

# The Importance of Provider Education: How It Can Increase Revenue and Improve Patient Outcomes

White Paper





## Executive Summary

Today's healthcare landscape is more complex and demanding than ever. Providers must navigate intricate coding systems, stay compliant with ever-changing CMS regulations, and adapt to advancements in technology like AI and telemedicine—all while managing growing patient volumes and maintaining quality care. It's an overwhelming challenge. Which is why accurate documentation and coding have never been more critical. Getting them right not only saves significant time and stress but also benefits the entire organization.

Provider education plays a pivotal role in this process. It ensures that healthcare organizations not only meet compliance standards but also improve patient care and secure appropriate reimbursements. This white paper delves into the challenges providers face in medical coding, the solutions that drive improvement, and the measurable impact of effective provider education on the healthcare industry.

Healthcare providers often struggle with limited time, complex coding systems, and resistance in changing their team's documentation habits. These challenges lead to all too common problems. Coding errors, compliance risks, and missed revenue opportunities to name a few. Overcoming these barriers requires a comprehensive approach to provider education.

This white paper outlines nine of the most common documentation challenges providers face and offers actionable solutions for each. It also highlights the strategies GeBBS Healthcare Solutions employs in its own provider education programs, as well as the most common documentation gaps we see among our clients. Finally, we conclude with a compelling case study that shows how we increased high-level inpatient visits (99223) from 18.38% to a peak of 32.01% within months.

Ultimately, provider education is about more than training—it's about building a sustainable system that supports providers, improves patient care, and strengthens the financial and operational health of organizations. As the healthcare industry continues to evolve, prioritizing education will remain key to staying competitive and delivering quality care.

## What Is Provider Education?

Provider education isn't just about teaching coding rules—it's about transforming documentation practices. It equips healthcare providers such as physicians, nurse practitioners, and physician assistants with tools to align their documentation with industry standards. Why is this so



important? Accurate documentation doesn't just ensure compliance with regulations like those from CMS; it drives better patient care and ensures providers are appropriately reimbursed for their work.

Provider education isn't one-size-fits-all. It bridges the gap between clinical care and the complexities of medical coding by addressing common, real-world challenges. These include unclear notes, insufficient detail, or misaligned coding levels. The result is that clinicians are empowered to understand how their documentation impacts not only revenue but also compliance and patient outcomes.

To achieve that result, provider education utilizes a variety of strategies to drive lasting improvement. Workshops, tailored guides, and simulated cases are just a few methods that teach providers practical skills to adapt to evolving guidelines. By helping clinicians reduce errors and improve the accuracy of their documentation, provider education minimizes compliance risks while boosting the organization's financial and operational efficiency. It isn't just training—it's a strategic investment in success within an increasingly complex healthcare landscape.

## How Provider Education Impacts the Healthcare Industry

Provider education is a cornerstone of a well-functioning healthcare system. At its heart, it ensures medical services are accurately documented, coded, and billed, which has a positive ripple effect across the entire industry. Providers experience fewer coding errors, faster reimbursements, and improved compliance with regulations. The impact from these

outcomes are profound. Collectively, they strengthen the financial health of practices, hospitals, and entire healthcare networks, driving greater efficiency and cost-effectiveness throughout the industry.

Beyond financial stability, provider education plays a critical role in patient care. Accurate documentation ensures that patient records are complete and reliable, which supports continuity of care and minimizes the risk of medical errors. When providers are trained to document thoroughly and precisely, they lay the groundwork for sound clinical decision-making, ultimately leading to better patient outcomes.

On an industry-wide scale, consistent and compliant documentation bolsters trust in the healthcare system. It minimizes instances of fraud and abuse, safeguards organizations during audits, and aligns practices with evolving regulations. The patient also benefits from fast and fairer billing. Ultimately, provider education fosters a healthcare environment that is efficient, transparent, and committed to delivering quality care while upholding financial and regulatory integrity.

Provider education also equips the healthcare industry for the future. As technologies like artificial intelligence and electronic health records (EHR) evolve, providers must adapt their documentation practices to remain effective and compliant. Education is critical for this purpose. It helps providers learn how to integrate these tools while maintaining compliance and accuracy, and also remain competitive in an industry that moves at lightning speed. This adaptability not only improves patient care but also keeps the industry resilient in the face of constant change.



# 9 Challenges in Provider Education Today

Healthcare today faces arguably more challenges than any time in American history. Organizations are understaffed, overworked, and are simply trying to keep up with the flood of patients. In this environment, managing the complexities of coding and improving documentation can feel like a burden. At GeBBS, we recognize these challenges and address them head-on. Here's a look at some of the most pressing issues and how we work to overcome them.

