

Cohere User Guide

Updated: July 2024



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.

Table of Contents

Overview of Cohere & Our Portal 3

- How it works
- Contact us

Cohere User Accounts 4

- Requesting an account
- Admins only: Adding users
- Logging in & resetting your password

Portal Features 5

- Dashboard
- Patient summary

Submitting an Authorization Request 6

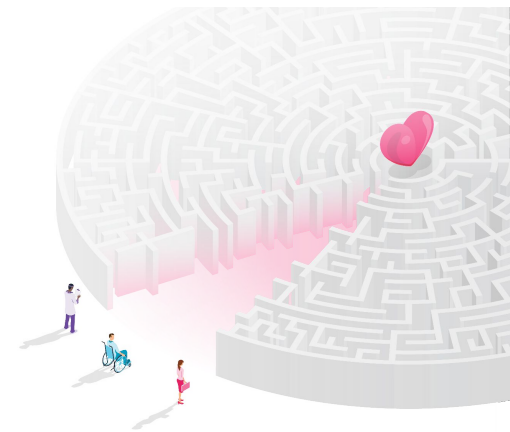
- Starting a request
- Fill in the details
- Add attachments
- Clinical assessment questions
- Evidence-based suggestions
- Review & submit
- Inpatient requests
- Time to decision

Key Processes 12

- Missing information outreach
- Peer-to-peer consults
- Denials & appeals

Existing Requests 12

- Continuations
- Editing a request
- Print and/or download a request



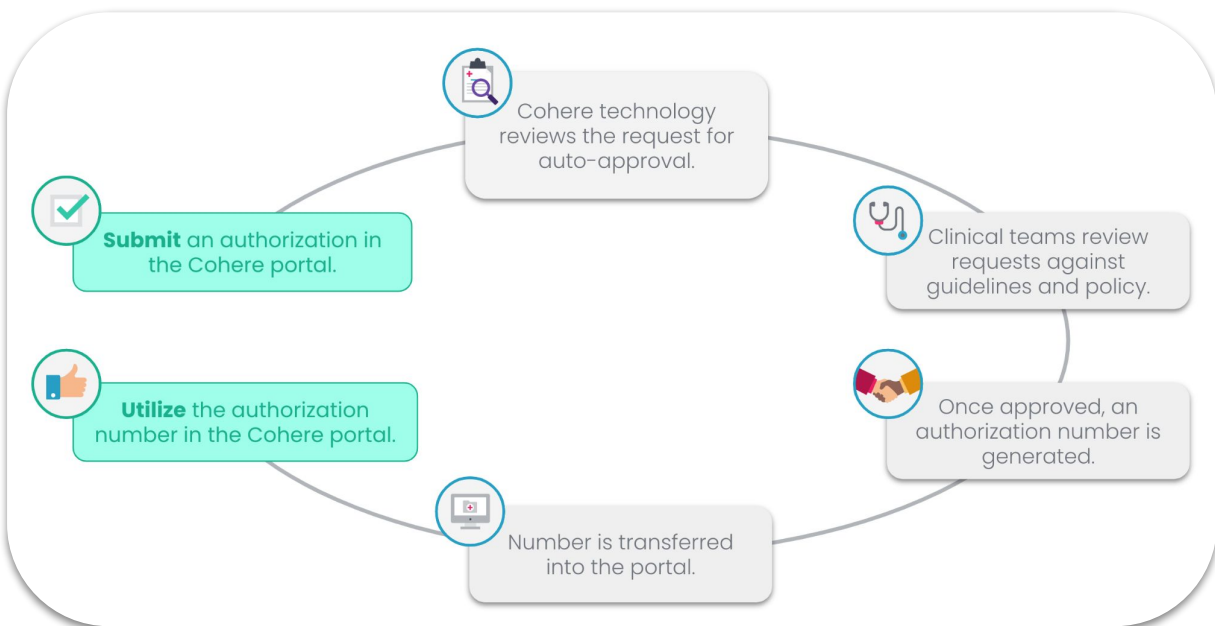
Overview of Cohere

How It Works

Cohere's portal 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

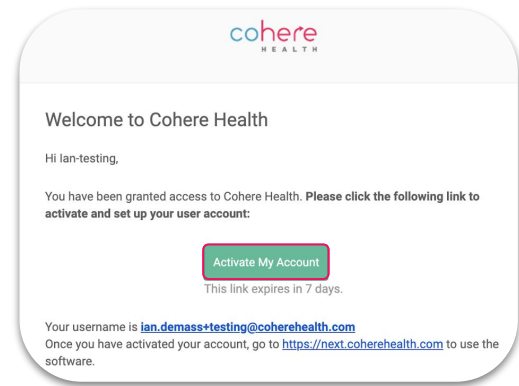
We are here to help! If you have any questions, issues, or feedback about Cohere we suggest submitting a support request through this [link](#), or emailing us at support@coherehealth.com. You can also see our [Learning Center article](#) on how to contact Cohere. Should you need to speak with someone please use the following numbers to direct your inquiries:

- General support for **Geisinger** requests: (855) 460-8026
- General support for **Humana** requests: (833) 283-0033
