

Cohere User Guide

Updated: September 1, 2022



Welcome to Cohere!

Cohere Health simplifies healthcare by enabling patients, physicians, and health plans to collaborate on getting the right care, at the right time, at the right place, and at the right cost. Our focus is to enable an efficient, transparent patient journey where patient goals and achieving optimal clinical outcomes are central to decision-making.

We recognize the importance of our provider partners and look forward to partnering with you on the journey to better care.

Please use this document as a comprehensive guide to use Cohere's portal.

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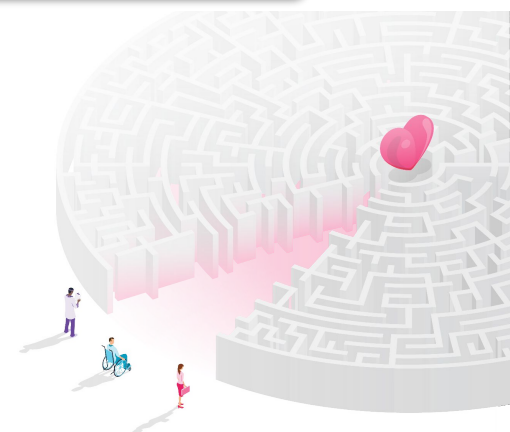
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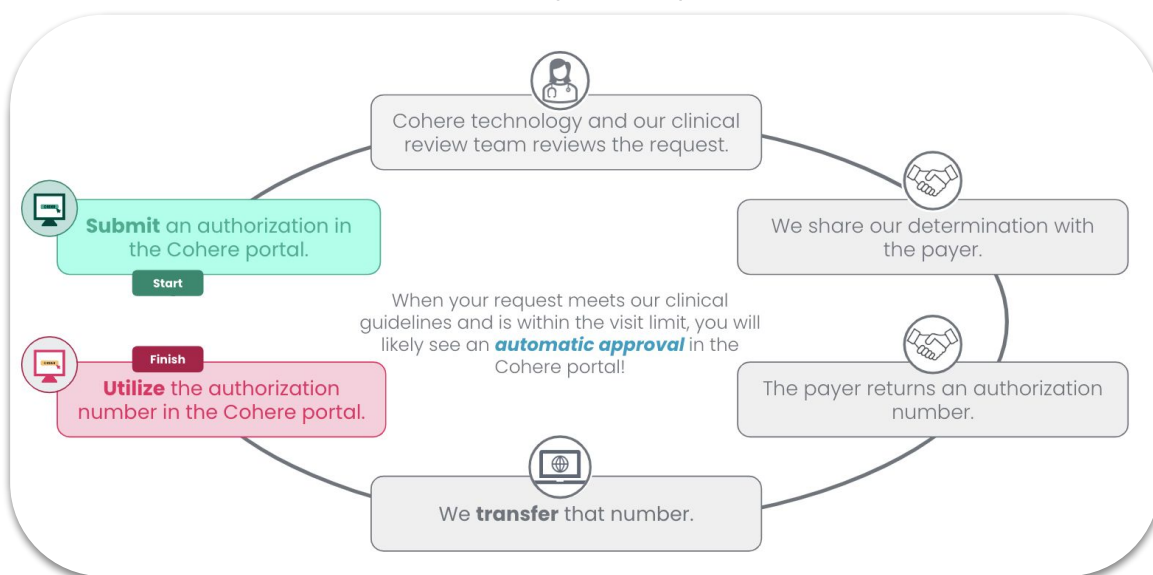
Overview of Cohere

How It Works

Cohere's platform is an easy way to get authorization requests reviewed and approved quickly so that your patients can get the care they need. We use a combination of technology and a team of nurses and doctors to make sure care is medically appropriate and meets clinical guidelines.

Here is what happens when you submit an authorization request in our platform:

- 1** We receive your request instantly.
- 2** Our portal reviews your request and if all the required information is there and meets all applicable guidelines, your request may be eligible for auto-approval. Upon approval you will see the authorization number populate in the portal.
- 3** When our technology cannot auto-approve your request, a clinical team of registered nurses and doctors will review your request.