## 1. Lack of Time

It's no surprise. If you're like most providers, you have few minutes to spare. Between managing patient care, addressing admin tasks, and attending meetings, your schedule is jam packed. Finding time for you and your staff to train on medical coding feels like an impossible feat, especially when it seems like you're constantly fighting fires. The solution isn't to forgo training, but to adopt a learning schedule that works for you and your team.

### ▶ Solutions

- **Flexible Learning Options:** Instead of dictating when and where you should learn, we offer flexible learning options that adapt to your schedule. We provide self-paced, on-demand webinars that allow you to learn at your convenience. Watch whenever you have time—whether it's early in the morning, during a break, or after hours.
- **Microlearning:** With limited time, sitting through hour-long classes isn't practical for most providers. That's why we break down training into smaller, easily digestible units. These bite-sized lessons can be completed in short bursts, such as during coffee breaks or between patient appointments, ensuring your team can continue learning without disrupting their workflow.

## 2. Complexity of Medical Coding

Medical coding systems like ICD-10, CPT, and HCPCS are detailed and complex, often leaving providers feeling overwhelmed—especially when updates or changes occur. However, there are effective ways to simplify coding for your staff and make the process more manageable.

### ▶ Solutions

- **Specialty-Specific Training:** Rather than overwhelming providers with the full breadth of coding knowledge, tailor the education to focus exclusively on the

codes and scenarios relevant to their specialty. This approach makes the training more practical, targeted, and easier to grasp.

- **Cheat Sheets and Reference Guides:** Equip your team with concise reference materials that summarize key codes and rules in a user-friendly format. These cheat sheets can serve as quick, accessible reminders and should be kept readily available to support accurate coding.

### 3. Resistance to Change

Change can be difficult for anyone, regardless of their age or profession. In healthcare, providers may be especially resistant to altering their documentation habits, particularly if they've practiced for years without encountering significant coding issues.

#### ▶ Solutions

- **Highlight the Financial Impact:** To motivate providers to embrace change, demonstrate how adopting new documentation habits can lead to tangible benefits. Show how accurate coding improves reimbursement rates, reduces denied claims, and lowers the risk of audits.
- **Involve Leadership:** Make coding improvement a key part of your organization's culture. Engage leadership or senior providers to champion the importance of accurate coding and lead by example. When respected figures promote and model best practices, it encourages wider adoption.

### 4. Discrepancy between Clinical Language and Coding Terminology

Providers naturally want to document patient care using clinical language, but this doesn't always align with standardized coding terminology. Bridging this gap is essential to ensure accurate and compliant coding.

#### ▶ Solution

- **Coding-Centric Documentation Templates:** Similar to the cheat sheets and reference guides suggested earlier, create documentation templates that align clinical terminology with corresponding coding language. These templates help providers naturally incorporate the right codes in their notes, making the process more intuitive and accurate.
- **Provider-Coder Collaboration:** Your coders are the ultimate knowledge source for documentation. So why not have them interact more often with your providers? Foster regular collaboration between providers and coders to clarify terminology, address questions, and ensure mutual understanding of coding expectations.

## 5. Anxiety around Upcoding or Downcoding

Providers strive to avoid mistakes, but fear of being accused of upcoding or downcoding can inadvertently lead to errors. They could be so fraught with worry that they accidentally undercode or assign the incorrect code.

### ▶ Solution

- **Clarify Guidelines:** The solution here is to be exceedingly clear with your coding guidelines. Offer unambiguous instructions on coding levels and when it is appropriate to use specific codes.
- **Ethical Training:** Emphasize the importance of ethical coding practices through targeted training. Use real-world examples to demonstrate how to avoid both upcoding and downcoding while maintaining accurate documentation.

## 6. Lack of Interest in Coding

It's no secret. Your providers didn't get into healthcare to worry about medical codes. Many view coding as a clerical task, unrelated to their primary role as clinicians. This perception can lead to disengagement in coding education.

### ▶ Solution

- **Link Coding to Clinical Outcomes:** Providers are deeply invested in their patients' well-being. So, highlight the connection between accurate coding and improved clinical outcomes, such as better healthcare data, enhanced quality metrics, and increased patient safety. Demonstrating this link helps providers see coding as an integral part of delivering quality care.
- **Incorporate Technology for Ease and Efficiency:** You can reduce the burden of coding by implementing user-friendly tools like electronic health records (EHR) with built-in coding support and AI. These technologies can suggest codes based on documentation, minimizing manual effort and fostering a more positive attitude toward coding tasks.

