Cohere User Guide

Updated: December 2024

cohere® HEALTH

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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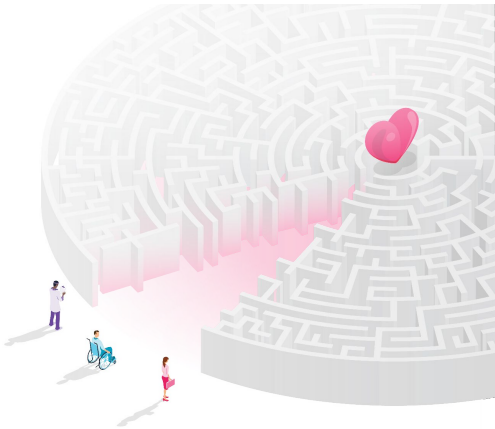

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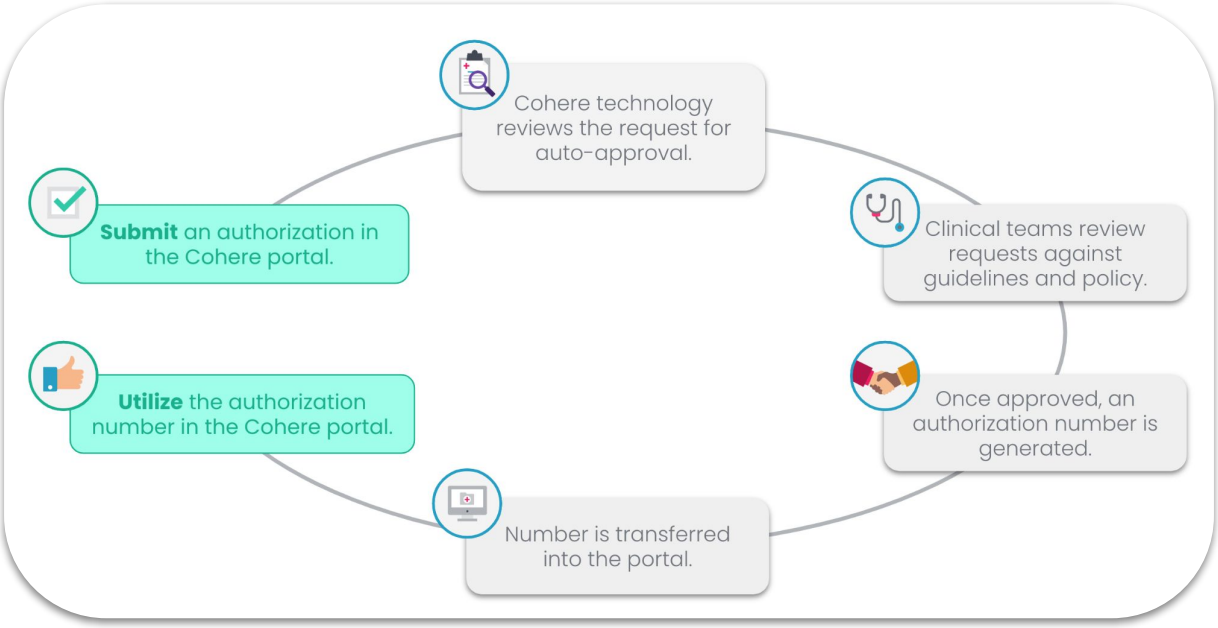
Overview of Cohere

How It Works

Cohere's portal provides 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 instantly receive your request.
2. Our portal reviews your request, and if all of 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 team of registered nurses and doctors will review your request.



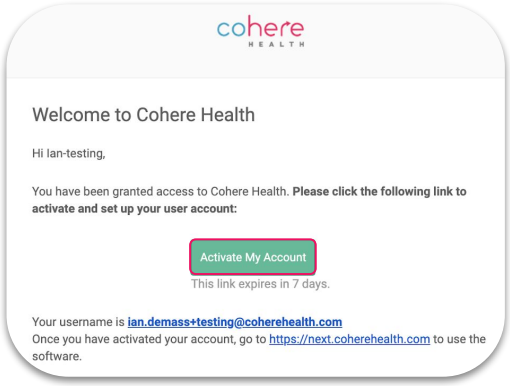
Contact Us

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 payer-specific phone numbers found in the article above to direct your inquiries to the appropriate Cohere team members.

Cohere User Accounts

Requesting an Account

1. Visit www.coherehealth.com/provider/register to complete registration.
2. You will receive 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.



Important Note: ***The activation link will expire 7 days after being sent****. Please ensure you activate your account as soon as possible.*

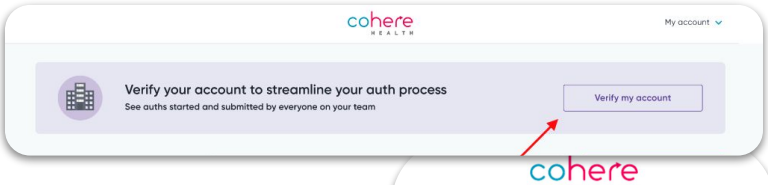
To learn more about the registration process, please view our comprehensive registration guide, linked here.

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.

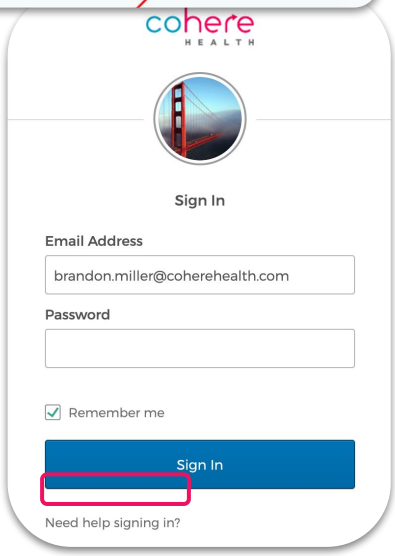
After entering this information, you will automatically receive an activation link so you can sign-in to the portal and start submitting authorizations. However, users ***will not*** be associated with their organization until the admin on the account verifies the request.