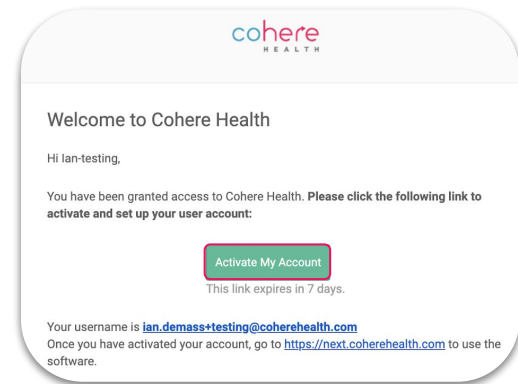
Contact Us

If you have any questions, issues, or feedback about Cohere, please call us at 1-833-283-0033 or email at support@coherehealth.com. We will be happy to learn more about your needs and resolve any issues.

Cohere User Accounts

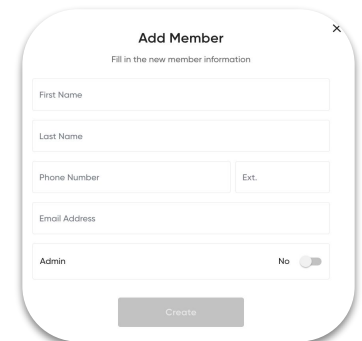
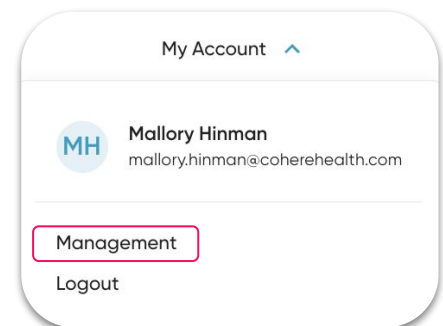
Requesting an account

- 1 Visit coherehealth.com/register to complete registration.
- 2 You will get an email prompting you to activate your account. This email will include your username. Click the **'Activate My Account'** button to continue.
- 3 Create a password, then choose your security question and image.
- 4 When logging in, your username will always be your email.



Admins only: adding users

- 1 Enter your username and password to sign in to next.coherehealth.com.
- 2 Once you have logged in, select **'My Account'** in the top right of the dashboard, and then select **'Management'** from the menu.
- 3 The next screen will display users within your organization. From here, press the **'+ Add Member'** button.
- 4 A small pop-up window will appear for you to enter the user's information.
- 5 Once the new user is added, they should receive an email to activate their account.

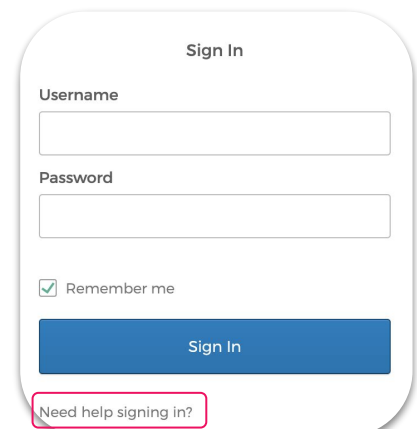


Click [here](#) to access more information for admins.

Logging in & resetting your password

- 1 Go to next.coherehealth.com.
- 2 Enter your username (which is your email) and password.
- 3 Click **'Sign in'**.

If you need to reset your password, select **'Need help signing in?'** and then when the additional options appear, select **'Forgot password?'**. Additionally, if you do not remember/ haven't set up any security questions for password recovery, please email us at support@coherehealth.com.



