

# CODING & DOCUMENTATION

## 2 PART WEBINAR SERIES

Virtual • February 3 & 24, 2026



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# CODING & DOCUMENTATION

## 2 PART WEBINAR SERIES

February 3, 2026 **Webinar 1:** Overcoming Revenue Cycle Challenges in the Health  
2:00–3:30 pm ET Center Setting

February 24, 2026 **Webinar 2:** Top 5 Documentation and Coding Tips for Health Centers-  
2:00–3:30 pm ET 2026 CMS Updates

[Register Here](#)

*Each session will provide eligible attendees with 1.5 CEU. CEU's are approved by the AAPC.*

### Webinar 1

## Overcoming Revenue Cycle Challenges in the Health Center Setting

February 3, 2026, 2:00–3:30 pm ET

#### Facilitator:

**Stacey Howe**

Director of RCM

Association for Rural and Community Health Professional Coding

#### Overview:

This session reviews sustainability in health centers. Sustainability in health centers requires optimizing the process from patient visit to final payment for financial health, using data to catch small revenue leaks (like missed charges/coding errors) and streamlining workflows (eligibility checks, collecting copays, denial management) to ensure stable cash flow. In each area, there must be proper training.

#### Objectives:

- Understanding how the front office, middle office, and back office must work together for revenue cycle optimization. Cross-training in each of these areas is a key factor.
- Understanding how to set clear expectations and performance goals and how to address unmet goals and expectations.
- Understanding and addressing the root causes behind stalled revenue cycle improvement.
- Understanding the role of providers in the revenue cycle.

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### Webinar 2

## Top Documentation and Coding Tips for Health Centers - 2026 CMS Updates

February 24, 2026, 2:00–3:30 pm ET

### Facilitator:

#### Gary Lucas, MSHI

Vice President of Research and Development  
Association for Rural and Community Health Professional Coding

### Overview:

This webinar reviews how to help Health Centers update their clinical documentation, professional coding, and medical billing processes related to CMS's 2026 updates and other ongoing issues and challenges that we face. It pays particular attention to how clinical and revenue cycle staff can work together to balance an HC's clinical and business goals through proper application of the CPT, HCPCS-II, and ICD-10-CM code sets. All content is presented from the perspective of a CMS-approved Federally Qualified Health Center (FQHC) with a focus on details found within the 2026 CMS Medicare Physician Fee Schedule and potential Congressional actions throughout 2026.

### Objectives:

- Identify key 2026 CMS policy updates and emerging trends that may impact clinical documentation, professional coding, and medical billing in Federally Qualified Health Centers (FQHCs).
- Apply current CPT®, HCPCS Level II, and ICD-10-CM coding principles to common and evolving FQHC clinical scenarios to support compliant reporting and appropriate reimbursement.
- Anticipate potential operational and compliance challenges arising from CMS updates or Congressional actions and describe practical strategies FQHCs can use to adapt workflows and internal controls.

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