## 7. Technological Barriers

While technology has the potential to improve coding efficiency and reduce workload, some providers may still resist adopting it. What's more, not all systems are user friendly, and providers may face difficulties with overly complex electronic health record (EHR) platforms.

▶ **Solution**

- **EHR Training:** Provide targeted training to help providers use EHR systems more efficiently for accurate coding and documentation. By equipping them with practical knowledge, you can reduce frustration and make technology a helpful ally rather than a hurdle.
- **Coding Software Integration:** Choose technology that seamlessly integrates with your providers' workflow. Advanced coding software can offer suggestions and real-time feedback on documentation and coding choices.

## 8. Differences in Provider Knowledge Levels

When it comes to medical coding, providers vary widely in their familiarity and skill levels, and some may require more training than others.

▶ **Solution**

- **Tiered Training Programs:** It's important for providers to learn at their current skill level. As such, offer multiple levels of training – such as beginner, intermediate, and advanced – so your providers can participate in sessions tailored to their present capabilities.
- **Personalized Feedback:** As mentioned earlier, feedback is a great way to help providers learn. So, offer individual feedback to each of your providers, allowing them to focus on their unique areas for growth.

## How GeBBS Educate Providers

At GeBBS, educating providers is a three-step process that includes teaching best practices, customizing education to the individual provider, and delivering ongoing support. To give you an idea of how this works, let's explore each of these stages in detail:

### Step 1: Teach Best Practices

We start by equipping providers with essential best practices for accurate and efficient coding. Here are some of the ways we do this:

▶ **Regular Coding Updates**

As you know, coding guidelines are frequently updated to reflect advancements in healthcare and changes in regulations. To keep providers informed, we distribute newsletters and bulletins summarizing recent updates, new regulations, and common errors to avoid.

▶ **Internal Memos**

Hospitals or practices may circulate internal memos to address coding updates or specific areas of concern. At GeBBS, we collaborate with you to draft these memos, ensuring they highlight critical updates and focus on the areas that need the most attention.

## **Step 2: Customize the Education Program to Your Needs**

Every provider faces unique challenges with their documentation, so we tailor our education programs to address your specific needs through the following practices:

▶ **Reference Guides**

Navigating complex coding guidelines and specialty-specific codes can be confusing for providers. To simplify the process, GeBBS develops concise reference guides that summarize key coding rules and frequently used codes for each specialty. These guides serve as quick, accessible resources, making accurate documentation easier and more efficient.

▶ **Simulated Cases**

Applying coding rules in real-world scenarios can be challenging. To bridge this gap, we create simulated patient cases tailored to each specialty. These realistic scenarios give your providers hands-on practice, helping them refine their documentation accuracy and build confidence in applying coding principles.

## **Step 3: Provide Ongoing Support**

Of course, education doesn't end after the initial teachings. Providers need ongoing support and reinforcement to truly improve documentation accuracy. Here's how we deliver that:

▶ **Retrospective Audits**

In any learning setting, feedback is important for improvement. That's why our auditors work with you, reviewing your documentation and coding, and providing detailed feedback on areas needing improvement. This hands-on approach helps providers learn from real-world mistakes.

▶ **Prospective Audits**

Our support goes beyond reviewing completed documentation. With GeBBS, our coders work alongside you during the actual documentation process, offering real-time feedback and helping you make the most accurate coding choices. The result is reduced errors and increased provider confidence.

## The Most Common Gaps in Provider Documentation

In our experience, most providers have the same three gaps in their documentation:

1. A lack of clarity and legibility
2. Unrealistic expectations of high reimbursement
3. Insufficient supporting documentation

The third point, in particular, warrants closer attention. To reduce the risk of denials and secure appropriate reimbursement, we encourage providers to include detailed documentation of the presenting problems and symptoms reported by the patient. This should include a clear record of the differential diagnosis, lab orders, imaging studies, and treatment plans.

To help our clients close the three common gaps, we conduct workshops and presentations that address these challenges and ensure they fully understand the coding requirements. Any additional gaps not covered in these sessions, along with ongoing support needs, are addressed through follow-up emails and phone calls.

## Maintaining Compliance and Best Practices

Staying compliant in the ever-evolving landscape of healthcare regulations is vital. At GeBBS, we prioritize compliance by ensuring all our recommendations align with industry standards and CMS guidelines. How do we achieve this? We continuously update our coders on regulatory changes and work closely



with clients to confirm these updates are implemented accurately. This ongoing vigilance keeps everyone aligned and ensures compliance at every level. But we don't stop there.

