

## **PAYER EMAIL #1**

[SUBJECT LINE] NAME, your modern risk adjustment strategy begins here [FREE eBook]

Hello [NAME]—

With the transition to value-based care, risk adjustment is more important than ever for health plans.

Yet implementing a risk adjustment program that's efficient, compliant and provides the greatest ROI, continues to be a struggle for most.

Conventional risk adjustment processes are often manual and time consuming, resulting in costly errors and compliance issues.

Despite the ten-fold increase in risk-adjusted members, health plans continue to rely on people, rather than scalable, automated solutions that grow as they do.

What's more, many organizations see risk adjustment only as a requirement, instead of a vital tactic that sets them apart from their competition. As a result, they outsource this function to vendors who lack the incentive or analytics expertise to provide the holistic view of risk adjustment that's necessary for financial success and compliancy.

Organizations that have a 360-degree view of risk adjustment and see it as an overall, integrated vehicle to obtaining a clear understanding of their membership's underlying risks are able to take advantage of streamlined processes, access to data, and a scalable infrastructure that drives revenue and grows market share in a compliant manner.

For a modernized risk adjustment strategy to be successful, it requires the appropriate insight, expertise and proven methodology.

To learn more about the step-by-step process required for a modern risk adjustment strategy, **download our e-book, *Introduction to 360° Risk Adjustment***. [link to e-book].

Download it now. =<< [link to e-book]

Next week, I'll be sending you a FREE tool to help you evaluate your current risk adjustment vendor.

Sincerely,  
TKNAME

P.S. The subject line of the email will be TK, so be sure to look for it.

## PAYER EMAIL #2

[SUBJECT LINE] NAME, get your FREE risk adjustment performance analysis now

[SUBJECT LINE] NAME, 7 elements of risk adjustment success – does your vendor measure up?

Hello [NAME]—

Last week, I sent you a link to our e-book, *Introduction to 360° Risk Adjustment*, with the exact step-by-step process we use to help our clients frame their transition to an effective, modern risk adjustment approach.

Here's the link again in case you missed it. [link to e-book].

Realization of your risk adjustment strategy however, is largely dependent on the vendor you choose.

**So, let me ask you: when it comes to your risk adjustment partner, are you really getting efficiency, compliancy and the best ROI?**

Health plans that realize the highest financial success team up with companies that provide:

- Transparency, control, and the ability to find more opportunities so **submissions are complete, accurate, and compliant**.
- An efficient workflow that offers a clean and prioritized queue to complete two-way records review, **reducing the time and expense required** to conduct coding activities.
- Access to administrative and clinical data to **uncover gaps and errors** via NLP-powered analytics.

To get a better understanding of what your risk adjustment partner does well—and where they may fall short—

we recommend a comprehensive evaluation of **7 key areas**.

To make it easy, **here's a simple, one-page assessment** for your team to work through. [insert link]

Get it now. =<< [insert link]

Sincerely,  
TKNAME

P.S. Next week, I'll be sharing with you a new way to acquire patient data that can save you as much as 80% on retrieval fees.

### **PAYER EMAIL #3**

[SUBJECT LINE] NAME, 3 must-haves in any data acquisition solution

[SUBJECT LINE] NAME, what could you accomplish with more patient data?

Hello [NAME]—

An effective risk adjustment strategy requires that all relevant patient data be available at the time of review to avoid redundancies and capture opportunities that affect reimbursements.

**Yet manual, ad-hoc medical retrieval solutions are inefficient, time consuming, and costly.**

Without the ability to extract data from multiple EHRs and share it across multiple departments, providers become frustrated by redundant requests and the toll it takes on their administrative team.

Building a strong rapport with providers is a crucial first step, but to support coding efforts, an effective data acquisition solution must be cost-effective, turnkey, and timely.

With **HF360 Data Acquisition** [insert link: ], you'll find a reliable, automated solution to medical record retrieval that enables:

- **Maximum retrieval rates:** our proprietary **Automated Chart Extraction (ACE)** technology automatically extracts all available medical records from remote EHR systems in a secure and HIPAA-compliant way without provider abrasion. With an annual flat-fee pricing model, **retrieval fees are reduced by as much as 80%**, enabling plans to eliminate chart chase targeting.
- **Data Access:** real-time visibility and centralized storage eliminates redundancies and allows for robust analytics.
- **Scalability: with the flat-fee structure,** increases in your provider group network size won't hinder your ability to acquire patient records as you grow.

