



Clinical Documentation Excellence Part 2: Reimbursement & Revenue Driving Financial Integrity & Patient Care

Valorie Clouse

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Series Overview



Part One:
Compliance &
Risk Mitigation



**Part Two:
Reimbursement
& Revenue**



Part Three:
Complex &
Clinical Denials

Learning Objectives



Identify how documentation affects reimbursement

Demonstrate ways to improve documentation for appropriate payment

Discuss aligning clinical and financial goals through documentation practices



Financial Story of Documentation

The Financial Story of Care

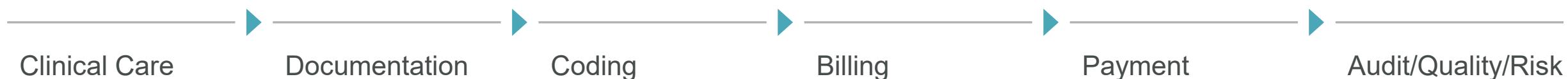
- | Documentation is the data that drives reimbursement, risk adjustment, and audit exposure.
- | Accurate documentation helps hospitals secure payment for the care provided.



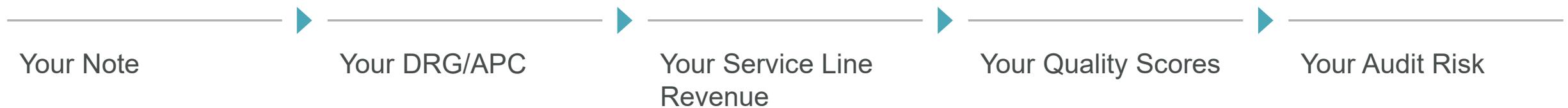
Goal: align clinical accuracy, coding integrity, and financial performance.

