secondary Quality-Focused Case Review** • **Mortality Reviews Experience** • **Customized Client Onboarding Assessment**	• Strong in MS-DRG/CC/MCC Capture • Standard Client Delivered Onboarding • Daily Record Review & Compliant Queries • CDI/Coding Reconciliation Mismatch Reviews • Productivity Aligned with Client Benchmarks • Quality Metrics Knowledge (PSIs & HACs) • Client Specific Executive Summary per Candidate • Strong SOI/ROM Impact Focus • Secondary Quality-Focused Case Review • Mortality Reviews Experience • ***Onboarding & Quarterly Internal Quality Assurance reviews*** • ***Query compliance support*** • ***Quarterly CEU Webinars customized for your team***	• 2 Consecutive 4-Hour training sessions delivered to client (Up to 5 attendees) • Client Strategy call to discuss deliverables • Pre-Bootcamp Baseline Knowledge Quiz (Up to 15 questions) • 5 Chart One-On-One Mentored Review/Attendee • 4 ACDIS/AHIMA Approved CEUs • Post Bootcamp Knowledge Check • Feedback Survey • Webinar Recording Available up to 90 Days Post Sessions • PDF Tip Sheet Related to Bootcamp Material	• Education Reinforcement for Staff/Providers • KPI Dashboard & Executive Reporting • Peer-to-Peer Physician Advisory • Mentorship for Internal CDI Staff • Escalation Support for Complex Cases • Query Template Review & Optimization • KPI Dashboard & Executive Reporting • Audit & Compliance Expertise & Support • Query Compliance Support • Internal Quality Assurance Reviews • Customized CDI Webinar

CDI *Rate Card*

CDI Specialist (IP/OP) Concurrent	$100	$105	$110	$7,500
CDI Specialist (IP/OP) Retrospective	$100	$105	$110	
CDI Second Level Reviewer	$105	$110	$115	
CDI Lead	$105	$110	$115	
CDI Auditor	$110	$115	$120	
CDI Manager	$115	$120	$125	
CDI Director	$145	$150	$155	

Defined Terminology | *Clinical Documentation Integrity*

Partner

Strong in Working MS-DRG/CC/MCC Capture – Our CDS and must maintain knowledge of working DRG assignment, CC/MCC diagnoses as well as ICD-10-CM, ICD-10-PCS, and coding clinic updates:
- Inpatient: DRG, Principal Diagnosis, Secondary Diagnoses, Procedures, and POA.
- Outpatient: CMS-HCC Diagnosis, HHS-HCC Diagnoses, and E/M level assignment.

Standard Client Delivered Onboarding – client delivers comprehensive virtual onboarding for new CDS designed to support seamless integration, establish clear expectations, and ensure readiness for start. The onboarding includes review of workflows, communication processes, documentation standards, reporting structure, compliance expectations, technology access, and job-specific objectives to promote operational consistency and successful outcomes.

Daily Record Review & Compliant Query Composition – CDS staff performed daily concurrent record reviews to evaluate documentation accuracy, clinical specificity, severity of illness, risk of mortality, and appropriate reimbursement opportunities. Reviews included identification of documentation gaps and compliant query composition to clarify diagnoses, procedures, present-on-admission status, and clinical indicators in support of accurate coding, quality outcomes, and regulatory compliance.

CDS/Coding Mismatch Reconciliation – Prebill coding/CDI mismatch reconciliation is completed through collaborative review of documentation, code assignment, DRG selection, and query outcomes to identify and resolve discrepancies between CDI and coding determinations.

Productivity Aligned with Client Benchmarks – Industry benchmarks for concurrent Clinical Documentation Specialist (CDS/CDI) reviewers vary based on program scope, case mix index, technology, teaching status, payor focus, and additional responsibilities. If client provides company benchmarks we will utilize these metrics for vetting and monitoring candidates. If client specific metrics are not provided, the most commonly cited benchmarks from ACDIS will be used, include the following:
- New concurrent reviews per day 10-15 reviews/day
- Re-reviews/follow-up reviews 10–15 re-reviews/day
- Total daily reviews (new + re-reviews) 16–24 total reviews/day
- Query rate 20%–35%

Quality Metrics Knowledge (PSIs, HACs) – CDS staff demonstrated knowledge and application of organizational quality metrics including Patient Safety Indicators (PSI) and Hospital Acquired Conditions (HAC) this includes inclusion and exclusion criteria. Our CDS will follow client policy related to communication of identified quality flags during daily concurrent reviews.

Collaborative

Strong SOI/ROM Impact Focus – CDS staff consistently incorporates a strong focus on Severity of Illness (SOI) and Risk of Mortality (ROM) into concurrent documentation reviews by identifying opportunities to accurately capture patient acuity, complexity, comorbid conditions, and clinical severity beyond traditional CC/MCC capture. Reviews emphasize complete, accurate, and clinically supported documentation to enhance coding accuracy, quality outcomes, risk adjustment integrity, and the appropriate representation of the patient population.

Second Level Case Reviews – CDS team performs an additional, more advanced review of a patient record following the initial CDS review to evaluate complex clinical, coding, quality, compliance, or reimbursement considerations that require a higher level of analysis or escalation. These reviews may be triggered by high-dollar DRGs, mortality cases, DRGs at risk for payer denial, query disputes, low SOI/ROM cases with high clinical complexity, quality indicator concerns, new staff education needs, or quality assurance (QA) audits.

Retrospective Reviews – Evaluation of medical records, either through a post-discharge prebill review or a post-discharge post-bill review, to ensure that the clinical documentation accurately reflects the patient's severity of illness, treatments, and diagnoses. The goal is to identify documentation gaps, validate clinical indicators, and support accurate coding, billing, and quality reporting.

Strategic

Dedicated CDI Manager – We will assign a CDI manager to work directly on this account. Some examples of responsibilities will include: joining regularly scheduled calls with client/Medovent, provides onboarding and prebill support, has access to client systems and can help with questions as needed, performance improvement plans, runs and monitors productivity, interviews potential candidates, and communicates with client.

Quarterly Audit & Compliance Support - If any client is asking for more than our standard prebill retrospective quarterly audits, then it would need additional consideration and likely an additional fee.

All CDS Must Maintain 95% Accuracy – Our CDS are audited quarterly where they are required to maintain an overall accuracy rate of 95% or higher for:
- Inpatient: working DRG, Principal Diagnosis, Secondary Diagnoses, Procedures, POA, and query compliance.
- Ambulatory: CMS/HHS-HC Diagnoses and query compliance

10 Chart Initial Pre-bill or Retrospective Audit per CDS – When a CDS starts on a project, the client will provide a list of 10 discharged charts in which the CDS has reviewed concurrently. Our auditors review for accuracy and if passed, they will be cleared into a quarterly audit cadence. Our current policy allows up to 3 sets of 10 charts if needed to get them up to speed at which time, client may choose to release CDS.

Ongoing Quarterly Audits per CDS – Inpatient: 10 charts, Ambulatory: 20

Quality Metrics Knowledge (PSIs, HACs) – CDS staff demonstrated knowledge and application of organizational quality metrics including Patient Safety Indicators (PSI) and Hospital Acquired Conditions (HAC) this includes inclusion and exclusion criteria. Our CDS will follow client policy related to communication of identified quality flags during daily concurrent reviews.