No More Provider Coding: Vanova Health Helps Independent Physicians Capture the Full Value of Care Delivered

Freed from coding and charge entry, providers are seeing greater accuracy, stronger compliance, and more time to focus on patients

CASE STUDY

Challenge: Denial & Audit Concerns Drove Coding

Vanova Health is a physician enablement company built around a singular mission: helping independent provider practices remain independent. By managing complex back-office functions, Vanova Health enables providers to spend more time caring for patients and less time on administrative work.

But coding remained on the provider's plate. After delivering and documenting care, providers still had to select the billing codes for each encounter. Without specialized coding expertise and despite strong clinical documentation, many chose lower-level codes to reduce the perceived risk of an audit or denial.

"The fear of an audit or denial overrides everything. Many providers were willing to leave money on the table just to feel extra safe," explained Daimion Haughton, Director of Revenue Cycle at Vanova Health.

As a result, coding did not always reflect the full complexity of the documented clinical care that patients received. The organization needed a solution that could code without disrupting the provider's workflow while applying coding requirements accurately, consistently, and defensibly.

Solution: Why Vanova Health Chose Arintra

"We were looking for a system that works directly with athenahealth, which is our platform," Daimion recalled. "We wanted something that was compatible and could scale to an enterprise level over time as we added more providers to our client base."

After years of watching providers struggle with coding, Vanova Health wanted a solution that could code at the most accurate and compliant level the documentation supported, ensure providers were reimbursed for the full value of the care they delivered, and back every decision with a clear, explainable audit trail.

Daimion and his team found what they were looking for in Arintra, an autonomous coding platform that reads clinical documentation, generates billing codes, and sends them directly to billing through athenahealth, while providing a documentation-linked audit trail for every decision. Critically, Arintra configured its coding platform to Vanova Health's specific workflows, guidelines, and payer requirements before processing a single chart.

CUSTOMER PROFILE

Vanova Health

Physician Enablement Company

LOCATION
New Jersey

EHR
athenahealth

Results

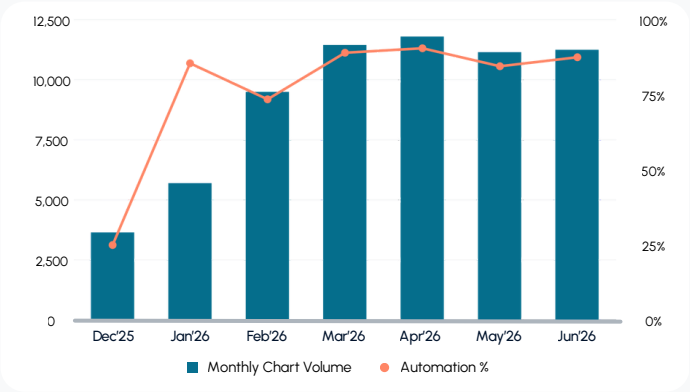
- Providers no longer select billing codes or enter charges
- 85% autonomous coding within four weeks
- Avg E/M level increased from 3.49--> 3.63
- Specialties currently live on autonomous coding: Internal Medicine, Family Medicine, Cardiology, Gastroenterology

"The really important part of Arintra is the audit trail," Daimion explained. "Providers are nervous about audits and denials but Arintra provides an audit trail that, if you do get a denial you can pull it up and it has the reasoning why it made the decision it did. It's not a black box, it's defensible."

The Validation Process Built Trust

Before going live, Vanova Health held sessions to educate providers on how Arintra works, and designated provider champions to support their colleagues once the rollout began. They also "went through about 1,500 claims, every single encounter, just to make sure we were doing the validation internally before turning it over to Arintra for automation," Daimion said.

That work paid off as Arintra's automation rates and chart volume rapidly grew in the months following go-live.



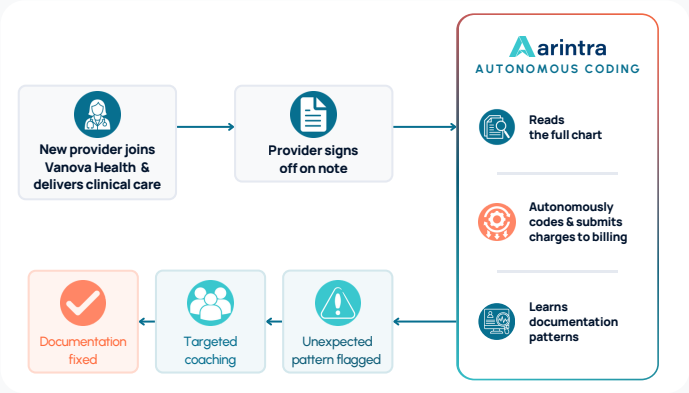
85% of Coding Automated 4 Weeks Post Go-Live

One early example showed just how quickly the consistency of autonomous coding could make a difference.

