

Critical Access Hospital Finance and Operations Webinar Series

Revenue Integrity with Chargemaster (CDM) Use Case February 3, 2026

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision statement is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

Webinar Logistics

- Audio is muted for all attendees.
- Select to populate the  to populate the chat feature on the bottom right of your screen. Please use either the chat function or raise your hand  on the bottom of your screen to ask your question live.
- Presentation slides and recordings will be posted shortly after the session at: <https://www.ohsu.edu/oregon-office-of-rural-health/critical-access-hospital-programs>.





Kristi Purvis is an Analytics Engineer at REDi Health, where she supports community, rural and underserved health care organizations by transforming data into actionable insights. With a background spanning analytics, operations and project coordination, she brings a practical, thoughtful approach to solving complex health care challenges. Kristi is passionate about using data to help hospitals identify gaps, improve performance and deliver meaningful impact for the communities they serve.



Noah Ashworth is an Analytics Engineer at REDi Health, where he applies his background in information systems and specialized certifications in data science to tackle complex challenges facing rural health care organizations. His work focuses on collaborative projects such as denials analysis, process implementation and optimization, and chargemaster reviews, all with an emphasis on long-term sustainability.

With strong expertise in data wrangling, ETL and analytics, Noah helps health care teams turn messy, fragmented data into clear, actionable insights that improve operational efficiency and support data-driven decision-making.



Revenue Integrity with CDM Use Case



Agenda

TOPIC	PAGE #
CDM Impact	4
Strategies CDM Review team Pricing Strategy Contracts & Payor Mix Use Case: CDM Comprehensive Review	8



This is for you:

- C-Suite
- Rev Cycle Director/ Business Office Manager
- Billing/Coding/Pt Financial Services Leader
- Other Department Leader (Lab, Rad, etc)





Poll Question

What is your role?

- C-Suite
- Revenue Cycle Director/ Business Office Manager
- Billing/Coding/Pt Financial Services leader
- Other Department Leader (Lab, Rad, etc)



Poll Question

When was your last comprehensive CDM review?

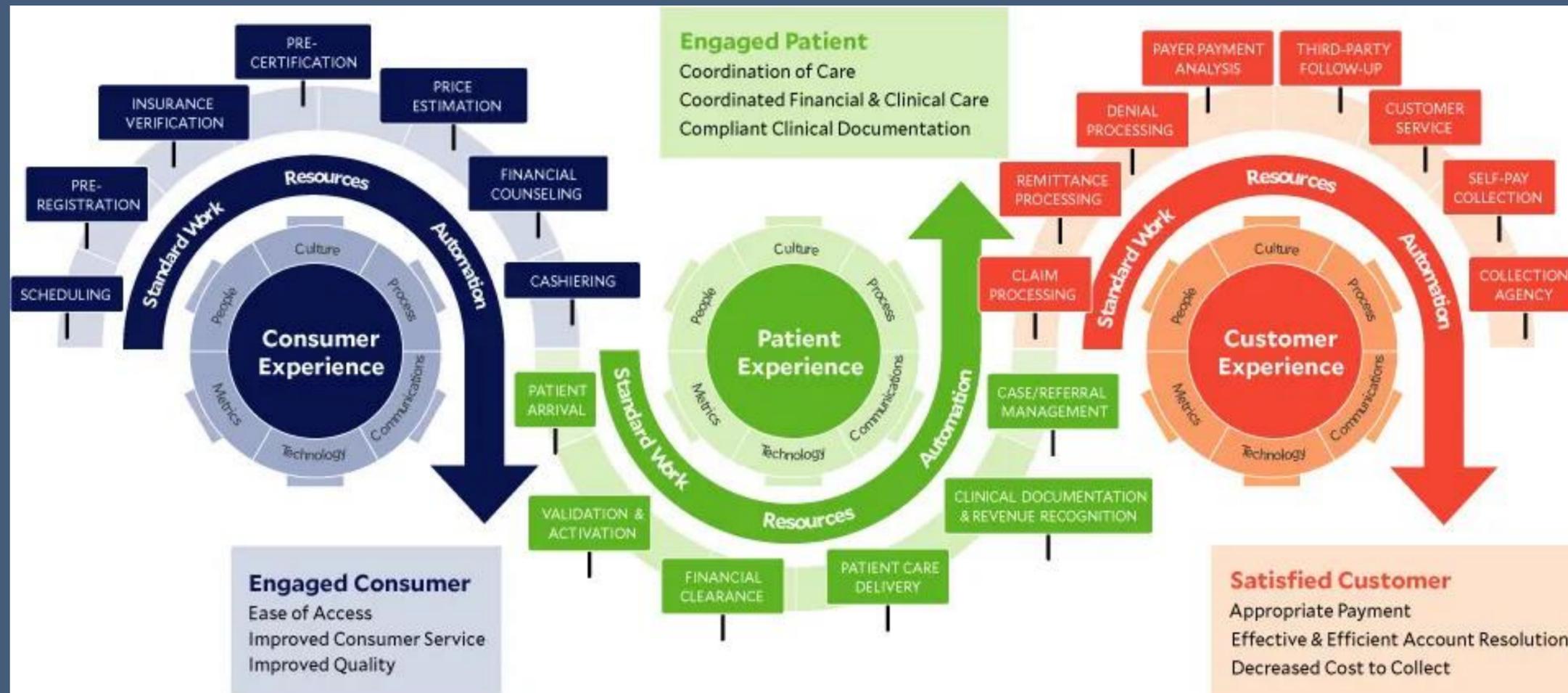
- Less than 1 year ago
- 1-3 years ago
- More than 3 years ago
- Not sure