The Financial Story of Care

How Documentation Becomes Payment

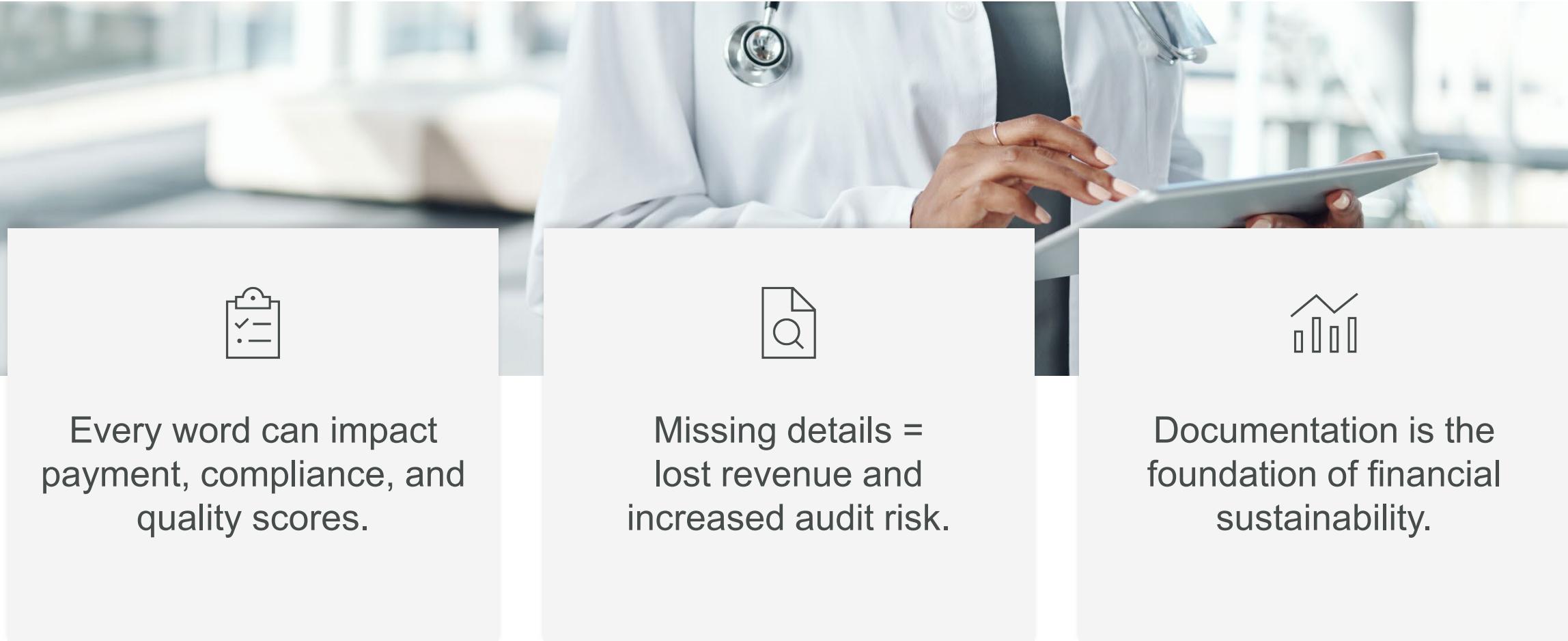


Provider's Version



The Goal: Align clinical accuracy with coding integrity, compliance protection, and financial performance through documentation excellence

Why Documentation Matters



Reimbursement 101

Why Documentation Matters



Documentation determines DRG, SOI/ROM, and payment tier.



Documentation drives case mix index (CMI), value-based purchasing, and risk adjustment.



Hospitals are paid—and audited—based on what is documented, not just what is done.



Revenue Cycle Linkage & Payor Expectation

Linking Documentation to the Revenue Cycle



CDI bridges
clinical care, coding,
and finance.



Documentation influences
patient status, medical
necessity, DRG assignment,
and claim defense.



Prevention starts with
documentation—not denial
management.

Payor Expectations



Medical necessity
documentation



Justification for inpatient
vs. observation status



Alignment with
CMS and commercial
payor guidelines

Denial Prevention Starts With Documentation



The slide features a central image of a doctor in a white coat and stethoscope, using a tablet computer, symbolizing documentation. The slide is divided into two main sections: a left section with a warning icon and text, and a right section with a success icon and text.