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



Logging In & Resetting Your Password

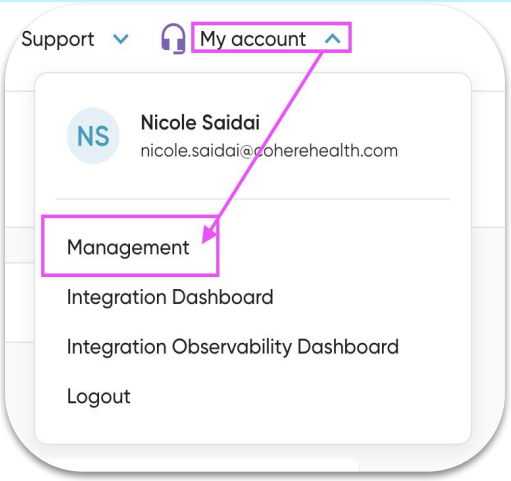
1. Go to www.login.coherehealth.com.
2. Enter your email address and password.
3. Click ***'Sign in'***.

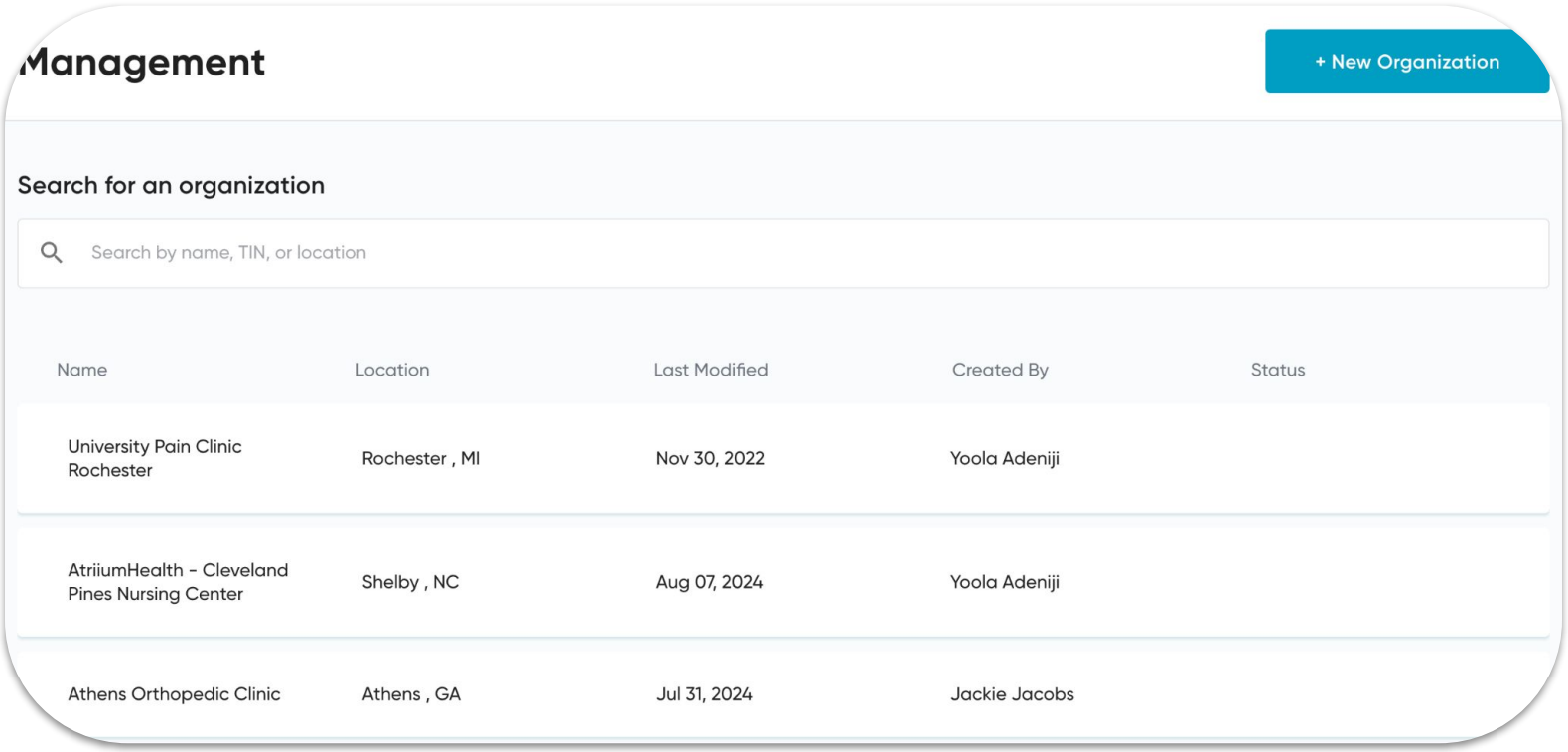


If you need to reset your password, select ***'Need help signing in?'*** and then select ***'Forgot password?'*** from the list of additional options. If you do not remember or haven't set up any security questions for password recovery, please email us at support@coherehealth.com.

Account Management

1. In the upper right corner of the portal, you are able to click the arrow to the right of "***My Account***"
2. A drop-down menu will appear. Click the ***'Management'*** button to continue.
3. You will then be brought to the ***'Management'*** screen where you are able to review the list of organizations that your account is affiliated with.

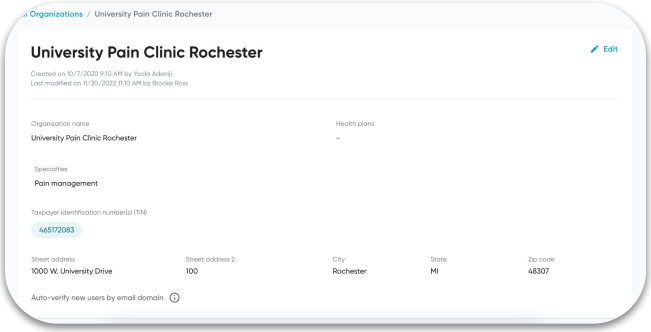


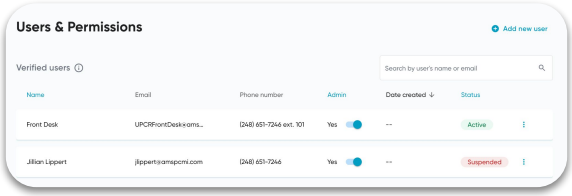


Organizations

The organizations page allows you to:

- Review all organizations you're affiliated with.
- Click into an organization.
- Scroll to review the organization health plan, location, TIN.
- Scroll to review Users & Permissions





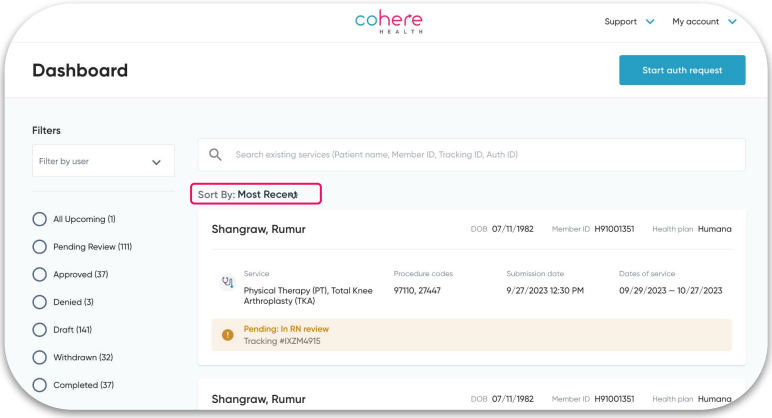
You will not be able to make edits or changes to any organization, or users within the organization. To request updates, or changes, you must reach out to the **organization's administrator.** Cohere will **not** have access.

Portal Features

Dashboard

After signing in, you will land on the prior authorization dashboard. This is where all staff can view authorization requests for 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:

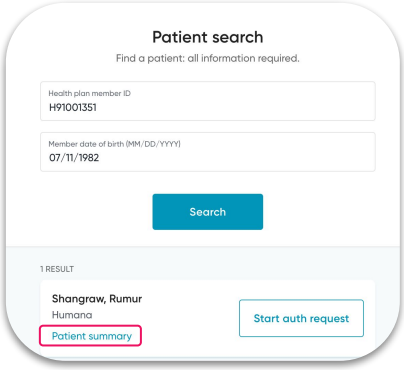
- **Most recent** - refers to the request submission date/time or the last time it was edited
- **Date of service** - refers to the date of the service request

Patient Summary

In 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/or search bar on the dashboard, then click on a specific authorization. You will be taken to that request within the patient summary.



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

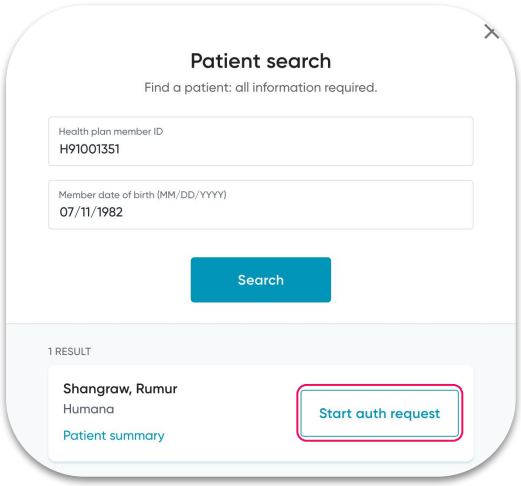
View pages 13-14 for more information regarding continuations as well editing, printing, and withdrawing requests.

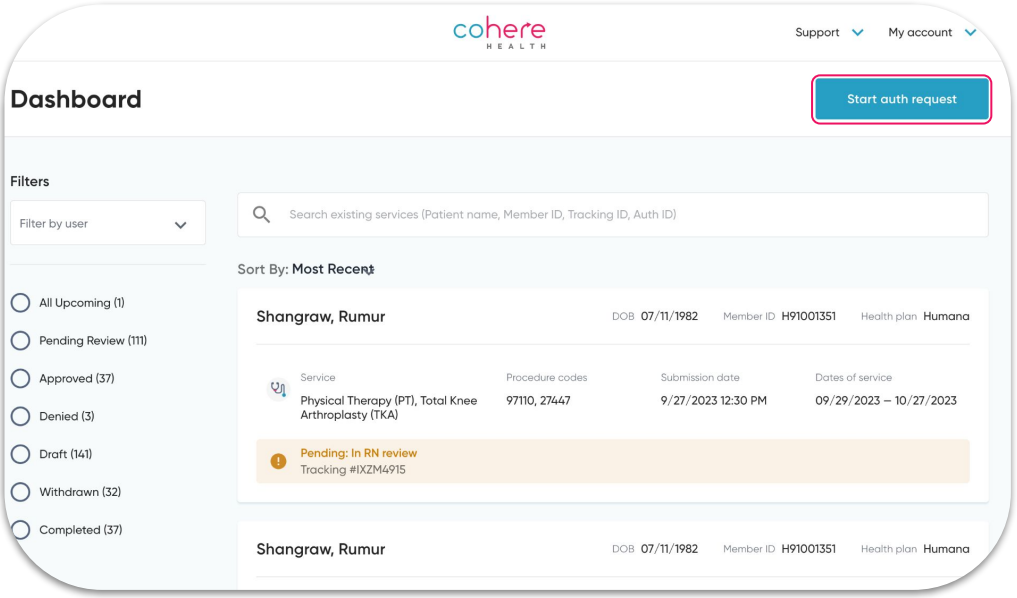
Submitting an Authorization Request

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'***.