CDM Impacts the Entire Revenue Cycle

Pricing is Foundational

Well-defined and structured CDM leads to:

- Better patient experience
- Reduced billing/coding costs (time and labor) due to rework
- Reduction in DNFB
- Less chance of denials
- Faster payments
- Better documentation of procedures performed
- More accurately predict revenue impact



Examining the CDM regularly is like a check-up... preventing issues down the line

Keeping the lights on – financial sustainability for community and staff – thinking beyond minimum services, to retaining skilled staff and expanded services in your own community

Hospitals and clinics may be the largest or only employer in the area

Acknowledging the risks:

Denials

Underpayments

Unintended
Payor
Negotiations or
Rate Limitations

OIG Audit

(minor to major negative impacts)

Strategies

Strategies

**CDM Review
Team**

**Pricing
Strategy**

**Contracts &
Payor Mix**



Rapid Poll Questions

1. Do you have a CDM Review team?

Yes/No

2. Do you have a defined pricing setting strategy (for new codes)?

Yes/No

3. Do you have a defined pricing update strategy (for existing codes)?

Yes/No

4. Do you know your most stringent payor contract details, including year over year increase limitations and notification requirements?

Yes/No

5. Do you know your payor mix, to the level of Medicare /Medicaid/Commercial/Self pay?

Yes/No

CDM Review Team – Who/What/Why

- More than “a quorum of one”
- Dedicated team
 - CFO
 - Rev Cycle Director/ Business Office
 - Coding, Billing, PFS
 - Dept Leaders – Lab, Rad, etc.
- Monthly – minimum quarterly – for needed updates
- Creating and closing the feedback loop

- Have a request methodology for creating/updating/deleting/inactivating (move past ‘putting out fires’)
- Code creation before procedures performed and a unified request process to reduce duplication of data/work
- Revenue code conflicts – when in doubt, use the highest most generic code – many tech solutions for this

CDM Review Team – Why: Beyond the Basics

- Find use trends in CDM items, know your community needs on a provable level, “beyond the vibe” – using volumes
- Including volumes can point to complexities in your coding or billing practices, and how those are handled in your EHR

