

Frequently Asked Questions

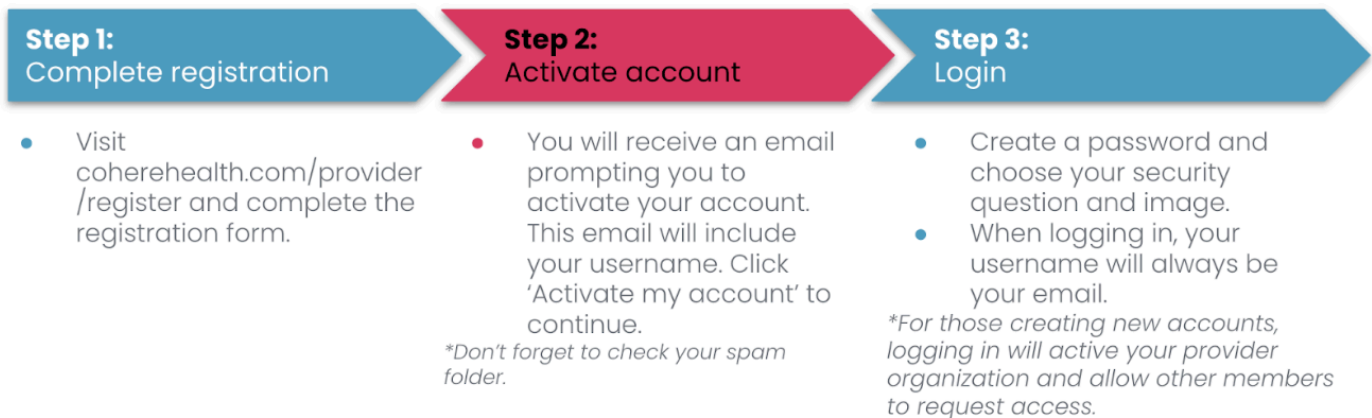
Blue Cross Blue Shield of South Carolina
Cohere Health



Frequently Asked Questions

How do I register for a Cohere Health portal account?

- To get started using Cohere's portal, your organization should designate one administrator to register for an account. The person who completes the registration form will be set up as an admin user and will be responsible for managing user access for your entire organization. Admins *will have* the ability to set up other organization administrators.
- Visit coherehealth.com/provider/register and select the pink "Register" button.



I already have a Cohere Health portal account. Will I need multiple accounts or will one account work for all?

- Only one (1) Cohere Health portal account is required.

Will this include all Medicaid plans?

- This will include all Blue Cross Blue Shield of South Carolina and its umbrella of plans with the exception of Medicare Advantage. Blue Cross Blue Shield of South Carolina Medicare Advantage will launch in summer 2025. The policy criteria is the same as it is today, Blue Cross Blue Shield of South Carolina is driving the clinical policy.
- Please continue your current process for Blue Cross Blue Shield of South Carolina Medicare Advantage and My Insurance Manager Medicare Advantage prior authorizations link for prior authorization directions.

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It looks like someone already registered in my organization but I need to be the administrator.

How do I find out who registered from my organization?

- Prior to Go Live, Monday through Friday, 8a.m. – 5p.m. EST, please contact support via email support@coherehealth.com to request the administrators contact information.
- After Go Live, Monday through Friday, 8a.m. – 5p.m. EST, please contact support via phone 888.787.0309 or via email bcbs-sc.support@coherehealth.com to request the administrators contact information.

When I tried to register it said I'm already registered; however, I do not remember my password and I was not able to reset it.

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The CPT code(s) are currently optional for inpatient requests. Will that remain the same allowing submissions with only the diagnosis code(s)?

- A CPT code is required for all authorizations that are outpatient. For inpatient services a diagnosis code and/or a CPT code may start an authorization.

How would other users in an organization be able to view authorization requests for a patient where they were not the submitter?

- Each registered user will be able to view authorizations submitted by other individuals within the same organization (TIN). On the Cohere Health portal dashboard there is a patient summary tab which will display all authorizations for the patient, as well as a search option (using identifying information) to locate the patient's submitted authorizations.

If you have a STAT MRI or CT and have submitted everything through the portal, is there someone you can call to speak with in clinical review?

- Prior authorizations that do not auto approve will be reviewed by Blue Cross Blue Shield of South Carolina's clinical team. Please follow the same requirements / processes as you do today for STAT authorizations.

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Will there be a CPT list / PAL list provided?

- A CPT list / PAL will be provided at a later date. There is the option to start the authorization submission process on the Cohere Health portal and allow the portal to confirm whether or not a prior authorization is required based on the information provided.

Will Sleep Studies prior authorizations be submitted through Cohere Health?

- Sleep studies are typically managed by a vendor at this time. However, if a provider is trying to determine who would review the sleep study they can come to the portal, input the code and receive a response of what vendor to contact and their contact information.

Will Radiology prior authorizations be submitted through Cohere Health?

- Yes.

Will chiropractic offices submit prior authorizations through Cohere Health?

- Depending on the patient's individual health plan, a prior authorization may be required. There is the option to start the authorization submission process on the Cohere Health portal and allow the portal to confirm whether or not a prior authorization is required based on the information provided.

What CPT codes do you use for the emergency room, acute hospital inpatient and outpatient?

- No CPT codes are required for ER notification. For acute hospital inpatient a diagnosis code and/or a CPT code can start the authorization. For outpatient, a CPT code is required.

Will Cohere accept retro auths? What should providers do about continuations?

- Cohere **will not import historical authorizations** into their production environment. All authorizations initiated with BCBSSC and its subsidiary health plans must continue to be requested directly to the BCBSSC health plan until they are completed.
 - For any authorizations that were initiated previously with BCBSSC and its subsidiary health plans you should continue submitting continued stay reviews (CSRs) using the **current method you used prior to the Cohere launch** until the member's stay concludes.
 - For any **new requests** that are initiated after the go-live date, please use the Cohere platform.