Portal Features

Dashboard

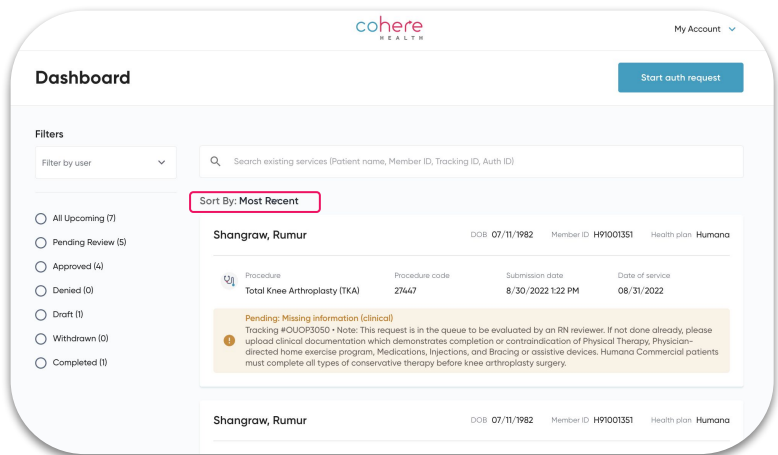
After signing in to the portal, you will land on the dashboard. This is where all practice staff will be able to view authorizations across all patients at your practice. You can filter the requests by different criteria, including:

- Authorization status
- User that submitted the request
- Patient name, member ID, tracking ID, and authorization ID

From any place within the portal, you can click the Cohere Health icon at the top of the page to return to the dashboard.

You can also sort the authorizations:

- **Most recent** refers to the request submission date/time or the last time it was edited
- **Date of service** refers to the date of the service request



Patient summary

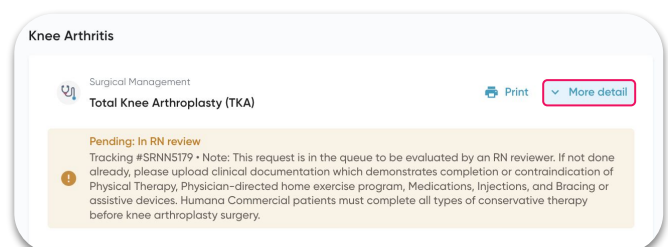
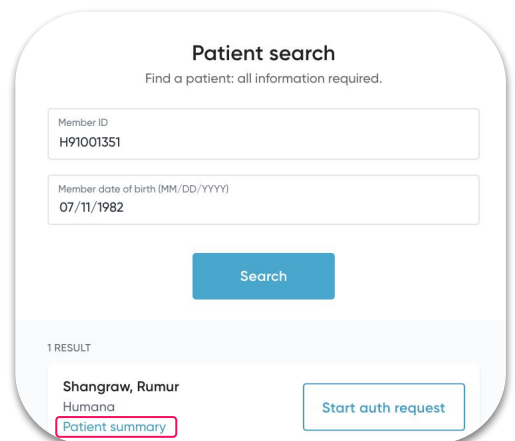
From the patient summary, you will be able to view a comprehensive list of authorizations previously submitted in the Cohere portal, including those created by users at other organizations, if applicable.

There are two ways to view the patient summary:

- 1 After searching for a patient select the patient summary hyperlink below the patient's name.
- 2 Search for the specific patient and/or authorization by using the filters and search bar on the dashboard and then click the patient's specific authorization.

Once within the patient summary, select the **'More detail'** button to edit and/ or withdraw your request.

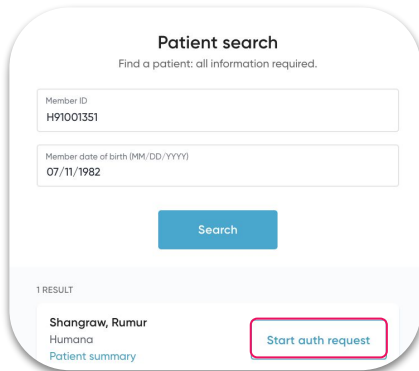
View page 12 for more information regarding editing, printing, and withdrawing requests.



Submitting an Authorization Request

From the dashboard, click the blue **'Start Auth Request'** button in the top right corner.