- General support for **Medical Mutual of Ohio** requests: (855) 482-3649

Cohere User Accounts

Requesting an Account

- 1 Visit coherehealth.com/provider/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.



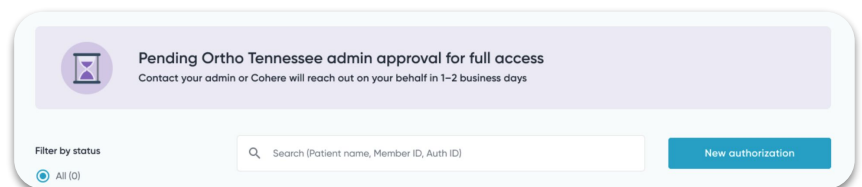
To learn more about the registration process, please view our comprehensive registration guide, [linked here](#).

Pending Verification

If an administrator has not enabled auto-verification by email domain for your organization, you will be asked to provide the member IDs and dates of birth for 5 patients at your practice when registering.

After entering this information, you will automatically receive an activation link so you can sign-in to the portal and start submitting authorizations. However, users **will not** be associated with their organization until the admin on the account verifies the request.

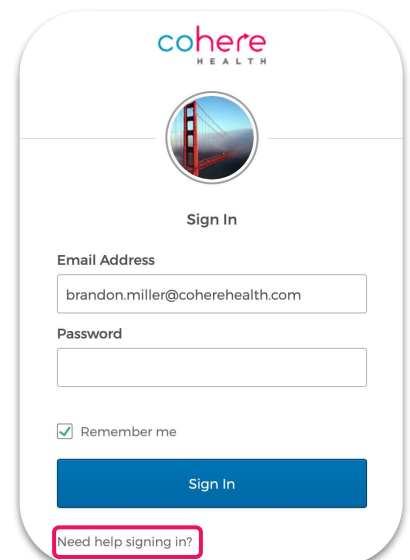
Those "pending" users will see a purple banner, like the one below, upon signing in to the Cohere portal.



Logging In & Resetting Your Password

- 1 Go to next.coherehealth.com.
- 2 Enter your email address and password.
- 3 Click **'Sign in'**.

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



Portal Features

Dashboard

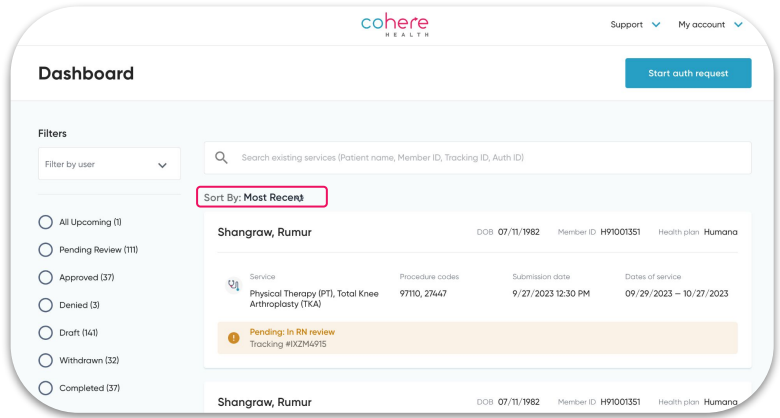
After signing in to the portal, you will land on the dashboard. This is where all practice staff will be able to view authorizations across all patients at your practice. You can filter the requests by different criteria, including:

- 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

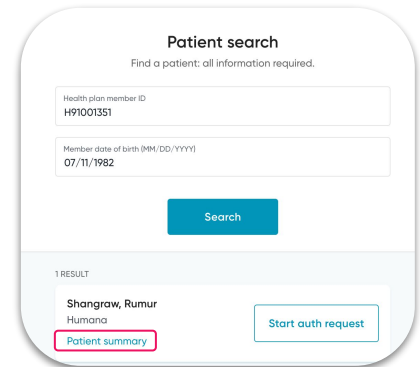


Patient Summary

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:

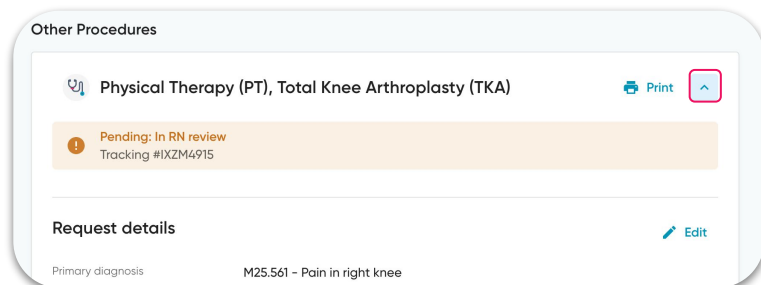
- 1 After searching for a patient select the patient summary hyperlink below the patient's name.
- 2 Search for the specific patient and/or authorization by using the filters and search bar on the dashboard and then click the patient's specific authorization.



Once within the patient summary, toggle the 'v/∧' caret icon to see more details, edit, or withdraw your request.



View pages 13-14 for more information regarding continuations as well editing, printing, and withdrawing requests.

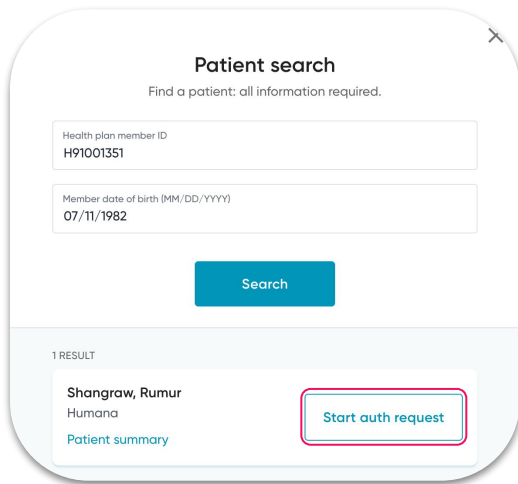


Submitting an Authorization Request

Starting a 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.