Common denial drivers: medical necessity gaps, coding validation issues

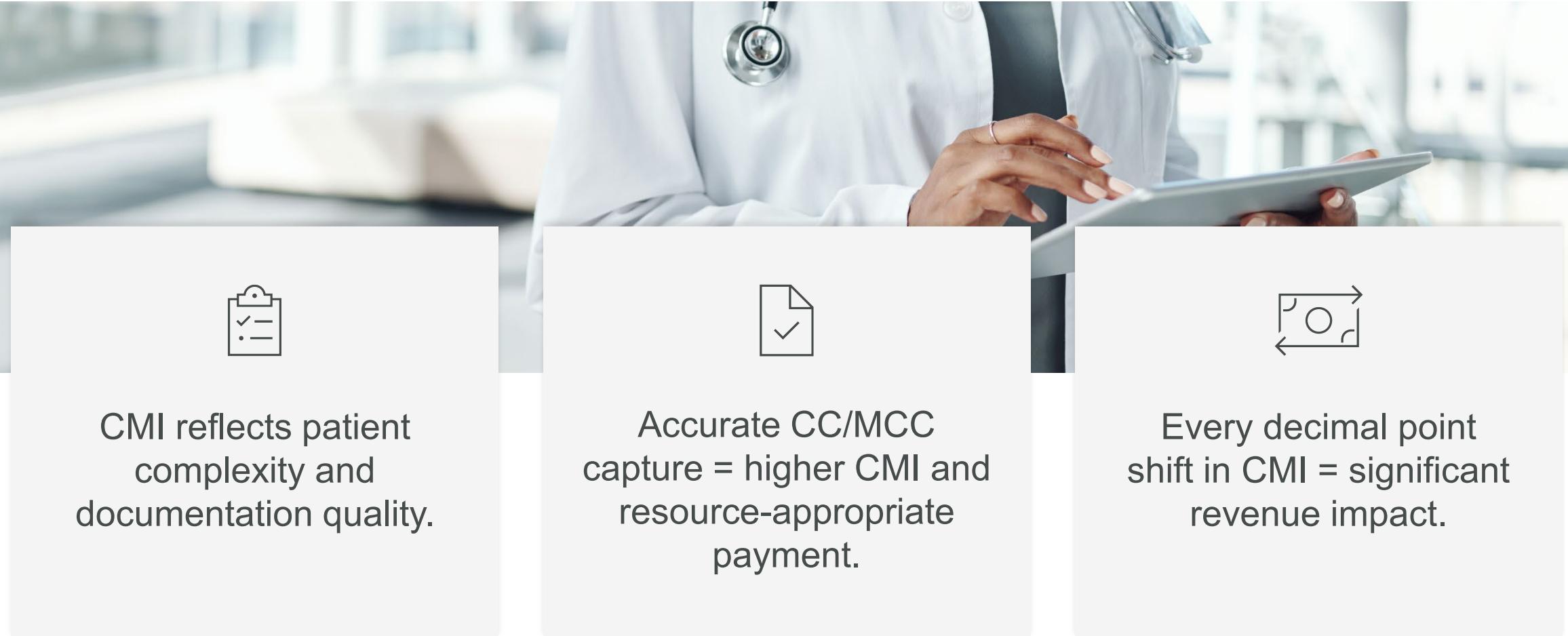


Documentation quality is a key driver of appeal success

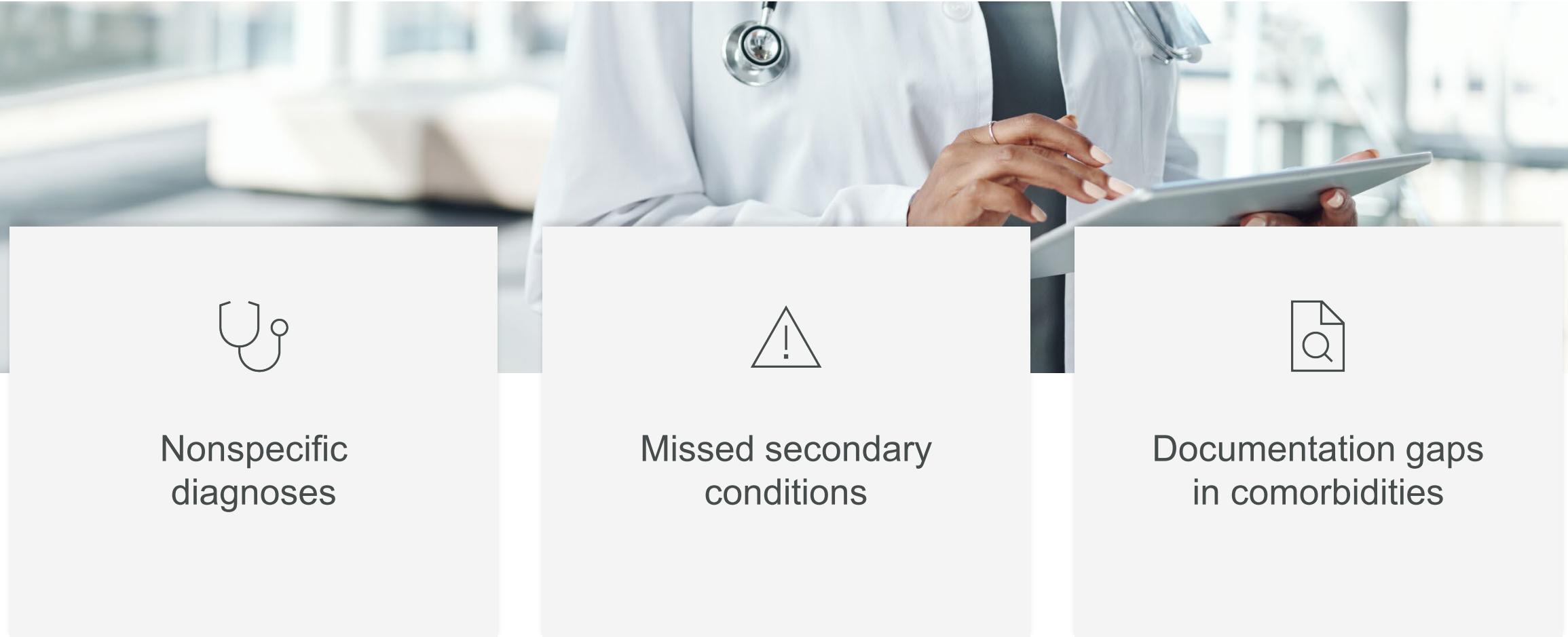


Case Mix Index & Financial Impact

CMI & Financial Impact



CMI Erosion Drivers





CDI as Revenue Protector

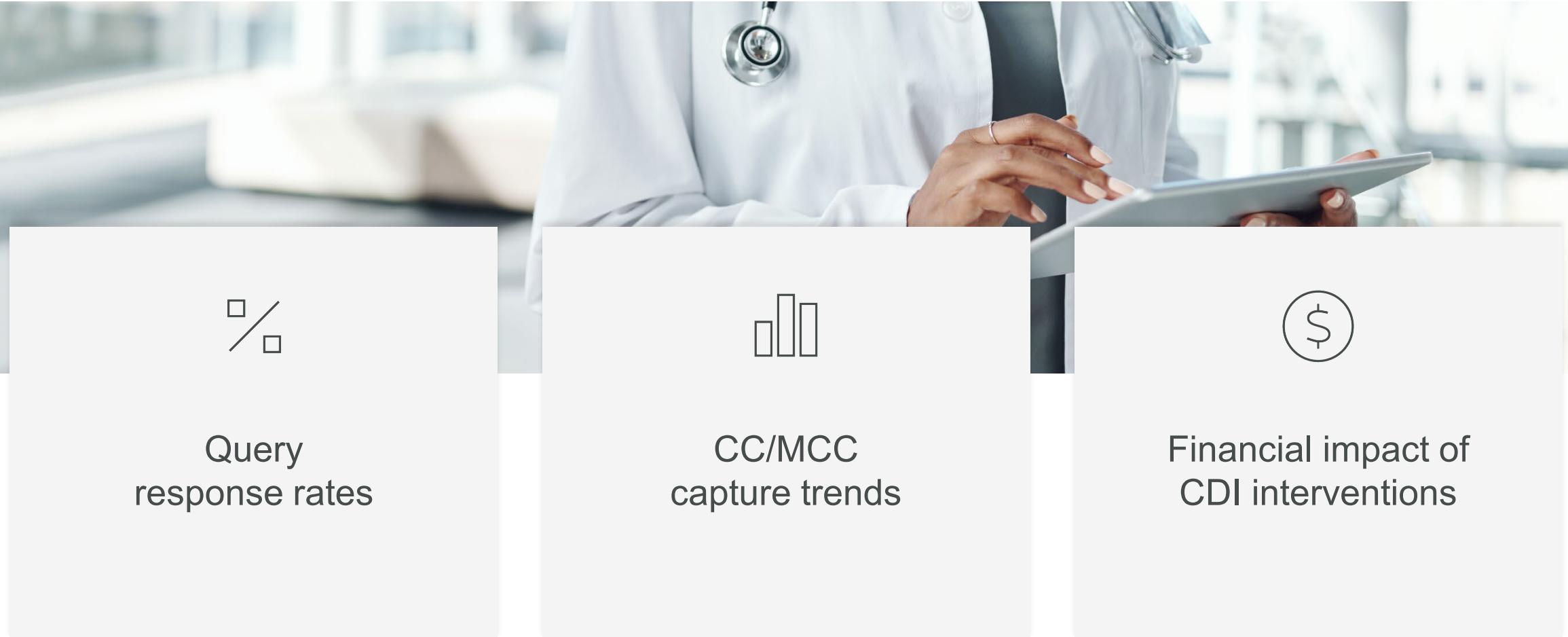
CDI's Role as Revenue Protector



The slide features four white rectangular callout boxes arranged horizontally, each containing an icon and text. The first box on the left contains a network icon (three circles connected by lines) and text about concurrent CDI reviews. The second box contains a magnifying glass icon and text about high-impact DRGs and query turnaround time. The third box contains a clipboard icon and text about protecting revenue through documentation. The fourth box on the right contains a clock icon and text about promoting timely queries and provider engagement.

-  Concurrent CDI reviews help align documentation, coding, and reimbursement.
-  Focus: high-impact DRGs, missed CC/MCC, and query turnaround time.
-  CDI helps protect revenue by helping ensure documentation reflects patient complexity.
-  CDI helps promote timely queries and provider engagement.