CDM Review Team

Long-term Strategic Review and Planning

- Strategy for bilaterality vs LT/RT, 2 views vs 3+ views
- Health of CDM with utilization “real coding”
 - How are line items being used, what denials are from top of funnel issues
- Missing opportunities, what codes have common companion codes
- Building the CDM you want to work with instead of the ‘one you’ve inherited’

Pricing Strategy

- Post covid codes inactivation (already 5 years ago!) and the overall change in prices and spending patterns on a consumer level, let alone healthcare
- Initial pricing strategy (KISS)
 - Same / similar service
 - Medicare reimbursement / CAH cost report
 - Cost-based: markup on procedures or supplies (send-out labs)
 - Commercial payor reimbursements
 - Market-based: peer standard charge data (MRF)

Pricing Strategy

- Year over year pricing strategy – documented!
 - Department level, rev center group, across the board %
 - Track changes over time, consistent comparison
- Board visibility and/or approval
- Minimum 3 year comprehensive review
- Across the board changes can lead to a cumulative divergence from market rates
- Spending percentage increase “points” on items that may not have volumes

- Price transparency
 - Has never been easier to see pricing data in similar markets, especially with new regulations (complexity in aggregation)
 - Many tech solutions to provide compiled data, with EHR integration

Contracts & Payor Mix

- Know your rough payor mix – Medicare/Medicaid/Commercial/Selfpay/Other
- Know your most stringent markup limitations
 - Commercial payor contracts and documents in hand
 - Avg % change YOY limitations
 - Notification requirements
- Payor mix strategy
 - Fixed payors: high % = high priority
 - Commercials: small % – ‘penalty box’ may have small impact

Calculating Impact

Gross charge impact

$$(\text{New charge} - \text{Old charge}) \times \text{volume}$$

Estimated reimbursements

$$\text{Medicare volumes} + \text{Commercial volumes}$$

$$(\text{APC} \times \text{volume}) * \text{payor mix \%} + (\text{Commercial payments} (\sim 80\%) \times \text{volume}) * \text{payor mix \%}$$

CDM Use Cases



Use Case #1

Code completeness & billing all components

CPT®/ HCPCS	Rev Code	Desc	Volume	Current Charge	APC / CLFS	Peer Avg	SAF 50	SAF PRO 50	New Recommended Fee	% Fee Increase from Current Charge	% Fee Increase Prior Level NEW	Gross charge increase w/ Volumes	If facility fee is added at new rate
12001	450	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	0	\$477.30	\$198.70	\$392.00	\$537.22		\$480.00	1%	-	-	13,440.00
12001	981	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	28	\$85.10	\$42.25	\$98.00		\$322.00	\$100.00	18%	-	417.20	
12002	450	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	0	\$453.10	\$198.70	\$461.00	\$578.00		\$552.00	22%	15%	-	12,696.00
12002	981	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	23	\$110.40	\$55.56	\$115.00		\$416.00	\$115.00	4%	15%	105.80	
12004	450	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	0	\$388.70	\$198.70	\$522.00	\$631.44		\$634.80	63%	15%	-	1,904.40
12004	981	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	3	\$139.20	\$69.19	\$130.00		\$501.00	\$140.00	1%	22%	2.40	
12005	450	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	0	\$388.70	\$399.53		\$889.03		\$730.02	88%	15%	-	
12005	981	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	0	\$180.60	\$89.34			\$672.00	\$161.00	-11%	15%	-	
12006	450	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	-		\$399.53		\$945.75		\$839.52		15%	-	
12006	981	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	-		\$110.46			\$789.00	\$185.15		15%	-	
12007	450	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	-				\$781.75		\$965.45		15%	-	
12007	981	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	-					\$769.00	\$212.92		15%	-	
												525.40	28,040.40