Health plan member ID
H91001351

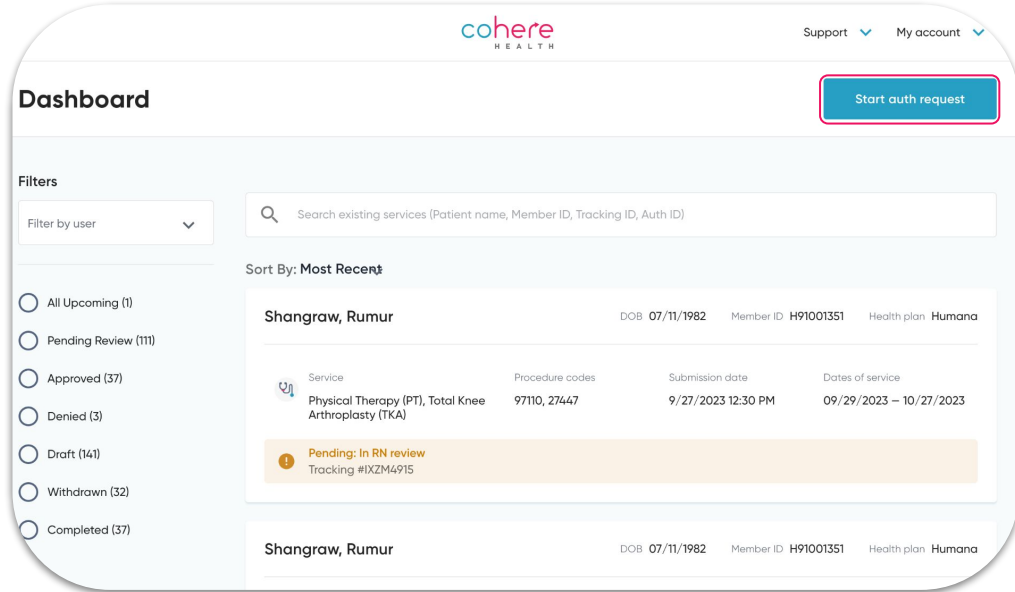
Member date of birth (MM/DD/YYYY)
07/11/1982

Search

1 RESULT

Shangraw, Rumur
Humana
[Patient summary](#)

Start auth request



cohere HEALTH Support My account

Dashboard **Start auth request**

Filters
Filter by user

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

Sort By: **Most Recent**

All Upcoming (1)
 Pending Review (111)
 Approved (37)
 Denied (3)
 Draft (141)
 Withdrawn (32)
 Completed (37)

Service	Procedure codes	Submission date	Dates of service
Physical Therapy (PT), Total Knee Arthroplasty (TKA)	97110, 27447	9/27/2023 12:30 PM	09/29/2023 – 10/27/2023
Pending: In RN review Tracking #IXZM4915			

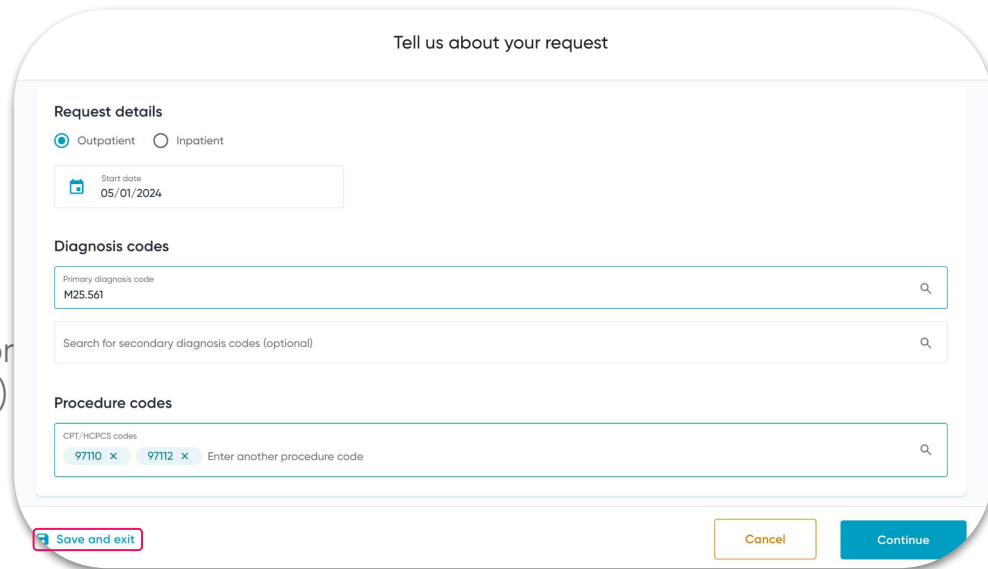
Shangraw, Rumur DOB 07/11/1982 Member ID H91001351 Health plan Humana