To learn more, download the **HF360 Data Acquisition** solution brief now [insert link]

Download it now. =<< [link to solution brief]

Sincerely,  
TK NAME

P.S. Have questions? Shoot me a reply and we'll set up a time to connect.

#### **PAYER EMAIL #4**

[SUBJECT LINE] NAME, 3 Ways to Better Retrospective Coding Accuracy

[SUBJECT LINE] NAME, are you 100% confident in your coding accuracy?

Hello [NAME]—

As a risk-bearing entity, you know that accurately identifying, documenting and reporting risk scores is key to accurate code capture, especially as your enrollment grows each year.

The truth is however, that traditional approaches to risk adjustment are inevitably labor intensive, lead to costly errors, and lack the flexible infrastructure to scale to support more volume.

That's why we created **HCC Scout**, our NLP-enabled retrospective coding solution, which allows for:

- **Unparalleled RAF accuracy:** With the most precise NLP engine in the industry, our technology identifies all HCC opportunities in medical charts and compliance issues. **On average, our clients realize 17% greater HCC capture<sup>1</sup>.**
- **Lower costs:** After weeding out roughly 40 to 50% of records without opportunity, **HCC Scout** directs coders only to those records that require a manual review, highlights the relevant sections of the chart that contain the evidence, and reduces the time required to identify additional codes to be captured.
- **Complete control:** real-time visibility of coding progress and performance combined with a **consolidated view of all available records for a member. As a result, coders have the most complete context of the patient's health status when coding** which enables the ability to capture unrealized reimbursement like never before.

To learn more, download the ***HCC Scout Retrospective Risk Adjustment*** solution brief now  
[insert link]

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<sup>1</sup> Consolidated client outcomes from recent second pass engagements

Download it now. =<< [link to solution brief]

Sincerely,  
TK NAME

P.S. Have questions or want to see **HCC Scout** in action? Let's set up a time to chat [link to email].

#### **PAYER EMAIL #5**

[SUBJECT LINE] NAME, are you ready to collaborate more effectively with providers? [FREE WORKSHOP]

Hello [NAME]—

When UPMC Health Plan embarked on their risk adjustment journey 5 years ago, they started by modernizing their approach to retrospective coding and saw remarkable results in a short amount of time.

**In fact, they generated an additional \$200 million in revenue for the health plan, an 11% shared savings revenue for providers, and saw a 4X increase in coder productivity.**

They quickly realized that NLP-enabled insights fostered better collaboration and alignment with their provider partners. With a common, single source of truth, clinical evidence was utilized to drive better care practices and more complete reimbursement.

Using **HF360 Prospective**, our proprietary risk analytics solution, UPMC's provider group significantly increased their capture rate, closed coding gaps, addressed compliance issues, and uncovered opportunities—all while streamlining the process across multiple lines of business.

With the new solution in place, they were able to **improve provider engagement at the point of care, eliminate provider abrasion and generate additional revenue.**

To learn the exact strategy they used and how you can achieve similar success, get access to your free workshop now. [insert link:]

Get it now. =<< [link to:]  
Sincerely,  
TK NAME

P.S. Want to learn more? Let's set up a time to chat [link to email].

#### **PAYER EMAIL #6**

[SUBJECT LINE] NAME, are you ready to transform your risk adjustment approach?

[SUBJECT LINE] NAME, if you can't do it alone, we can help.

Hello [NAME]—

When you're considering a partner to implement your modernized risk adjustment approach, you'll need a team of industry experts who can guide you every step of the way.

At Health Fidelity, our **HF360 Blueprint** consulting service gives you one-on-one access to our team who will create a personalized, flexible roadmap that's easy to implement, ensures compliancy and a quick ROI.

With HF360 Blueprint, we'll work with you to:

- Assess your current needs and create a customized, data-driven plan.
- Identify gaps, value-added opportunities and methods for improvement.
- Create a comprehensive plan and put your strategy into action.

To learn more about our approach and how to get started, click here [insert link].

Sincerely,  
TK NAME

P.S. I'd be happy to set up a FREE, no-obligation strategy session with you. Shoot me a reply [link to email] and we'll find a time to connect.