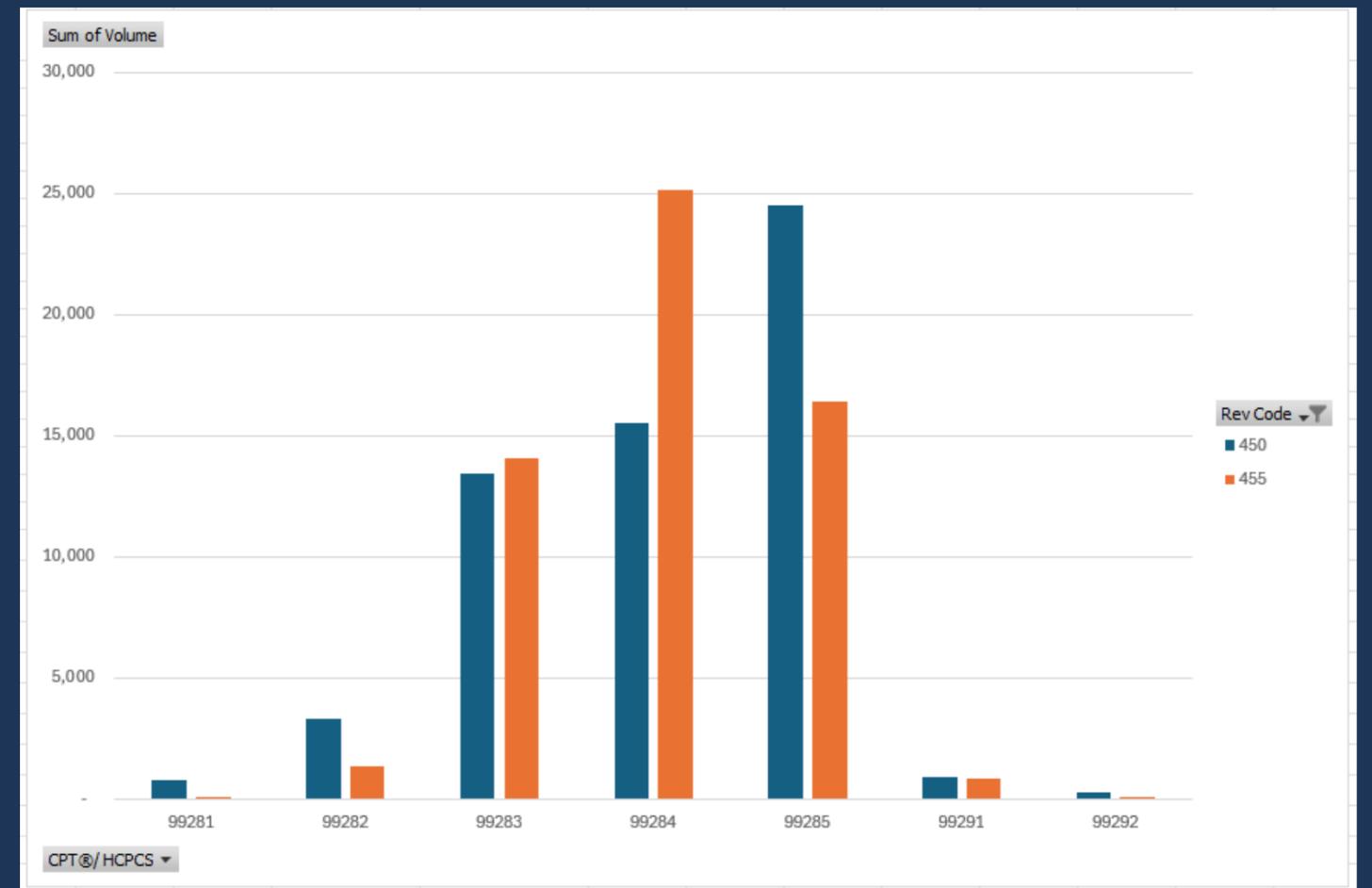
