

“Arintra is Doing the Heavy Lifting”: Mercyhealth Goes From Coding Capacity Challenge to Revenue Integrity

CASE STUDY

The Challenge: A Coding Team Stretched Thin

For 55 communities across northern Illinois and southern Wisconsin, Mercyhealth represents a health system that delivers excellent care, grounded in a simple but powerful mission: make lives better. But excellence at scale creates pressure. That pressure was breaking their coding team.

Mercyhealth was expanding rapidly, growing chart volume to over 130,000 a month. Kelly Pierson, Director of Coding and CDI, watched her small team struggle. She noted, “Before Arintra, the biggest issue was determining how to handle work with our current staff.” As chart volumes continued to grow, coders could only review about 30% of patient charts in outpatient/professional practice. Without coder review, charts were at risk of having coding gaps, resulting in missed revenue opportunities and increased compliance risks.

The chart volume was challenging, but it was not the only demand on the coder’s time.

A Capacity Challenge Impacting the Entire Revenue Cycle

Mercyhealth’s coders were pulled in multiple directions:

- Billing needed help with challenging denials and analyzing denial trends
- Revenue integrity projects required coding expertise for new service evaluations
- Compliance asked for audit support
- Providers needed documentation feedback

Results

- **5.1 % revenue uplift**
- **8 FTE** equivalent of claims coded monthly
- **50% reduction** in A/R days
- **50K+ charts** processed per month

Every request was legitimate and critical to revenue recognition and compliance. But each one taxed coders already overwhelmed with chart volume. The team was drowning in basic work instead of working at the top of their license.

Pierson acknowledged, “It was really a juggling act, making sure we had the right coders supporting the various types of projects. And at the same time, resetting expectations with management about what our revenue aging days would be.”

Amidst these conditions, burnout was inevitable. It also took new hires six months to become productive. Meanwhile, months-old emails from other teams containing basic questions, “Is this coded correctly?” went unanswered.

Mercyhealth needed a coding solution that could scale with their ambitious growth plans and enable their coding team to become true partners in success.

A Foundation Built to Scale Across Specialties

Mercyhealth's leadership saw an opportunity in autonomous coding. After an extensive vendor comparison, they selected Arintra's GenAI-native autonomous coding platform.

Initially, coders feared that automation would replace them. Instead, it freed them to take on a more strategic role across the organization.

Implementation also presented its own challenges. Mercyhealth's coding processes had evolved organically over time, creating flexibility but also inconsistencies in templates and chart interpretation. Arintra worked with Mercyhealth to build best practices and an extensible framework, starting with family medicine. The implementation focused on:

- Standardizing templates and streamlining processes
- Creating a master list of all codes and how they should be applied
- Tuning the engine to Mercyhealth's workflows, payer requirements, and business processes

The result was a compliant foundation that made the implementation of new specialties faster and easier, allowing Mercyhealth to scale efficiently. What began as a pilot with 2 providers in 1 specialty quickly grew to cover 10 specialties and a 10x increase in chart volume.

Arintra's Impact: Beyond the Topline Metrics

Mercyhealth achieved a 5.1% revenue uplift and reduced work queue aging by 50%. Arintra now handles the workload equivalent of 8 full-time employees. But these metrics only tell part of the story. With Arintra tackling the high-volume work, the coding team was freed to take on strategic challenges that had been pushed aside.

"Using Arintra allowed us to dig deeper into things that we didn't have the time for before. Arintra spots trends and shows us opportunities we didn't know about. It has opened up new paths for us to explore." Mary S. Enyart, CPC, Manager of Professional Coding, Mercyhealth.

Mercyhealth

Locations

85 primary and specialty care locations and 7 hospitals

EHR

Epic

Specialties

Family Medicine
Internal Medicine
Urgent Care
Pediatrics
Cardiology
Radiology
Gynecology
Endocrinology
GI
Hospitalist

Arintra's impact was felt across three core areas of the revenue cycle: denials, compliance, and CDI.

Bridging the Denial Gap

Arintra's accurate, compliant coding led to cleaner claims on the first pass, reducing denials at the source. The impact extended beyond the initial claim submission.

Because Arintra provides clear, shareable logic for every coding decision, the follow-up team could address most denials on their own without waiting for coder input.

"For charts coded by Arintra, our follow-up team no longer sends everything back to coding when there is a denial. They send it right back to the payer with the coding logic for the appeal." Pierson said.

This allowed the follow-up team to challenge more denials faster, and even tackle smaller-dollar denials that previously would have gone unaddressed. Coders were needed only for more complex claims where their expertise was most valuable.

Coders now also have the bandwidth to work on denial analysis projects, proactively identifying coding and documentation issues, and driving improvements that lead to sustained denial reductions over time.

Enhancing Compliance and Audit Readiness

In healthcare, compliance is non-negotiable. It must be built in and provable. Before Arintra, Mercyhealth had documentation variability, and coders only reviewed about 30% of charts. Arintra's coding engine, along with the standardization of templates and coding rules built in during implementation, ensured:

- Consistent application of coding guidelines across all encounters
- Clear explanations for every coding decision
- Audit-ready documentation from the start

Audits used to require spot-checking individual coding decisions rife with variability. With Arintra, auditing a set of charts validated accuracy across the board. "Arintra is doing a lot of the heavy lifting for us," noted Enyart.

Standardization also built compliance into future expansions, with the team addressing compliance issues during specialty rollouts rather than discovering them months later.

And with coders now having bandwidth, they can take on proactive compliance work, identifying and resolving documentation gaps before they become problems, further strengthening compliance.

A Team Elevated, An Organization Changed

Ultimately, the coders who once feared losing their jobs discovered new opportunities. Where there was once fear and burnout, there's now value and motivation. Coders became proactive participants across the revenue cycle, contributing their expertise to compliance, denials, documentation improvement, and revenue integrity while pursuing higher-level certifications. The technology that once sparked fear now elevates their work.

Reflecting on her team's transformation, Pierson remarked, "We have given them the time and opportunity to broaden their knowledge and work at a higher level, and become more important and more needed."

For Mercyhealth, partnering with Arintra was initially about coding efficiency. However, they discovered something more valuable: a scalable foundation for continued growth. The capacity challenge that once strained the coding team, weakened revenue cycle performance, and hampered revenue recognition was now a solved problem.

The success has built on itself, as Pierson explained, "Providers and clinical leaders (who are not yet on Arintra) ask, 'When will Arintra code our work?' Arintra is a household name around Mercyhealth."

Improving Clinical Documentation

Clinical documentation quality and variability can undermine coding accuracy. Before Arintra, coders lacked both visibility into provider-specific documentation patterns and the time to investigate. Now they have both. Arintra provided detailed documentation feedback at a per-provider level, tied to financial impact. This enabled the team to:

- Track documentation patterns across individual providers and locations
- Identify missing clinical details affecting accuracy and revenue
- Deliver targeted education based on each provider's specific documentation patterns

"Arintra's solution sees things that are omitted, which allows us to reconfigure our documentation so that it's more uniform. It's changed our perspective on how we look at things," Enyart explained.

The coding team is now empowered to educate providers on clinical work capture and the proper level of service complexity. Initial provider skepticism gave way to requests for Arintra, and the coding team shifted from coding low complexity, high-volume charts to becoming strategic partners in documentation quality.

**Learn More About How Arintra
is Automating Medical Coding**

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