

Med First Finds Its **Easy Button With Arintra:** Over 6% Revenue Uplift, Better Compliance, and Reduced Provider Burden in **One Solution**

CASE STUDY

Missing Revenue, Overwhelmed Providers: Finding a Path Forward

"Are we missing revenue?" It was a question Wes Edwards, CFO of Med First, heard regularly, and the honest answer was: *there was no way to know*.

Med First processes over 220,000 patient encounters annually across its 27 locations in North and South Carolina, and has plans to expand to 40 locations in the near term.

Ensuring revenue integrity entailed a perfect storm of challenges. High volume and thin margins made a full coder review unrealistic. Providers coded their own charts, and billing specialists checked claims with front-end scrubbers before submission. The small coding team focused on trend analysis and resolving coding-related holds or denials.

Meanwhile, Med First's shift to value-based care added documentation complexity - good for health outcomes, but it increased the administrative burden on providers. Detailed documentation requirements pulled providers away from patient care, the reason most entered healthcare in the first place.

As CFO, Edwards needed to ensure that Med First was well-capitalized to invest in patient and provider satisfaction. A core part of his role is partnering with business leaders to solve operational challenges, and this one was urgent. With thin margins, Med First had to run every location with maximum efficiency. The organization needed a scalable solution that could tackle three priorities at once: revenue integrity, compliance, and provider burden.

Results

- Over **6% revenue uplift**
- Consistent **audit-ready coding** across all specialties
- Reduced** compliance risk
- Improved** clinical documentation (CDI)

Selecting the Right AI Solution

With the rapid rise of AI tools in healthcare, Med First began exploring solutions that could address its core priorities. The team evaluated multiple options through the Athena marketplace, including AI scribing and autonomous coding. Scribing solutions promised to ease the documentation burden but didn't directly address revenue leakage or compliance concerns. Autonomous coding could tackle both while supporting provider engagement. Edwards and the team decided to focus on autonomous coding solutions.

Med First's Director of Revenue Cycle conducted a thorough evaluation of autonomous coding vendors on the Athena marketplace. After careful analysis, Arintra's GenAI-native autonomous coding solution stood out. It offered the right combination of capabilities, implementation support, compliance focus, and ROI.

Arintra: The Easy Button for Accurate Revenue Capture

Arintra's implementation team worked closely with Med First to customize the solution to their specific requirements. Arintra integrated into Med First's Athena workflows, automating coding across specialties without altering provider workflows.

"What stood out most during our implementation was Arintra's thoughtfulness and thoroughness. They truly partnered with us, mapping every milestone, and executing each phase flawlessly - ensuring a smooth integration with Med First's operations." Edwards observed.

Med First didn't take Arintra's accuracy on faith. During the pilot, Med First treated Arintra as they would any other provider, sending its work to their external auditor for validation. In-house coders reviewed every chart Arintra coded. Med First's compliance officer also worked closely with the team to validate compliance.

Med First went into the pilot expecting to answer one question: could Arintra autonomously code charts accurately and efficiently? They got their answer and *discovered benefits they didn't know were possible.*

Revenue Integrity Without the Guesswork

Med First had conservative expectations: streamline processes, increase efficiency, and a 2-3% revenue uplift based on industry standards. The actual results told a different story.

Edwards reflected, **"We were expecting two to three percent uplift because that seemed to be a common benchmark. In reality, we've been closer to 6% to 8%. That has exceeded expectations."**

Because Arintra's coding is transparent and explainable, Med First could easily identify why they were leaving money on the table in the form of services performed but not coded. Examples included missed X-rays, incorrect E/M levels, and under-coding (charting level 3 when the service provided was level 4).

Med First Primary and Urgent Care

Locations	27
EHR	athenahealth
Challenges	Revenue Integrity Compliance Provider Burden

In the past, Med First lacked both systematic chart review and visibility into these documentation gaps. Arintra changed that. As Med First scales up Arintra's implementation, providers continue to use their familiar workflows while coding happens automatically in the background. No workflow changes. No added provider burden. Just consistent, accurate revenue capture across specialties.

Making Compliance an Advantage Instead of a Headache

The shift from provider-led coding to autonomous coding created unexpected compliance gains. Arintra applies consistent, objective rules across all charts, and provides clear, traceable decision logic within Athena, making compliance provable rather than assumed.

"We are now in a much better compliance position than before, where we had 80 different providers inputting codes with a lot of variability," Edwards explained. **"With Arintra, every chart is coded accurately, with clear explanations."**

Audits are more efficient. Previously, auditing ten charts meant checking ten different providers' individual judgments on coding. Now, those same ten charts validate the underlying logic as it is applied system-wide. What was once a spot-check is now proof of widespread accuracy. Med First can audit with confidence, knowing they're testing the system itself rather than individual judgment calls.

Documentation Improvements (CDI) that Drive Results

Med First expected better coding. They didn't expect Arintra to improve provider training and clinical documentation.

Value-based care demands detailed, complex documentation and coding that increases the provider's administrative burden. Documentation gaps result in lost revenue. Recognizing this, Med First had invested in a provider trainer, but pre-Arintra, training was largely generic and difficult for providers to implement. Arintra's reports delivered precise, actionable feedback tailored to each provider's documentation and coding patterns. This had a twofold benefit:

First, the trainer was able to gather precise information quickly and easily, and spend more time coaching. Second, the training is tailored to each provider. Instead of offering providers generic feedback, the trainer could point to specific gaps: e.g., missing medication strength or incomplete visit complexity details.

Edwards notes, **"When you give 50,000-foot advice, providers might not be able to change their charting behaviors. With Arintra, we're able to be very specific in our feedback to providers."**

Better documentation captures the full clinical picture the first time, allowing for coding to accurately reflect the services provided, and reducing administrative back-and-forth between providers and the revenue cycle team.

This was Med First's aha moment: Arintra wasn't solely about accurate coding. It was also a foundation for:

- Improved clinical documentation
- More effective training
- Easier auditing and stronger compliance

Ultimately, this led to even better revenue capture and a stronger organization.

More Than Coding: A Foundation for Growth

Med First set out to strengthen revenue integrity and reduce provider burden as they moved to value-based care. They found both, and then some.

Revenue uplift reached 6% to 8%, more than double Edwards' original 2% to 3% benchmark. Compliance became simpler, with Arintra's consistent, accurate, explainable coding replacing the variability of provider coding. And the improvements in clinical documentation (CDI) not only helped capture revenue accurately, it also enabled providers to better focus on patient outcomes.

With Arintra, Med First discovered a foundation for sustainable growth. As Med First pursues their plans to almost double their locations, they can scale with confidence in revenue integrity and compliance. And the question that started it all—"Are we missing revenue?"—finally has a definitive answer. Not anymore.

“**Arintra is the easy button. I can sit back, relax, and know that everything is getting billed correctly. That's what really makes me happy.**”

Wes Edwards, Med First CFO

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is **Automating** Medical Coding

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