Enter the patient's information (Member ID and Date of Birth) and press **'Search'**. When a result is returned, click **'Start auth request'**.



Patient search
Find a patient: all information required.

Member ID
H91001351

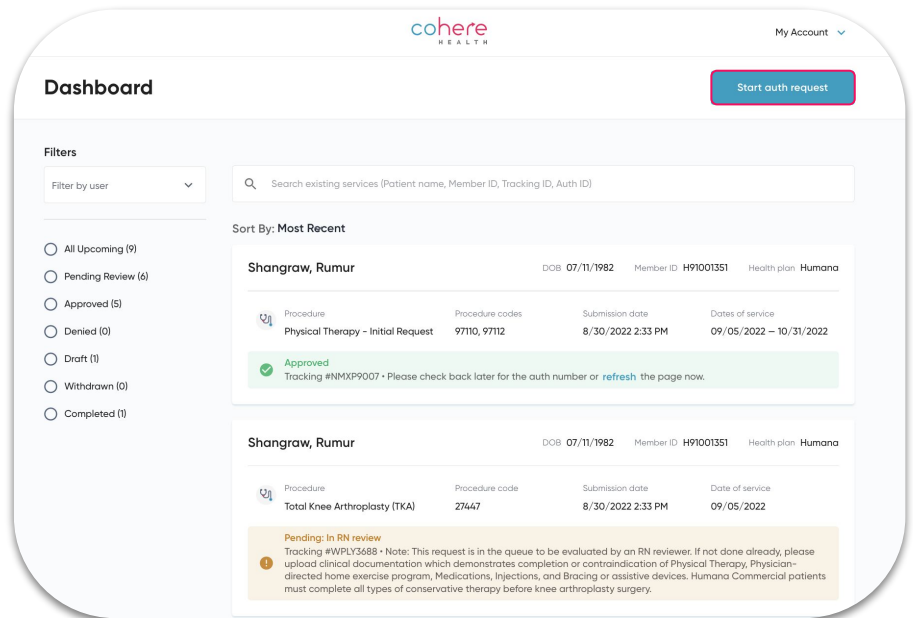
Member date of birth (MM/DD/YYYY)
07/11/1982

Search

1 RESULT

Shangraw, Rumur
Humana
[Patient summary](#)

Start auth request



cohere HEALTH My Account **Start auth request**

Dashboard

Filters
Filter by user **v**

☐ All Upcoming (9)
☐ Pending Review (6)
☐ Approved (5)
☐ Denied (0)
☐ Draft (1)
☐ Withdrawn (0)
☐ Completed (1)

Search existing services (Patient name, Member ID, Tracking ID, Auth ID)

Sort By: **Most Recent**

Shangraw, Rumur DOB: 07/11/1982 Member ID: H91001351 Health plan: Humana

Procedure	Procedure codes	Submission date	Dates of service
Physical Therapy - Initial Request	97110, 97112	8/30/2022 2:33 PM	09/05/2022 - 10/31/2022

Approved
Tracking #NIMXP9007 • Please check back later for the auth number or [refresh](#) the page now.

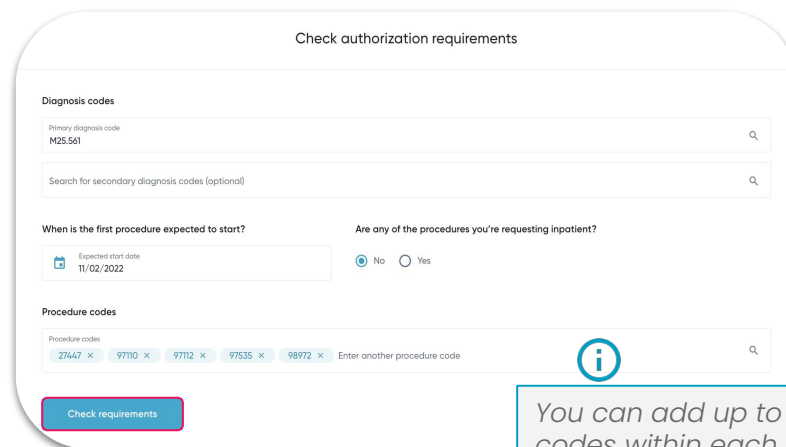
Shangraw, Rumur DOB: 07/11/1982 Member ID: H91001351 Health plan: Humana