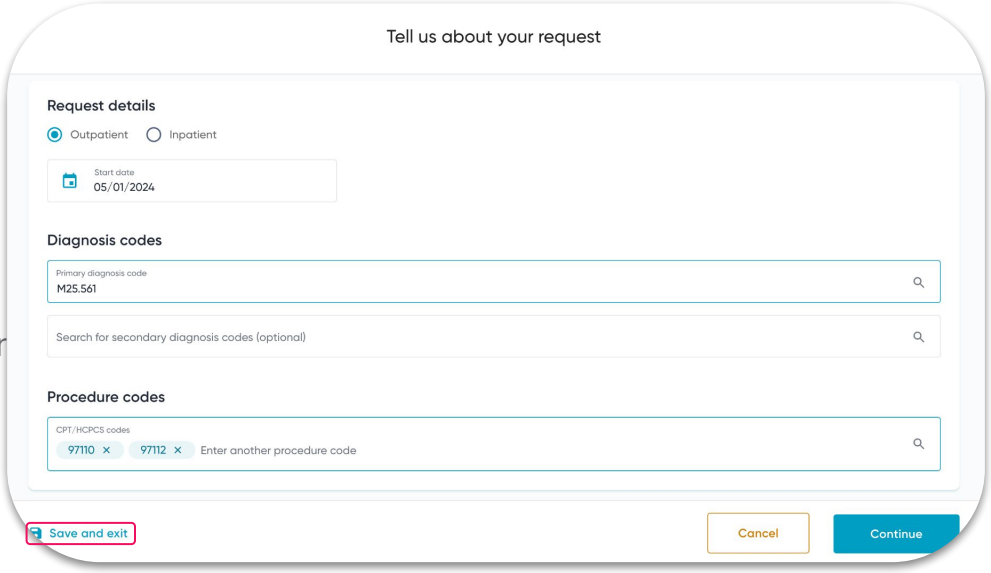




Enter Primary Details

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

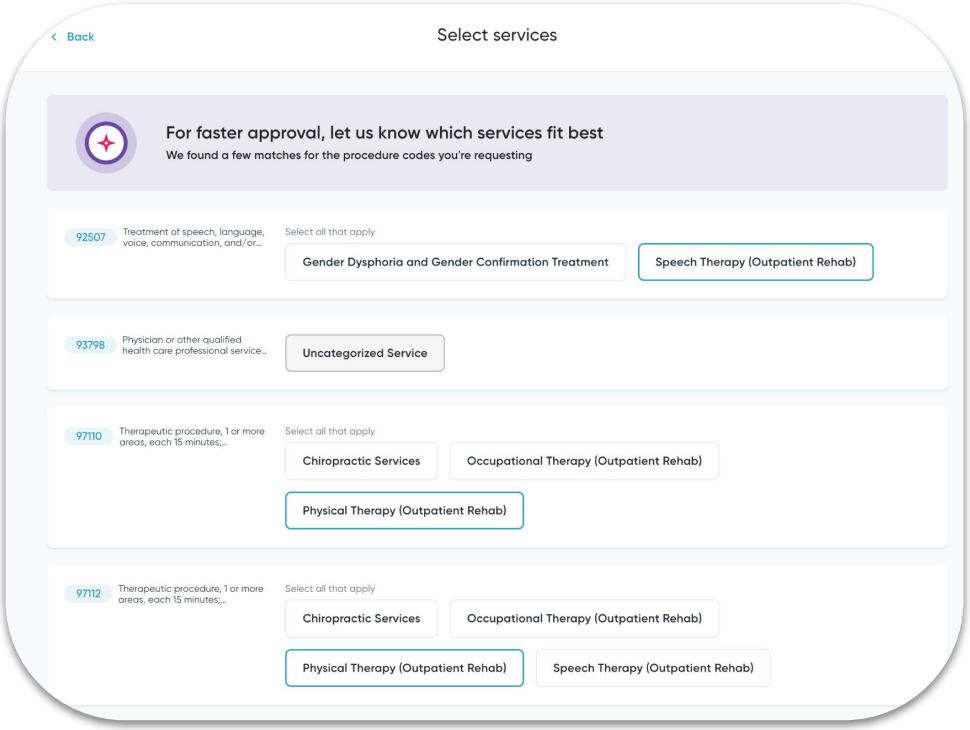
- Care type (outpatient or inpatient)
- Start date (date of service) or date of admission (inpatient)
- Primary diagnosis code
- Secondary diagnosis codes (optional)
- Procedure codes (optional for inpatient requests)



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



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.

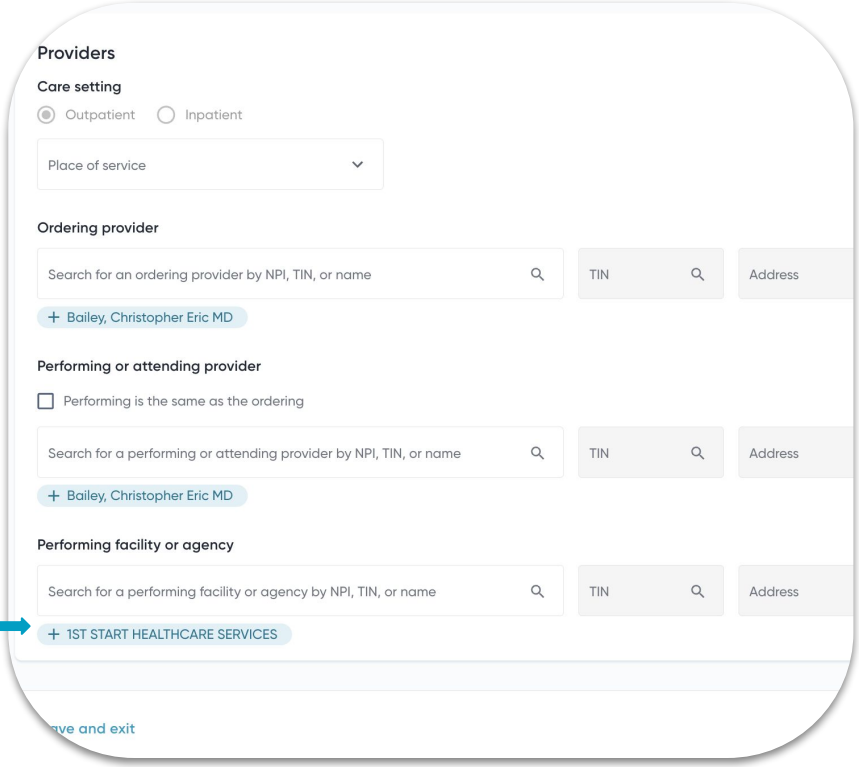
Provider and Facility Details

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.