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

Enter Primary Details

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

- Care type (outpatient or inpatient)
- Start date (date of service) or date of admission (inpatient)
- Primary diagnosis code
- Secondary diagnosis codes (optional)
- Procedure codes (optional for inpatient requests)



Tell us about your request

Request details
 Outpatient Inpatient

Start date
05/01/2024

Diagnosis codes
Primary diagnosis code
M25.561

Search for secondary diagnosis codes (optional)

Procedure codes
CPT/HCPCS codes
97110 x 97112 x Enter another procedure code

Save and exit **Cancel** **Continue**

You are able to save the authorization and return at anytime. Click **'Save and exit'** at the bottom left of your screen.

After entering all of the information, select **'Continue'**.

Select Services

For faster approval, let us know which services fit best
We found a few matches for the procedure codes you're requesting

92507 Treatment of speech, language, voice, communication, and/or...
Select all that apply
Gender Dysphoria and Gender Confirmation Treatment
Speech Therapy (Outpatient Rehab)

93798 Physician or other qualified health care professional service...
Uncategorized Service

97110 Therapeutic procedure, 1 or more areas, each 15 minutes...
Select all that apply
Chiropractic Services
Occupational Therapy (Outpatient Rehab)
Physical Therapy (Outpatient Rehab)

97112 Therapeutic procedure, 1 or more areas, each 15 minutes...
Select all that apply
Chiropractic Services
Occupational Therapy (Outpatient Rehab)
Physical Therapy (Outpatient Rehab)
Speech Therapy (Outpatient Rehab)

Depending on the procedure codes and diagnosis, we may ask for additional information in order to best guide your request. Select the options that best describe the request.



Select the options that best describes the patient's request. If you feel that none of these align, we recommend contacting the ordering provider.

Provider and Facility Details

Next, you will need to indicate the place of service. The options in this drop down will differ depending on whether you select *inpatient* or *outpatient* care.

Next, you need to fill in the provider and facility details. The provider and facility fields are searchable by NPI, tax ID number, or name.

You can also use the **blue boxes** to automatically fill in the details for the most recently used provider and facility.

If the facility or provider you are searching for is missing, you are able to make changes directly within the Cohere portal.

Providers

Care setting
 Outpatient Inpatient

Place of service

Ordering provider
Search for an ordering provider by NPI, TIN, or name
+ Bailey, Christopher Eric MD

Performing or attending provider
 Performing is the same as the ordering
Search for a performing or attending provider by NPI, TIN, or name
+ Bailey, Christopher Eric MD

Performing facility or agency
Search for a performing facility or agency by NPI, TIN, or name
+ 1ST START HEALTHCARE SERVICES

Save and exit

The Remaining Details

At the top of this page, you will see a notice that you have entered services that **require authorization by Cohere**.

At the bottom of the page, you can see any codes that **do not** require authorization. You can download and/or print a confirmation for your records.

You will need to indicate:

- The end date to show the time frame the services will take place
- Total units or visits for each procedure
- Whether your request needs to be expedited

When the details of the request are complete, press **'Continue'** at the bottom right of the page

Requires authorization by Cohere

Start date: 04/30/2024 - End date: mm/dd/yyyy

Physical Therapy (PT)

Number of visits: 1

97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

+ Add a procedure code

Total Knee Arthroplasty (TKA)

27447 Units: 1 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) Remove

+ Add a procedure code

Expedite

Doesn't require authorization in most cases [Download PDF](#)

93798

[Save and exit](#) [Continue with 2 codes](#)

Add Attachments

Next, you need to upload relevant clinical documentation. Anything added here should support the details in your request. Including more relevant documentation with your initial request will significantly cut down on any delays caused by outreach for missing 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 clinical assessment questions (CAQs).

If you are unable to upload the necessary clinical documentation directly to the portal, you may also fax the additional documentation. See the [fax form section](#) of our Payer Learning Center for details on how to do this.