Procedure	Procedure code	Submission date	Date of service
Total Knee Arthroplasty (TKA)	27447	8/30/2022 2:33 PM	09/05/2022

Pending: In RN review
Tracking #WPL13688 • Note: This request is in the queue to be evaluated by an RN reviewer. If not done already, please upload clinical documentation which demonstrates completion or contraindication of Physical Therapy, Physician-directed home exercise program, Medications, Injections, and Bracing or assistive devices. Humana Commercial patients must complete all types of conservative therapy before knee arthroplasty surgery.

Enter the following information on the next screen to initiate your request:

- Primary diagnosis code
- Secondary diagnosis codes (optional)
- Start date (Date of Service)
- Are any of the procedures you're requesting inpatient?
- Procedure codes



Check authorization requirements

Diagnosis codes

Primary diagnosis code
M25.561

Search for secondary diagnosis codes (optional)

When is the first procedure expected to start?
Expected start date
11/02/2022

Are any of the procedures you're requesting inpatient?
☒ No ☐ Yes

Procedure codes

Procedure codes
27447 X 97110 X 97112 X 97535 X 98972 X Enter another procedure code

Check requirements

You can add up to 10 procedure codes within each request. If you need to add more than 10, please submit a second request.

Select **'Check requirements'**. The portal will then begin checking which, if any codes, require authorization by Cohere.

After checking the requirements for each code, the portal will share the following:

- Codes that require auth by Cohere
- Codes that require auth by another vendor
- Codes that do NOT require authorization

The screenshot shows a portal interface with two sections. The first section, titled 'Requires authorization by Cohere', contains three codes: 27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)), 97110 (Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility), and 97112 (Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities). The second section, titled 'Does not require authorization', contains code 98972 (Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes). A 'Download PDF' button is located to the right of the second section. At the bottom right, there is a button with an upward arrow icon and the text 'Scroll back up to edit'.

If you need to make any changes before advancing, scroll to the top of the page or press **'Scroll back up to edit'**.

To download confirmation of codes not requiring authorization, press **'Download PDF'** next to the codes in gray.

When you are ready to continue submitting your request, press **'Continue with procedure codes'** at the bottom of the page.

The screenshot shows a form titled 'Looks like we need a bit more info'. It contains a dropdown menu with the text 'Which of these best describes the patient's diagnosis?'. Below the dropdown is a button labeled 'Continue to next step'.

Depending on the details that are entered to initiate the authorization request you may be asked to provide more detail about the procedure. If none of the options are accurate you may select **'None of these'**.

The screenshot shows a form titled 'Looks like we need a bit more info'. It contains three dropdown menus: 'Which of these best describes the patient's diagnosis?' (selected: Knee Arthritis), 'What stage of care is the patient currently in?' (selected: Conservative Therapy), and 'What best describes the procedure?' (selected: Physical Therapy - Subsequent Request). Below these dropdowns are two buttons: 'Physical Therapy - Initial Request' and 'None of these' (highlighted with a red box and an information icon).

Select **'None of these'** if you are submitting occupational or speech therapy.

Adding procedures

The services listed on the screen are grouped into 3 sections.

1

Top: Services suggested based on codes entered.

Pre-selected services based on the information entered in the previous step. Press the **'Selected'** button to the right of the service to remove.

2

Middle: Previously requested for this patient.

Services that have previously been submitted for this patient, for all diagnoses.

- You will be able to view the date(s) of service, the user that submitted the authorization, and the status.

3

Bottom: Additional procedures for the same diagnosis.

All other services that could be clinically appropriate given the entered diagnosis.