The Remaining Details

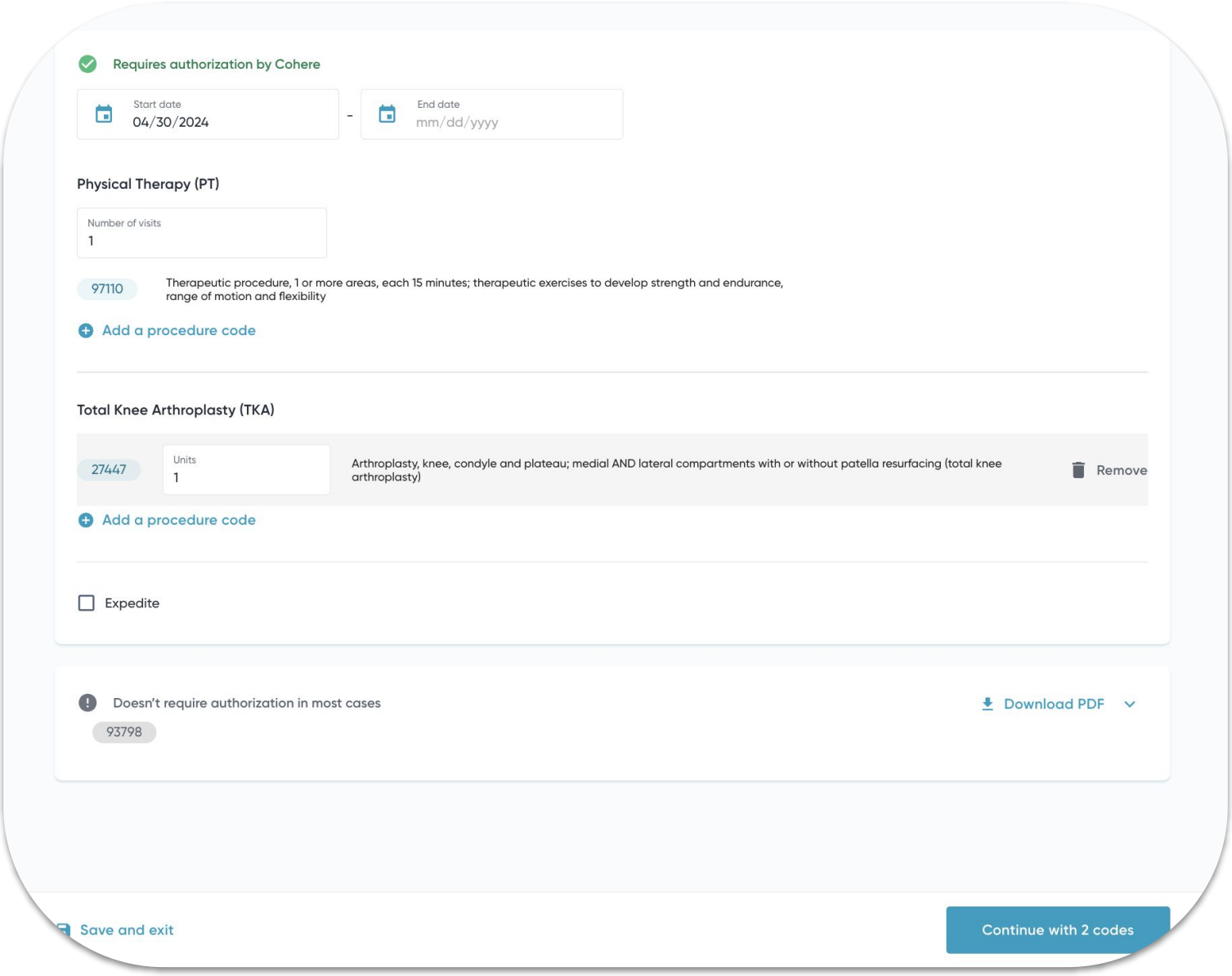
At the top of this page, you will see a notice that you have entered services that **require authorization by Cohere.**

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



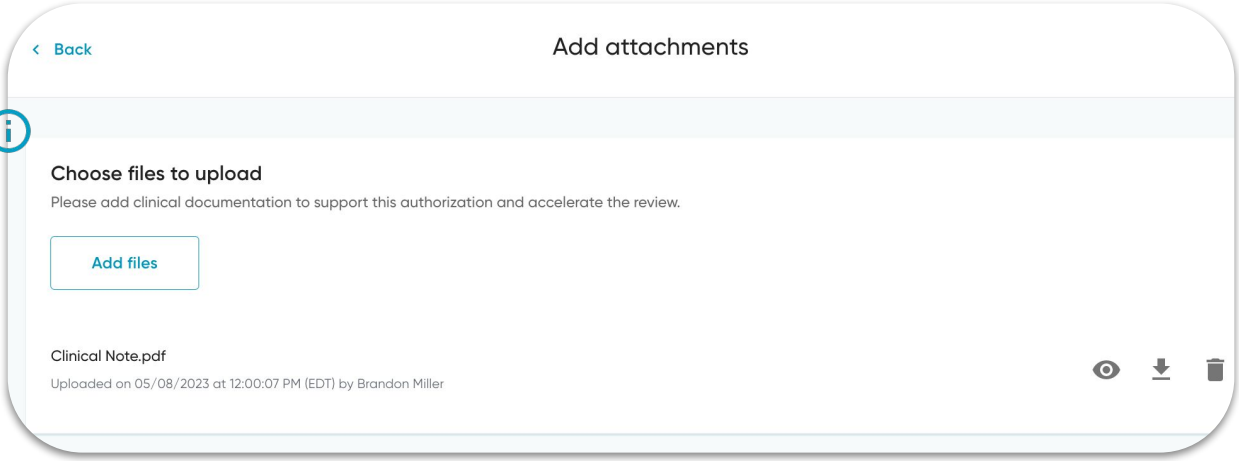
Add Attachments

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.