CDI Metrics to Monitor



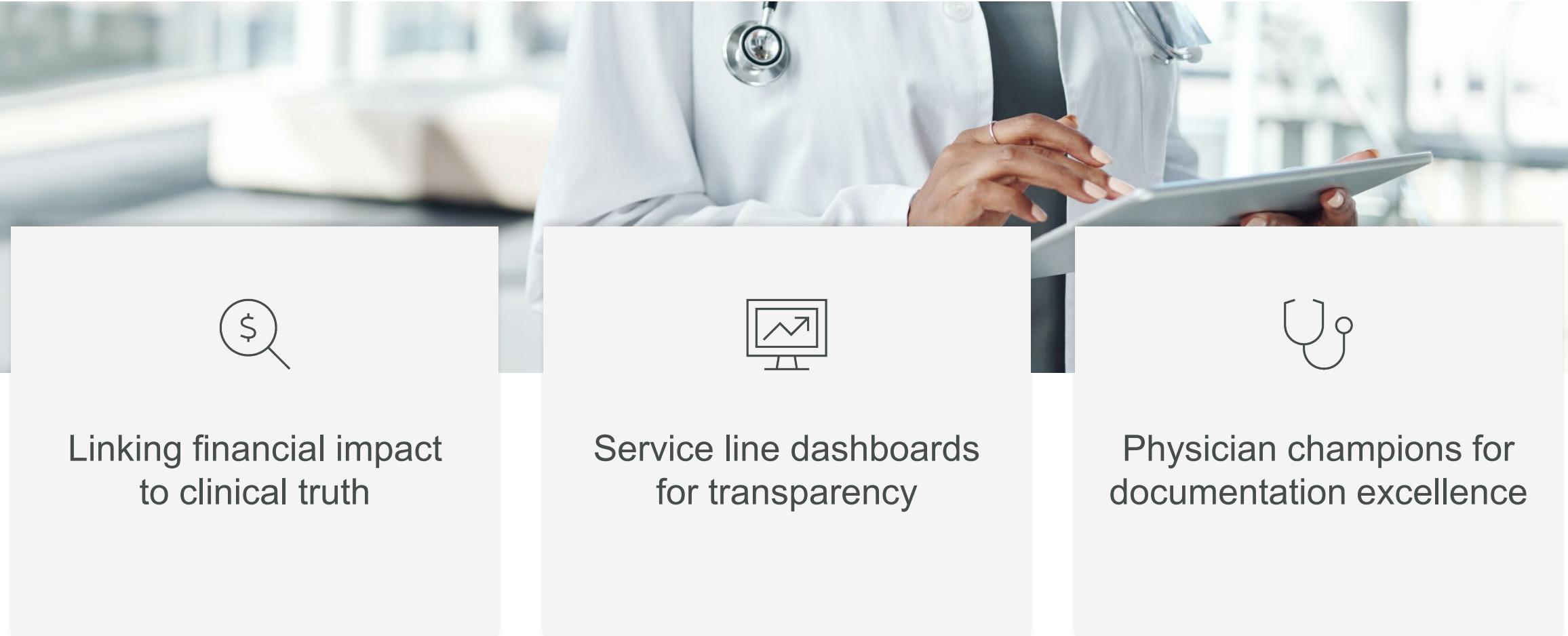
Provider Engagement



The slide features four white rectangular callout boxes arranged horizontally, each containing an icon and text. The background is a blurred image of a doctor in a white coat and stethoscope using a tablet computer.

- Icon:** A diamond shape.
- Text:** Providers document for accuracy, not dollars—but accuracy drives dollars.
- Icon:** Three vertical bars of increasing height.
- Text:** Engage with CMI data, denial trends, and query collaboration.
- Icon:** A stylized infinity symbol with a cross inside.
- Text:** Behavior changes when physicians see the link between care and reimbursement.
- Icon:** A lightbulb with a gear inside.
- Text:** Strategies: share CMI trends, educate on audit defense, collaborative queries.

Changing Behavior Through Data



Denials & Revenue Leakage



Denials are the symptom;
documentation gaps
are the disease.