A Hidden Documentation Gap Revealed

When a gastroenterologist went live on Arintra, a pattern emerged within days that no one had caught before. Daimion's team didn't find any coding issues but did find a documentation problem. The doctor had been putting his assessment and plan in the history section of his notes rather than where it belonged. He had always done it that way, and no one had ever caught it.

Daimion called the office the next day and walked through two small documentation tweaks. Twenty-four hours later, the reports showed a complete turnaround. "Arintra surfaced an insight that would never have surfaced otherwise," Daimion said.



Workflow: Arintra Autonomously Codes and Catches Documentation Issues Early

What Changed When Providers Stopped Coding

For the providers across Vanova Health's client base, the transition to autonomous coding was designed to feel invisible.

> **"The providers didn't have to log into a new system or change their workflow. Administrative work was taken off their plates. They no longer had to code, review and approve codes, or enter charges."**
> - Daimion Haughton, Director of Revenue Cycle, Vanova Health

The speed of the process reduced friction. Before Arintra, a provider might get a documentation question four or five days after a patient visit, when the details were no longer fresh in their mind. Now, they get those questions within a day while they still remember the encounter clearly enough to answer immediately, which makes the exchange faster and removes another point of friction.

Providers Report Greater Confidence in Coding Accuracy and Focus on Patients

Vanova Health surveyed providers across its participating client base about their experience with Arintra's autonomous coding. Their responses had three themes: they are no longer coding, they have more confidence that their encounters are coded accurately and completely, and they are focusing more on patients.

"Arintra is capturing medical complexity more accurately. It does not miss vaccine charges, PHQ-9s, or annual wellness visits," said Dr. Sally Mravcak, Medical Director at Vanguard Medical Group, an independent practice with Vanova Health.

When asked to describe what has changed now that she no longer codes, Dr. Mravcak responded by noting that she is able to focus more on patient care.

"There's less stress about the coding aspect of the visit, so I have a greater ability to focus my energy on patients, clinical documentation, and patient flow through the office."
- Dr. Sally Mravcak, Medical Director, Vanguard Medical Group, a physician practice supported by Vanova Health

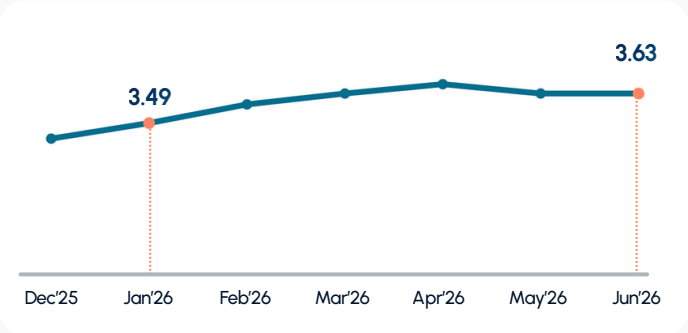
Another provider explained the changes this way: "Better time with patients and less outside work." The consistent theme was that providers got their time back while having greater confidence that they would receive accurate reimbursement for clinical care they delivered.

Results: Accuracy & Compliance

The majority of Vanova Health's athenahealth-based providers are now live on Arintra and patterns have emerged regarding what's changed with the implementation of autonomous coding.

Accurate E/M Leveling

Vanova Health's average E/M level moved from 3.49 in December, 2025 to 3.63 in June, 2026. Providers were already delivering and documenting higher levels of clinical care, but coding that care too conservatively. Now, Arintra is coding that work more accurately.



Increase in Sustained Avg. E/M Leveling from 3.49 → 3.63

Daimion was deliberate about how he framed what that number means. "We want to make sure our coding aligns with the documentation and compliance. We found that providers were consistently undercoding."

The two biggest drivers of more accurate reimbursement were E/M coding and dual visits, exactly the areas where providers' worry and subjectivity caused the most consistent undercoding before Arintra.

Built-In Compliance

Removing coding and charge entry from the provider's plate did something unexpected for compliance across the client base. When providers were coding their own charts, every claim reflected a personal understanding of the requirements and judgment calls, which varied widely.

Arintra applies the same rules to every chart, every time, configured to Vanova Health's payer and CIN requirements. The result is a level of coding consistency across Vanova Health that was simply not possible before. Because every decision is explainable and audit-ready, compliance is now built into coding.

Protecting Provider Independence as Vanova Health Grows

Providers choose their careers to care for patients, not to manage administrative work. Vanova Health built its offering around that principle: taking complex back-office responsibilities off providers so their practices can remain independent.

With Arintra, providers document the encounter and sign the note with no changes to their workflow. Arintra picks up from there and handles the coding autonomously in athenahealth, applying Vanova Health's coding and payer requirements consistently and providing an explainable audit trail for every decision. Providers no longer have to select and review codes or enter charges, giving them more time for patient care and greater confidence that their documented clinical care is coded accurately and they are appropriately paid for their service.

For Vanova Health, autonomous coding is more than a revenue cycle improvement. It provides the scalable administrative support independent practices need without adding work to the provider's day. As Daimion summed it up, "All of our models are centered around keeping providers independent."