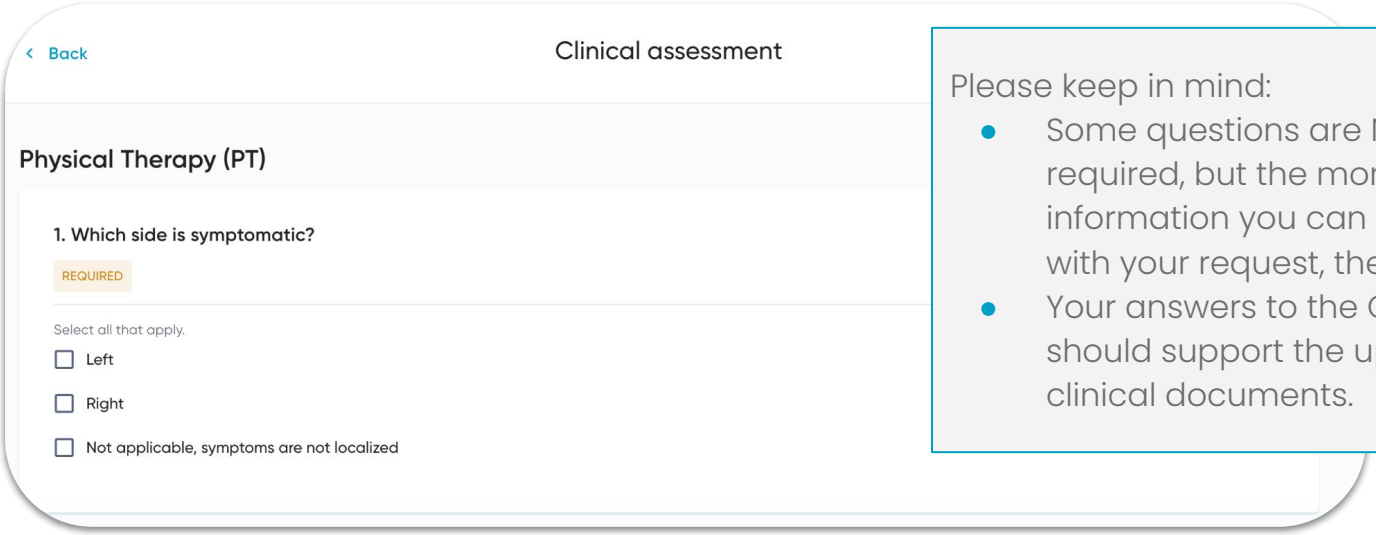
Hold the shift key on your keyboard to select multiple attachments from your computer.



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.



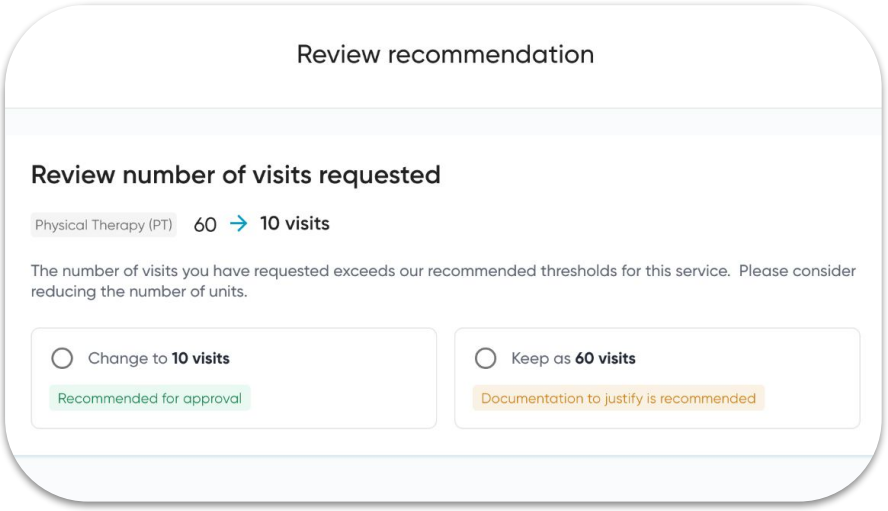
Please keep in mind:

- 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.

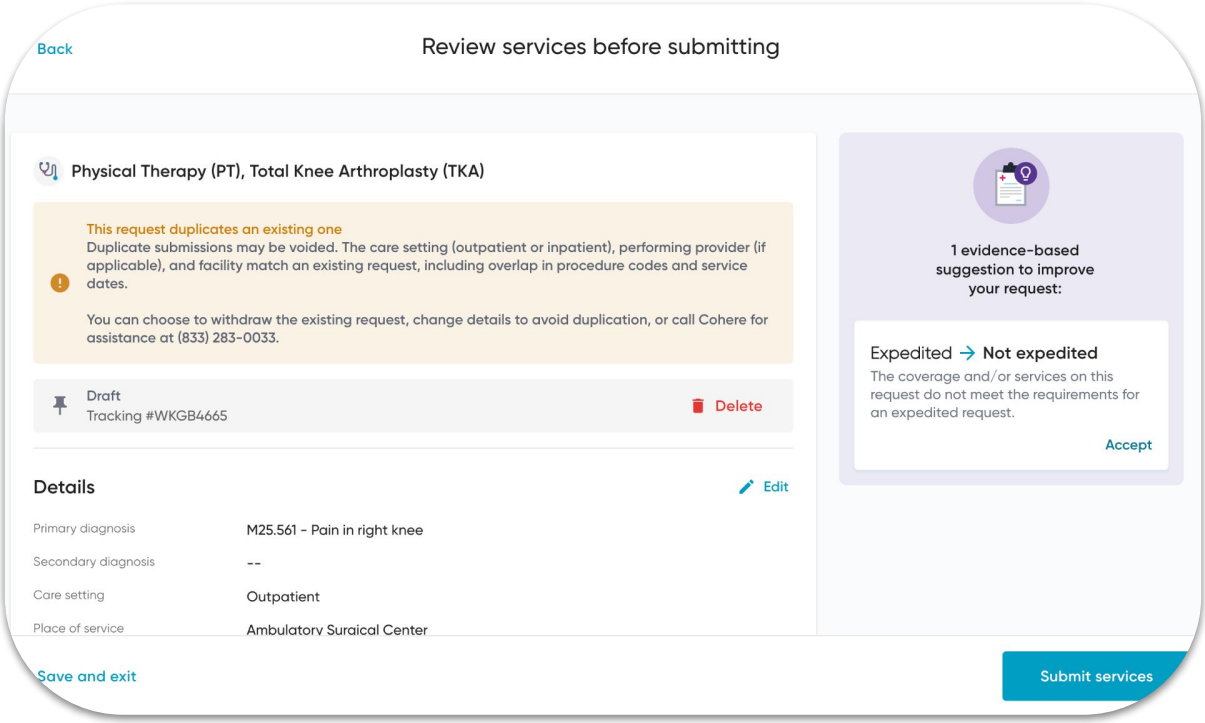


Review & Submit

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.