[< Back](#)Add additional procedures

Procedures selected based on your codes

Surgical Management

Total Knee Arthroplasty (TKA) ⓘ

27447

Selected

Post-Operative Care

Physical Therapy - Initial Request

97110 97112 97535

Selected

Other procedures previously requested for this patient

Low Back Pain - Non-Surgical Management


Facet Joint Thermal Radiofrequency Ablation / Facet Denervation

⌚ Authorization pending for 07/15/2021 - 07/15/2021 • Requested by Mallory Hinman [See details](#)

Knee Tendon Injury - Post-Operative Care

Physical Therapy - Subsequent Request ⓘ

⌚ Authorization approved for 08/19/2021 - 10/29/2021 • Requested by Mallory Hinman [See details](#)

**Patients with Knee Arthritis may require these additional procedures.**
Make your authorization process more efficient by requesting additional procedures in advance.

Additional procedures for Knee Arthritis

Conservative Therapy

Physical Therapy - Initial Request

Select

Conservative Therapy

Physical Therapy - Subsequent Request

Select

Conservative Therapy

Orthotics

Select

Once you have selected all of the procedures you are planning to submit with this request, press *'Continue with procedures'* at the bottom of the page to continue adding details like place of service, requesting/ performing provider, facility, and more!

Fill in the details

After selecting the services you wish to request, the next step is to complete the remaining request details. The procedure code(s) you entered when first starting your submission will automatically fill into the corresponding service request(s).

When the details for all requests are complete, press the 'Continue with procedure' button at the bottom right of the page.

[< Back](#) **Fill in the details**

Physical Therapy - Initial Request

A max of 6 visits is eligible for auto approval on all initial therapy requests on this Care Path. Additional visits may be requested prior to the last authorized visit (clinical justification for additional visits required).

Select care type

☐ Inpatient ☒ Outpatient

Place of Service
Office Recommended for auto approval

Update service details

Number of service dates: 6
Expected service start date: 11/02/2022
Expected service end date: 12/30/2022

Recommended for auto approval

Procedure codes: 97110 x 97112 x 97535 x Enter another procedure code

Add provider details

Requesting provider: HINTON, CINDY NP-C / NPI - 1427424928

☒ Performing provider is the same as requesting provider

Performing provider (optional): HINTON, CINDY NP-C / NPI - 1427424928

Facility: ORTHOTENNESSEE PC / NPI - 1679664494

Select provider TIN

Select facility TIN

[Save and exit](#) [Continue with 1 procedure](#)

At any point in the submission process you are able to save the authorization and return at another time. Simply press '**Save and exit**' at the bottom of your screen. This button will follow you throughout your submission.

Add Attachments

The next step is to upload clinical documentation. Anything added here should support the details in your request. The more relevant documentation that is included with your request will significantly cut down on any delays caused outreach needed to gather this information.

- 1 Click **'Add file'**, then select the appropriate file type from the available options in the dropdown list.
- 2 Press **'Continue'** to move to the final step.

The screenshot shows the 'Add Attachments' screen. At the top, there is a 'Back' button and the title 'Add Attachments'. Below this is a section titled 'Choose files to upload' with instructions: 'Please upload the following files to support the requested authorizations and accelerate the review of the service request:'. Two numbered instructions follow: '1. The most recent clinical note' and '2. If advanced imaging was performed, the imaging report'. An 'Add file' button is present. Below this is a table with the header 'Attachments (1)'. The table has columns for 'File name', 'File type(required)', and 'Actions'. One row is visible with 'Clinical Note.pdf' as the file name and 'Clinical note' as the file type. A callout box on the left says: 'Hold the shift key on your keyboard to select multiple attachments from your computer.' A dropdown menu on the right shows the 'File type(required)' options: 'Current medication list', 'Clinical note', 'Diagnostic image', 'Diagnostic image report', 'Discharge plan', 'History and physical', 'Lab', 'Physician order', 'Progress note', 'RAD documentation', 'Treatment plan', 'Therapy note', and 'Other'.