Hold the shift key on your keyboard to select multiple attachments from your computer.

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. You can usually find the answers to these questions in the patient's chart, or you can obtain from the requesting provider.

If you are unsure how to answer any of these questions, we recommend saving the request as a draft and coming back to this step once you have obtained the answer.

Please keep in mind:

- Some questions are NOT required, but the more information you can provide with your request, the better.
- Your answers to the CAQs should support the uploaded clinical documents.

Evidence-Based Suggestions

The portal may prompt you on this page with **evidence-based suggestions** as a way to help make your request eligible for approval. In the below example, you can see the suggestion on the screen stating that we should decrease our physical therapy visits to that which is deemed more clinically appropriate.

You do not **have** to accept these suggestions, but if you do your request should then be eligible for approval.

Review recommendation

Review number of visits requested

Physical Therapy (PT) 60 → 10 visits

The number of visits you have requested exceeds our recommended thresholds for this service. Please consider reducing the number of units.

Change to 10 visits
Recommended for approval

Keep as 60 visits
Documentation to justify is recommended

Review & Submit

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, simply press the **'Edit'** button. This includes making edits to the clinical assessment questions. Once all of the 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.

You can check the status of your request by returning to the dashboard or the patient summary within the Cohere portal **or** by visiting the [status check](#) webpage, which is accessible to users who do not have a Cohere account.

Review services before submitting

[Back](#)

Physical Therapy (PT), Total Knee Arthroplasty (TKA)

This request duplicates an existing one
Duplicate submissions may be voided. The care setting (outpatient or inpatient), performing provider (if applicable), and facility match an existing request, including overlap in procedure codes and service dates.

You can choose to withdraw the existing request, change details to avoid duplication, or call Cohere for assistance at (833) 283-0033.

Draft
Tracking #WKGB4665 Delete

Details

Primary diagnosis	M25.561 - Pain in right knee
Secondary diagnosis	--
Care setting	Outpatient
Place of service	Ambulatory Surgical Center

[Edit](#)

1 evidence-based suggestion to improve your request:

Expedited → Not expedited
The coverage and/or services on this request do not meet the requirements for an expedited request.

[Accept](#)

[Save and exit](#) Submit services

Inpatient Requests

Seen below is a screenshot of the first step of the submission process for an **inpatient request**. For these types of requests, you will be asked to enter a specific admission date. This can be either:

- The date the patient was admitted **OR**
- The *future* date of a planned admission

You'll then be asked to choose an authorization category. You will need to enter a diagnosis code, but the procedure codes field is optional for inpatient requests.

For any new or updates to existing requests, you will need to **upload supporting clinical documentation**. You can also make edits to:

- Diagnosis
- Change in admission status
- Days requested
- Level of care

To **edit an authorization**, locate it in the patient summary, then click "edit".

For **inpatient requests**, you must accurately capture the status of the patient's stay.

- Currently admitted: use for patients admitted at the time of request, whether it is planned or unplanned.
- Not yet admitted: use for future planned admissions.
- Discharged: only use this option for a patient that is *already* discharged.

Capture the **admission date** and any additional days that can be reviewed based on clinical documentation.

Optional: include an admission source and specify at what **level of care** the member is being treated.

Wondering when to make updates to your authorization? You can see the review date displayed on the authorization.
Be sure to make any edits by the indicated date.

Next review date **04/18/2024**

Time to decision

Time to decision, or turnaround time, for authorizations can vary case by case, and largely depends on the complexity of each request. All clinical reviewers 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, and it is permitted by payer policy, **your authorization will be processed as a retro authorization and you do not need to do anything differently.** You can 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.
- Please be sure to check payer policy as some payers may not allow for these types of authorizations.

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.
Medical Mutual of Ohio	Please reach out to Medical Mutual of Ohio directly for questions on these processes.		
Geisinger	Please reach out to Geisinger Health Plan 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 portal*. This includes those created by users at your organizations and other organizations, if applicable.