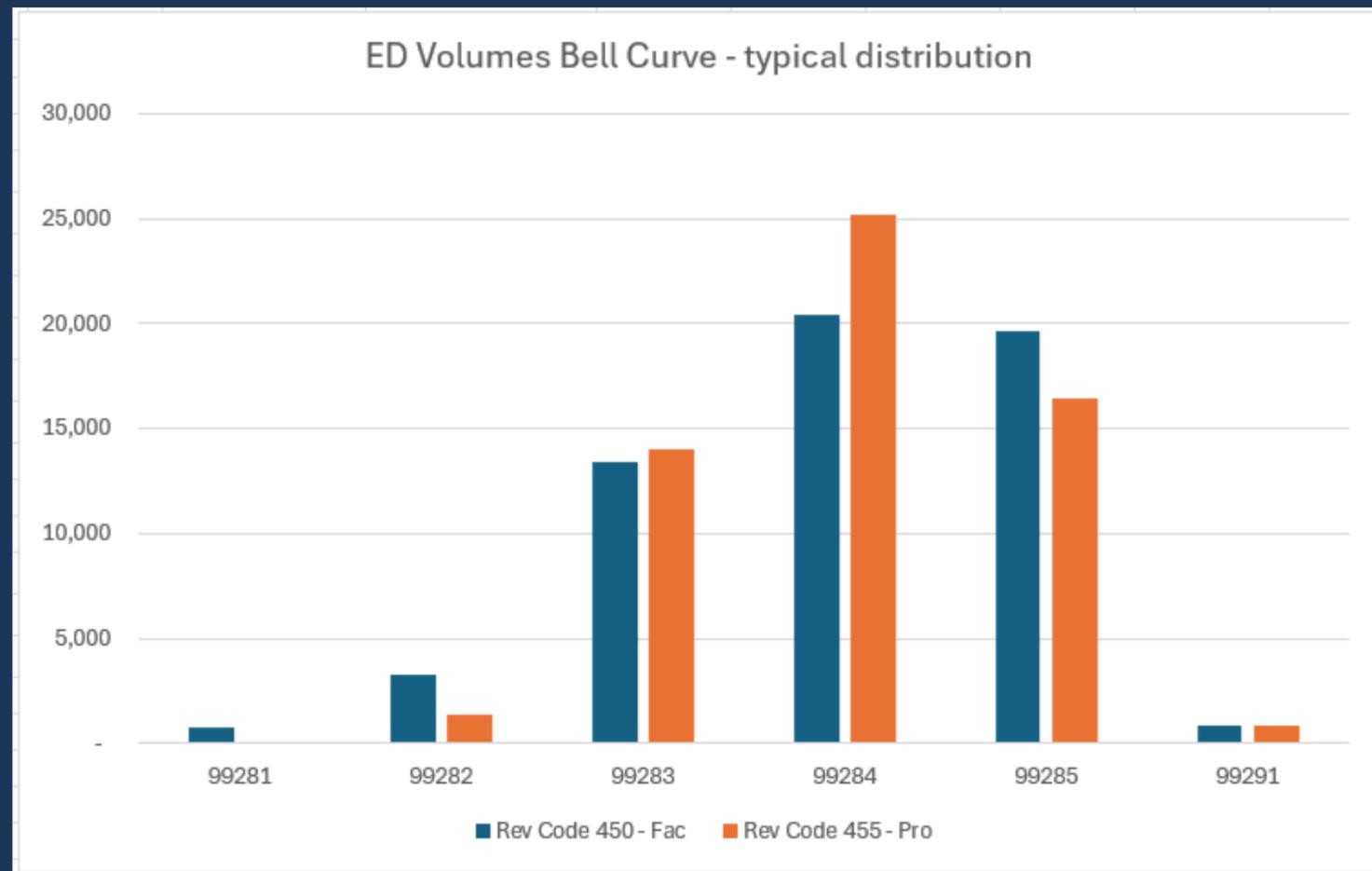
Use Case #2