To stay ahead of industry trends and regulatory changes, we maintain open communication with both clients and providers. We share examples of documentation notes and best practices that reflect the latest guidelines. For instance, when we identify gaps—such as the need for an addendum or adjustments in documentation patterns—we act swiftly, collaborating directly with providers to resolve these issues.

This proactive approach empowers providers to confidently document patient encounters, minimizing compliance risks while adhering to the latest industry standards. By combining regular updates with hands-on support, we simplify the complexities of healthcare compliance and help providers stay current with ease.

## How We Measure Success

The provider education sessions we offer are not only a learning opportunity for providers but also for us. These sessions give us valuable insights into the clinician's approach to decision-making, helping us tailor our support. We use two key performance indicators (KPIs) to measure the success of these sessions:

### 1. Frequency of Challenges to Coders

One key indicator of success is the reduction in how often providers challenge coders on E/M levels or request reimbursement for insufficiently documented procedures. When we first engage with clients, these issues have typically become a pattern, signaling gaps in documentation or communication. After our workshops and collaboration sessions between providers and coders, a significant drop in these confrontations indicates progress.

### 2. Statistical Trends

The second KPI involves analyzing the provider's month-over-month distribution of E/M coding levels and procedure coding accuracy. By monitoring these trends, we assess whether our education efforts are driving improvements. Specifically, we look for two outcomes:

- ▶ A consistent increase in accurate E/M level assignments
- ▶ Higher procedure coding accuracy rates

These improvements demonstrate that providers are effectively applying best practices, reducing errors, and maintaining compliance with documentation standards. Together, these KPIs help ensure that our sessions deliver measurable, lasting results.

## Results Are the Ultimate Measurement of Success: A GeBBS Case Study



In April 2024, GeBBS launched a comprehensive provider education program for a new client. The months of February and March served as a transition period, allowing us to evaluate the client's historical E/M distribution data. The findings were clear: there was significant room for improvement in both E/M coding trends and physician documentation practices.

We didn't waste any time. We began engaging directly with the providers, holding collaborative discussions to better understand their challenges. As GeBBS has many doctors on staff, we could resonate with their concerns and the complexities of documentation. Together, we emphasized the importance of thorough and accurate documentation for every patient visit. Why is this so important? Because correct documentation not only ensures proper reimbursement but also captures the full scope of providers' clinical efforts and hard work. Providers only serve to gain in terms of profitability and improved patient care.

Ultimately, the results spoke for themselves. Over time, visits that were initially reimbursed at lower levels (99221/99231) began shifting to moderate (99222/99232) and high (99223/99233) MDM levels. The percentage of low MDM inpatient visits dropped by 6% in August 2024. Meanwhile, high-level inpatient visits (99223) saw a significant increase, rising from 18.38% in December 2023 to a peak of 32.01% by July 2024.

This case study highlights the value of targeted provider education and ongoing support. By aligning documentation practices with coding standards, GeBBS empowered providers to achieve measurable improvements in both compliance and reimbursement, all while building confidence in their documentation practices.

## With Provider Education, a Thriving Healthcare Organization is Possible

Medical coding can be challenging. It's often complex, constantly changing, and seems like an unnecessary burden for providers. Streamlining the process starts with education. And as you can see, it's well worth the effort.

Imagine a healthcare organization where coding is no longer a constant source of frustration but a seamless part of the workflow. Providers walk into patient visits confident that their documentation habits align with the latest industry standards. They don't second-guess whether they've undercoded or overcoded. Instead, their focus is on delivering exceptional care, knowing the administrative side is just as strong as the clinical.

From a financial aspect, reimbursement cycles shorten, and the organization sees a measurable boost in revenue. Denied claims? They become a rare occurrence. Audits? They're met with compliance-ready records that reflect accurate and complete patient encounters.

At the heart of it all, patients benefit. Accurate coding means their records are reliable and easy to interpret, ensuring continuity of care across providers. Billing is faster and fairer, leading to fewer disputes and greater trust between patients and providers.

With GeBBS provider education, this vision of your organization can become a reality. Your systems run efficiently, morale improves, and every team member—from providers to coders to leadership—operates with clarity and purpose. Most importantly, the organization is no longer playing catch-up with compliance but setting the standard in a healthcare landscape that values accuracy, transparency, and quality care. That's what you get with GeBBS. [Contact us today](#) to implement your provider education program, and start seeing more time saved, more approved claims, and more revenue.