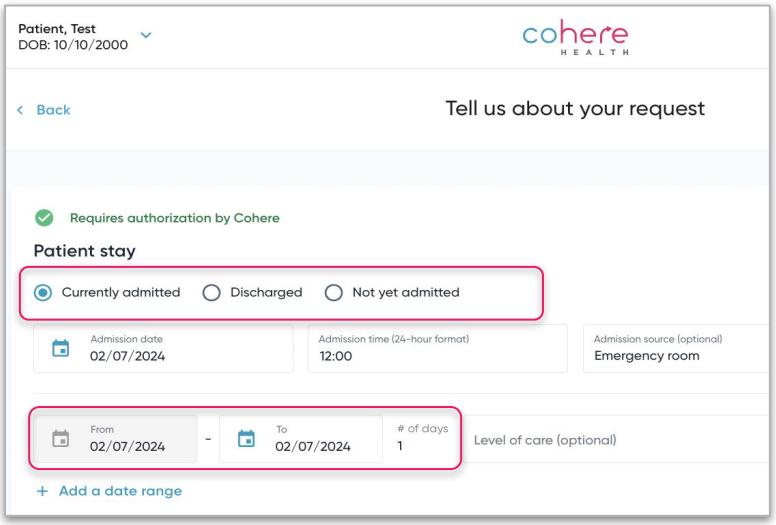


Inpatient Requests

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

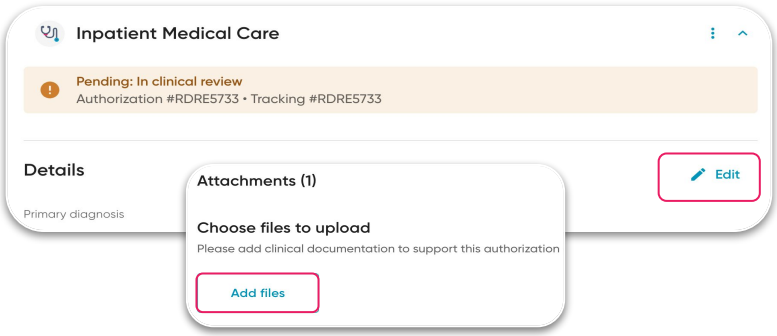
You'll then be asked to choose an authorization category. You will need to enter a diagnosis code, but the procedure codes field is optional for inpatient requests.

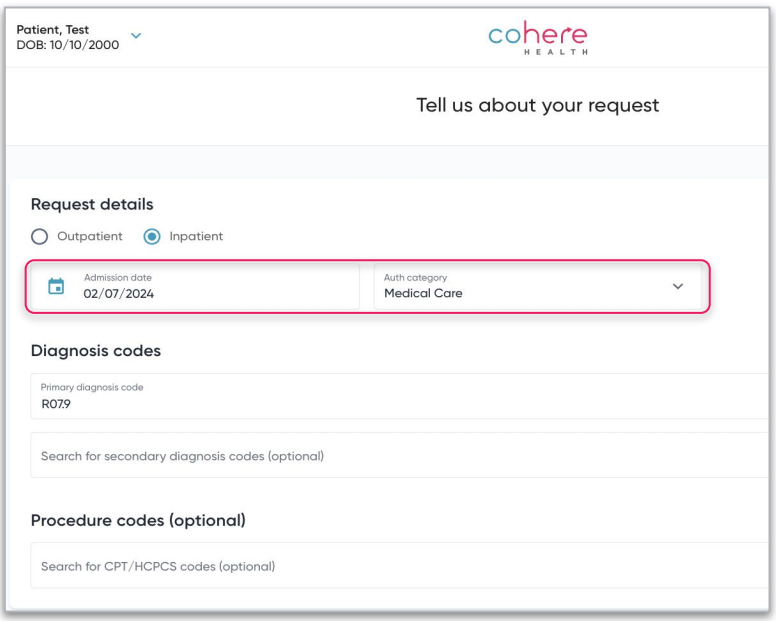


For any new or updates to existing requests, you will need to ***upload supporting clinical documentation***. You can also make edits to:

- 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.***

Time to decision

Time to decision, or turnaround time (also known as TAT), 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.*

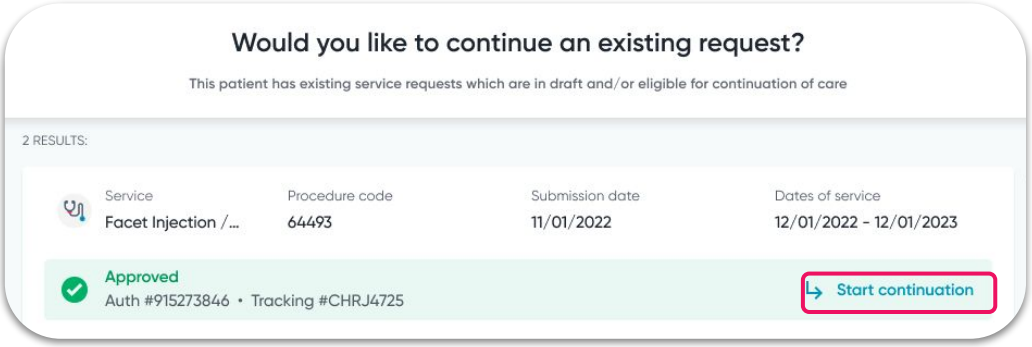
Continuations

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 decisioned, will have **the same authorization number** as the initial request.