**Certain authorizations that are considered more sensitive will only be viewable by the user who submitted the authorization. All others will be able to view the authorization ID and status.*

Continuations

In certain situations, you may have the ability to request a continuation. A **continuation** is a more efficient way to make updates to an approved or partially approved authorization. All continuation requests will go through a separate review and once decided, will have **the same authorization number** as the initial request.

You are able to request a continuation when starting a new authorization or via the patient summary.

Use the **'More detail'** button to make edits or withdraw the service request. If you wish to withdraw a request, you will see a pop-up window confirming this action. See the next slide for more details on editing approved requests.

While starting a new authorization. If similar details were used in a previously approved authorization and the end date has not passed, the request will be displayed, and allow for a continuation to be started immediately.

From the patient summary. Within the patient summary, select **"start continuation"** next to any eligible authorization. Please note, you can only add procedure codes if they fall under the same service category as the initial request.

Once a continuation is submitted you can view details for initial visits and continuations on the **patient summary**.

Would you like to continue an existing request?

This patient has existing service requests which are in draft and/or eligible for continuation of care

2 RESULTS:

Service	Procedure code	Submission date	Dates of service
Facet Injection / ...	64493	11/01/2022	12/01/2022 - 12/01/2023

Approved
Auth #915273846 • Tracking #CHRJ4725

Start continuation

Patient summary Start auth request

Other Procedures

Home Health

Approved
Authorization #MGYC5678 • Tracking #MGYC5678

Start continuation

Service details

Start date: 04/14/2023 - End date: 07/13/2023

Code	Previously approved	Additional requested	Description
G0151	Units: 20	Units	Services provided by a qualified physical therapist in the home health or
G0299	Units: 20	Units	Direct skilled nursing services of a registered nurse (rn) in the home health minutes

Add a procedure code

12/01/2022
Continuation Pending review Tracking #CHRJ4725
Code: 64494 (1 unit requested) • Expedited: No
Requested by Florin Handelman - Portal [View info](#)

11/01/2022
Initial Approved Tracking #AHES3628
Dates of service: 12/01/2022 - 12/01/2022 • Code: 64493 (1 unit approved) • Expedited: No
Requested by Connor Feick - Portal [View info](#)

Knee Arthritis

Conservative Therapy
Physical Therapy - Initial Request

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

Editing a Request

In certain situations, you may have the ability to **edit** existing requests. Edits can only be made for members with specific insurance providers. The following information is intended to show how to complete an edit to a request, but please be aware that these actions may not be available for some authorizations.

How to **edit & withdraw**:

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



Other edits may result in void of your current request and creation of a new request. Additionally, edits can only be made for *some* authorizations and payers. To learn more, view our article on [editing, printing, and withdrawing requests](#).

Non-Invasive Testing
Transthoracic Echocardiogram (TTE) Print Less detail

Approved
Tracking #YGXU1531 • Please check back later for the auth number or [refresh](#) the page now. Print

Request details Edit request Withdraw Request

Primary diagnosis: I48.0 - Paroxysmal atrial fibrillation
Secondary diagnosis: M25.561
Care type: Outpatient
Place of service: Ambulatory Surgical Center
Number of service dates: 1

- 1 After signing in, you will land on the dashboard. From here, navigate to the patient summary by searching for the patient or the specific authorization using the available filters.
- 2 Once on the patient summary, you will be able to view all of the previously submitted requests for this specific patient.
- 3 To edit and withdraw, select the **“More Detail”** button to view the details of this request.
- 4 The request form will populate on your screen. In addition to the fields in the request, you also have the ability to edit attachments and clinical assessment questions.

Once you are finished with the necessary changes, press the **“Save”** button.

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
- The print button will only appear for **approved requests**.

Non-Invasive Testing
Transthoracic Echocardiogram (TTE) Print Less detail

Approved
Tracking #YGXU1531 • Please check back later for the auth number or [refresh](#) the page now. Print

Request details Edit request Withdraw Request

Primary diagnosis: I48.0 - Paroxysmal atrial fibrillation