Rebalancing & Patient impact

UniqueID	CPT®/ HCPCS	Rev Code	Volume	Current Charge	APC / CLFS	Peer Average	SAF 50	SAF PRO 50	New Recommended Fee	% Fee Increase from Current Charge	% Fee Increase Prior Level - NEW	Gross charge increase w/ Volumes	If facility fee is added at new rate	
new	12001	450	30		\$198.70	\$526.59	\$537.22		\$530.00	-	-		15,900.00	
	12001	981	30	\$339.82	\$42.25	\$131.65		\$322.00	\$130.00	-62%	-	(6,294.60)		
new	12002	450	16		\$198.70	\$590.22	\$578.00		\$609.50	94%	15%		9,752.00	
	12002	981	16	\$314.78	\$55.56	\$147.56		\$416.00	\$149.50	-76%	15%	(2,644.48)		
new	12004	450	1		\$198.70	\$598.00	\$631.44		\$700.93		15%		700.93	
	12004	981	1	\$624.80	\$69.19	\$149.50		\$501.00	\$171.93		15%	(452.88)		
new	12005	450	-		\$399.53		\$889.03		\$806.06		15%		-	
	12005	981	-	\$562.79	\$89.34			\$672.00	\$197.71	-65%	15%	-		
new	12006	450	-		\$399.53		\$945.75		\$926.97		15%		-	
	12006	981	-	\$889.50	\$110.46			\$789.00	\$227.37	-74%	15%	-		
new	12007	450	-				\$781.75		\$1,066.02		15%		-	
	12007	981	-	\$1,064.77				\$769.00	\$261.48	-75%	15%	-		Net change
												(9,391.96)	26,352.93	16,960.97

Use Case #3

ED E/M volumes can point to billing inconsistency



Use Case #4

Adjustments to volume and pricing rebalancing

CPT®/ HCPCS	Rev Code	Volume	Current Charge	New Recom Fee 80/20	Recom Fee Change \$	Recom Fee Change %	2025 Gross Charge Change
99281	450	795	302.00	542.51	\$240.51	79.64%	\$191,207.04
99281	455	88	277.00	135.63	(\$141.37)	-51.04%	(\$12,440.74)
99282	450	3,302	480.00	769.80	\$289.80	60.38%	\$956,919.60
99282	455	1,344	397.00	192.45	(\$204.55)	-51.52%	(\$274,915.20)
99283	450	13,422	745.00	1,094.40	\$349.40	46.90%	\$4,689,646.80
99283	455	14,025	623.00	273.60	(\$349.40)	-56.08%	(\$4,900,335.00)
99284	450	20,398	1,169.00	1,816.00	\$647.00	55.35%	\$13,197,506.00
99284	455	25,149	1,101.00	454.00	(\$647.00)	-58.76%	(\$16,271,403.00)
99285	450	19,602	1,388.00	2,216.80	\$828.80	59.71%	\$16,246,137.60
99285	455	16,424	1,383.00	554.20	(\$828.80)	-59.93%	(\$13,612,211.20)
99291	450	890	1,864.00	\$2,369.48	\$505.48	27.12%	\$449,877.20
99291	455	814	1,864.00	1,864.00	\$0.00	0.00%	\$0.00
99292	450	253	572.00	1,053.00	\$481.00	84.09%	\$121,693.00
99292	455	46	462.00	368.00	(\$94.00)	-20.35%	(\$4,324.00)
							\$ 777,358.10

In Summary:

- CDM management – not just about pricing
- Centered on patient experience
- Basics:
 - People in place
 - Processes in place
 - Closing the feedback loop
- Beyond basics:
 - Pricing strategy
 - Contracts/payor mix consideration
 - Calculating impact



Questions or Comments?

Get In Touch!

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ORH Announcements

- Next ORH Community Conversations ([Register here](#)):
 - March 19 at 12 p.m. | Rural Health Transformation Program Updates
 - May 21 at 12 p.m. | Communities Recruiting Providers
- May 14-15, 2026 Virtual | 3rd Annual Forum on Rural Population Health ([More information here](#))
- Oct. 7-9, Bend, OR | 43rd Annual Oregon Rural Health Conference ([More information here](#))

Thank you!

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