Clinical Assessment Questions

The final step is to answer clinical assessment questions. These questions are designed to capture key information about the patient's specific clinical situation based on the diagnosis and services requested for approval. Answering these clinical assessment questions increases our ability to issue an auto-approval. These are common clinical details that you'll likely find in the patient's chart or can obtain from the requesting provider.

If you are unsure about an answer, we recommend saving the request and coming back once you have the answer.

In some circumstances, you may be asked for a functional assessment score. Cohere uses **patient-reported outcome measures (PROMs)** as part of our clinical review process.

Please keep in mind...

- These questions are NOT required. If you do not have this information please enter "0" or skip the question.
- If your organization uses different functional assessment tools, you can submit that in response to the question.
- We do not currently ask for patient reported outcome measures for occupational or speech therapy.

After completing all the required clinical assessment questions, you will be able to review the details of the request before submitting. If updates are needed press the **'Edit'** button. When all details are confirmed, click **'Submit services'** at the bottom of the page.

When our technology cannot auto-approve your request, a clinical team of registered nurses and doctors will review your request and reach out with questions, as needed, regarding the request.

Once a final decision has been made an authorization number will populate in the portal for reference. You can check the status by returning to the dashboard or visiting the [status check](#) webpage.


The screenshot shows a web interface titled "Review services before submitting". On the left, under "Conservative Therapy", is a section for "Physical Therapy - Initial Request" with an "Edit" button. Below this is a green banner stating "Service request will auto-approve". Underneath is a "Draft" section with a pin icon, "Tracking #EKJH4326", and "Delete" and "Continue" buttons. The "Request details" section shows "Primary diagnosis" as "M25.561 - Pain in right knee". On the right, a purple box with a checkmark icon says "No suggested changes. You're on track for evidence-based care!".

Time to decision

Time to decision for authorizations can vary case by case, and largely depends on the complexity of each request. Cohere will always adhere to state and federal requirements and attempt to review requests before the date of service if all required documentation has been received.

If the service date does pass, ***your authorization can be processed as a retro authorization and you do not need to do anything differently.*** What else can you do?

- Help speed up the decision process by attaching adequate clinical documentation to your request. Check out these [best practices for clinical documentation](#).
- If the date of service passes before your request is decisioned it will automatically be processed as a retro authorization.



Visit the [learning center](#) to view more information related to state and federal requirements by payer.

Key Processes

Cohere is the prior authorization vendor for a variety of specialties and payers, so information on the following topics may vary therefore, we encourage you to visit the corresponding links included in the table below to learn more about your specific use case.


Payer	Missing information	Peer-to-peer	Denials & appeals
Humana	Outreach will come from Cohere. Click here to view details.	These will occur with Cohere physicians. Click here to view details.	All appeals should be submitted to Humana. The process varies by line of business, click here for details.
Oscar	Please reach out to Oscar directly for questions on these processes.		

Existing Requests

Once on the patient summary, you will be able to view a comprehensive list of previously submitted authorizations in the Cohere platform, including those created by users at your organizations and other organizations, if applicable.

Edit or withdraw a request

Use the **'More detail'** button to make edits or withdraw the service request. You are able to edit pended, approved, and/ or partially approved authorizations. If you wish to withdraw a request, you will see a pop-up window confirming this action.



Click here to learn more about [editing](#), [printing](#), and [withdrawing](#) requests.

Print and/or Download a Request

- 1 Press the **'Print'** button and then select service summary to generate a PDF containing the details of your service request. The printer icon to the right of the authorization will also generate the service summary.
- 2 From there, you will have the option to download or print this PDF.

Are you sure you want to withdraw this request?

Select reason for withdrawal

Withdraw request


Cancel

Knee Arthritis

Conservative Therapy

Physical Therapy - Initial Request

 Print  More detail

 **Approved**

Tracking #ULGU2905. Please check back later for the auth number or [refresh](#) the page now.