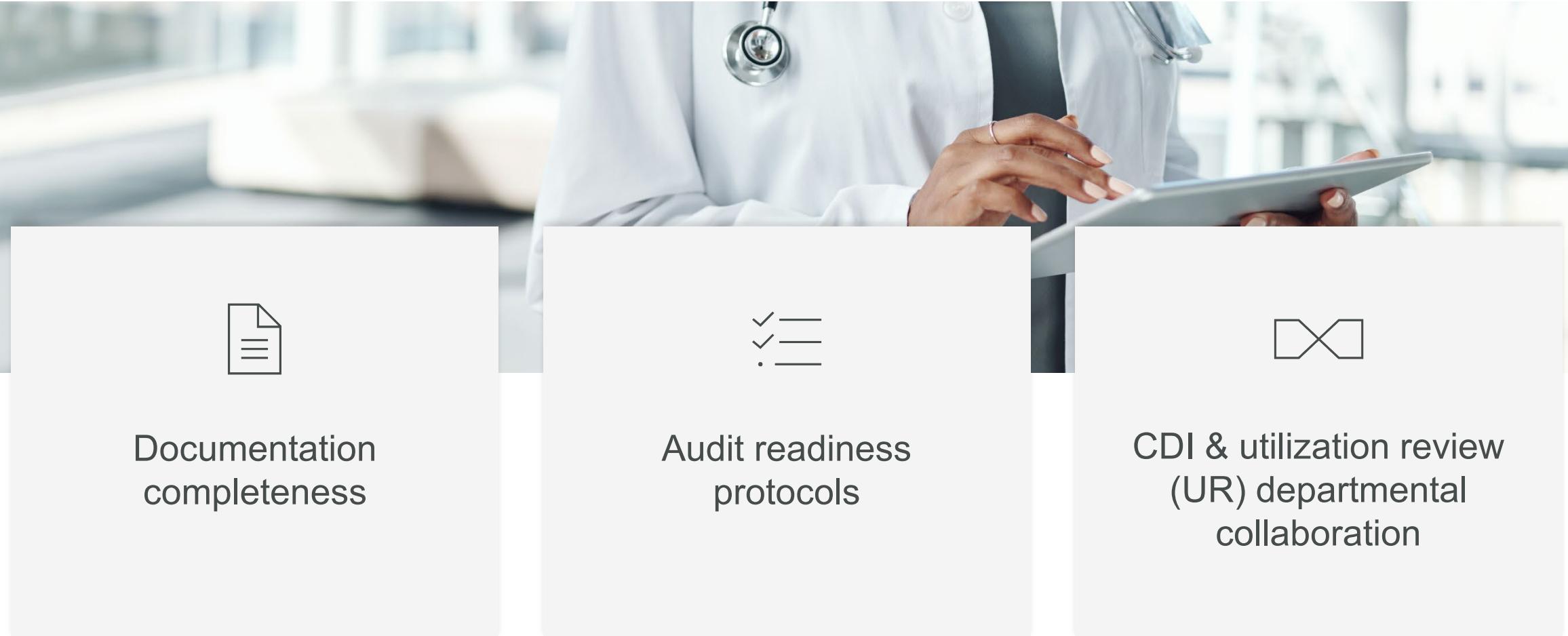


Common issues:
observation vs. inpatient
downgrades, DRG
downgrades, and diagnosis
validation disputes.

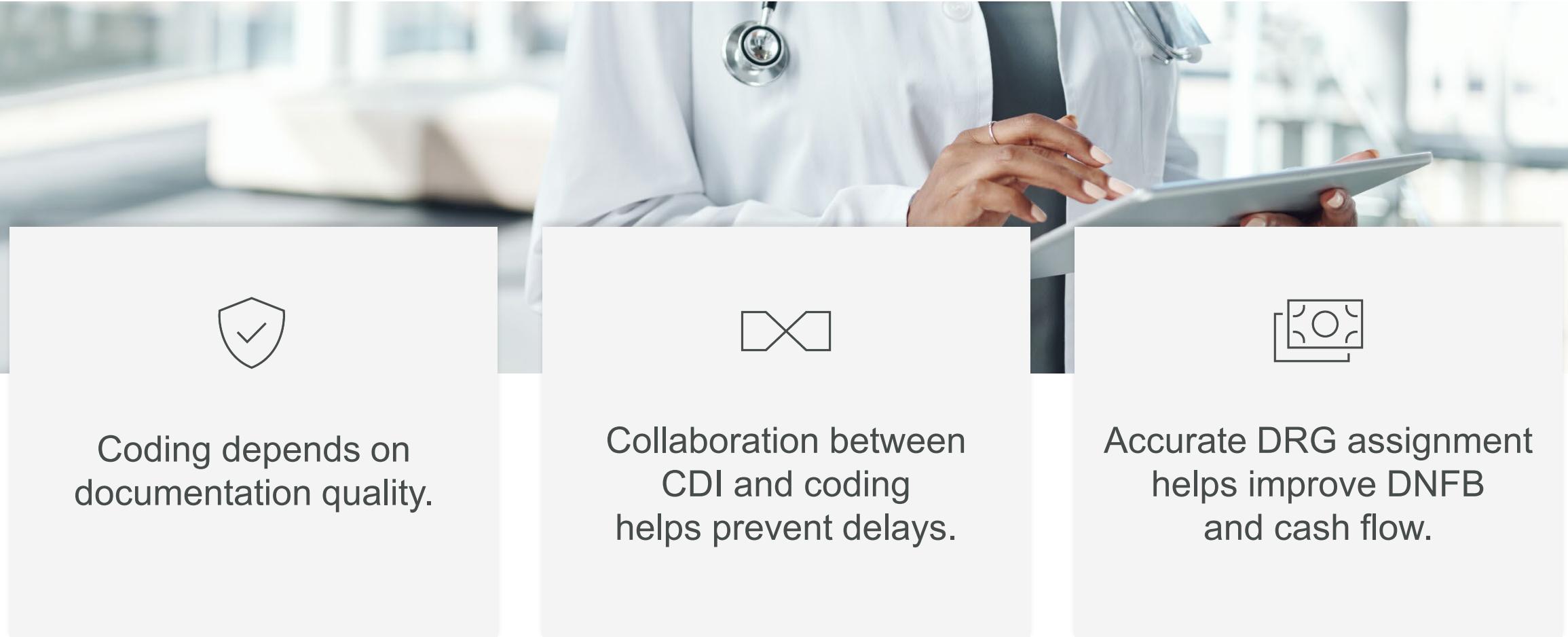


Documentation quality
determines if every dollar
can be defended.
(Each denied case =
thousands in lost revenue.)

Denials & Revenue Leakage



HIM & Coding: Translating Documentation Into Reimbursement



The image shows a doctor in a white coat and stethoscope using a tablet computer. To the left of the doctor, there are three white callout boxes containing icons and text:

- Shield icon:** Coding depends on documentation quality.
- Interlocking circles icon:** Collaboration between CDI and coding helps prevent delays.
- Money icon:** Accurate DRG assignment helps improve DNFB and cash flow.



Technology & Analytics in Documentation

Leveraging Technology



Clinical documentation specialist (CDS) tools



EMR templates for specificity



Dashboards for query and CMI monitoring

Analytics for Continuous Improvement



Identify missed
CC/MCC opportunities



Monitor
denial trends



Predictive modeling
for high-risk cases

Documentation Governance Council



Accountability
for documentation
quality



Alignment of
financial, clinical, and
compliance goals



Proactive reviews
of CMI trends,
denials, ROI

Continuous Monitoring



Establish documentation governance council linking CDI, UR, HIM, finance, and compliance.



Monitor: CMI trends, DRG shifts, payor denial rates, and CDI ROI.



Leadership oversight helps sustain reimbursement integrity.

Key Takeaways



Documentation =
foundation of
reimbursement
integrity

Accuracy + compliance
+ collaboration =
financial success

Every word tells the
financial story of care

Next Steps



Implement governance structure



Enhance CDI-provider collaboration



Invest in technology and analytics

Other sessions in this series:



Clinical Documentation Excellence Pt. 1: Compliance & Risk Mitigation

On Demand



Clinical Documentation Excellence Pt. 3: Complex & Clinical Denials

February 19, 2026
11 a.m.–12 p.m. ET

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