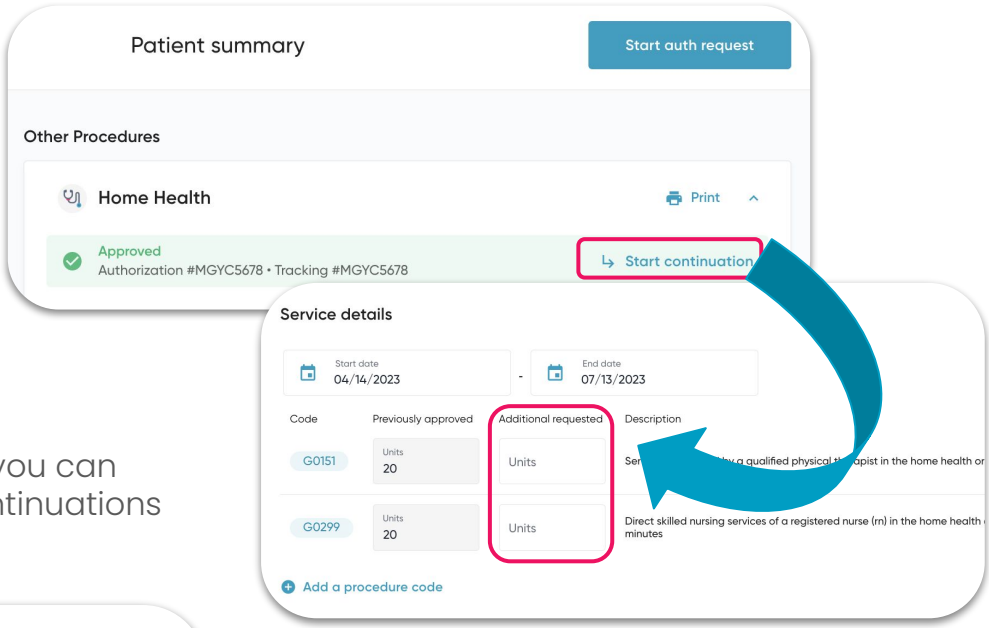
You are able to request a continuation when starting a new authorization or via the patient summary.

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.

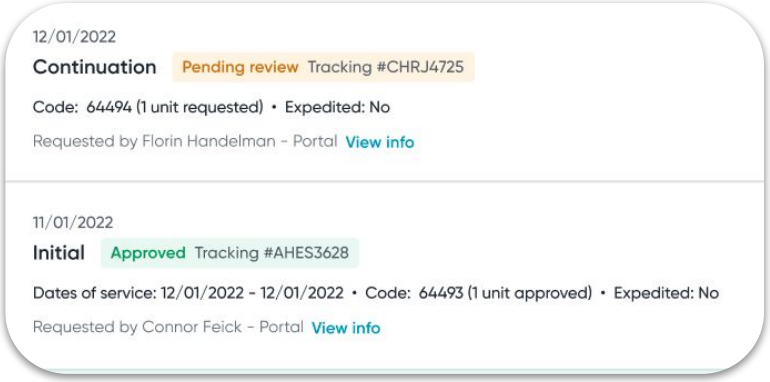
While starting a new authorization. If similar details were used in a previously approved authorization and the end date has not passed, the request will be displayed, and allow for a continuation to be started immediately.

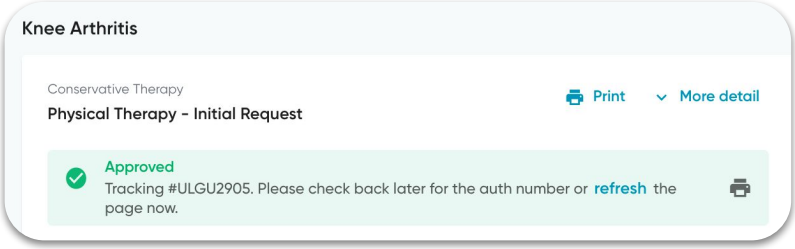


From the patient summary. Within the patient summary, select **"start continuation"** next to any eligible authorization. Please note, you can only add procedure codes if they fall under the same service category as the initial request.



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





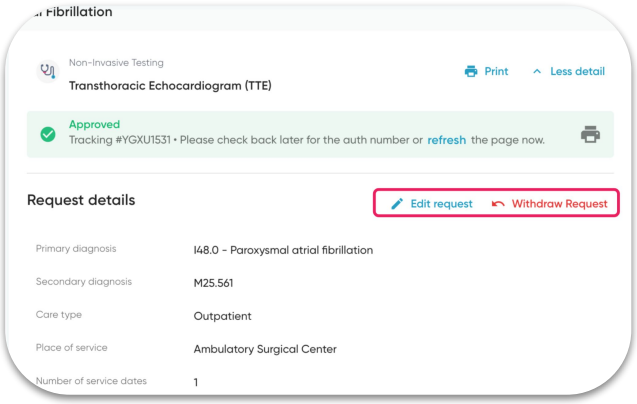
Editing a Request

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.*

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.

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.



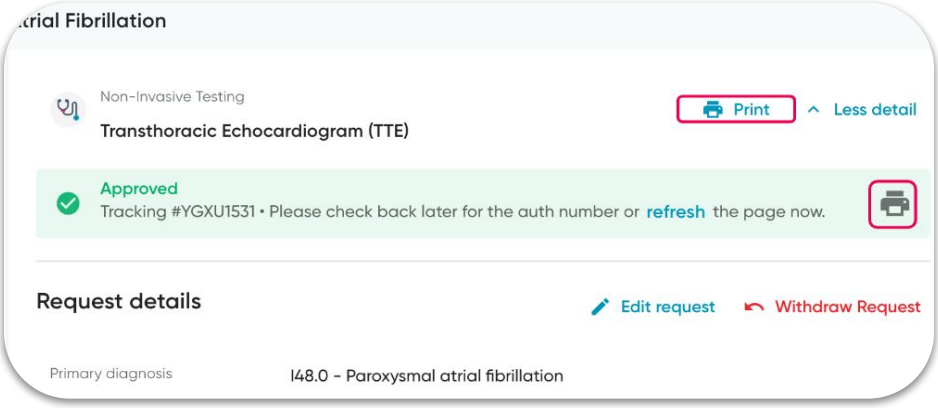
1. After signing in, you will land on the dashboard. From here, navigate to the patient summary by searching for the patient or the specific authorization using the available filters.
2. Once on the patient summary, you will be able to view all of the previously submitted requests for this specific patient.
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**. .



Submitting Referral Requests with Cohere

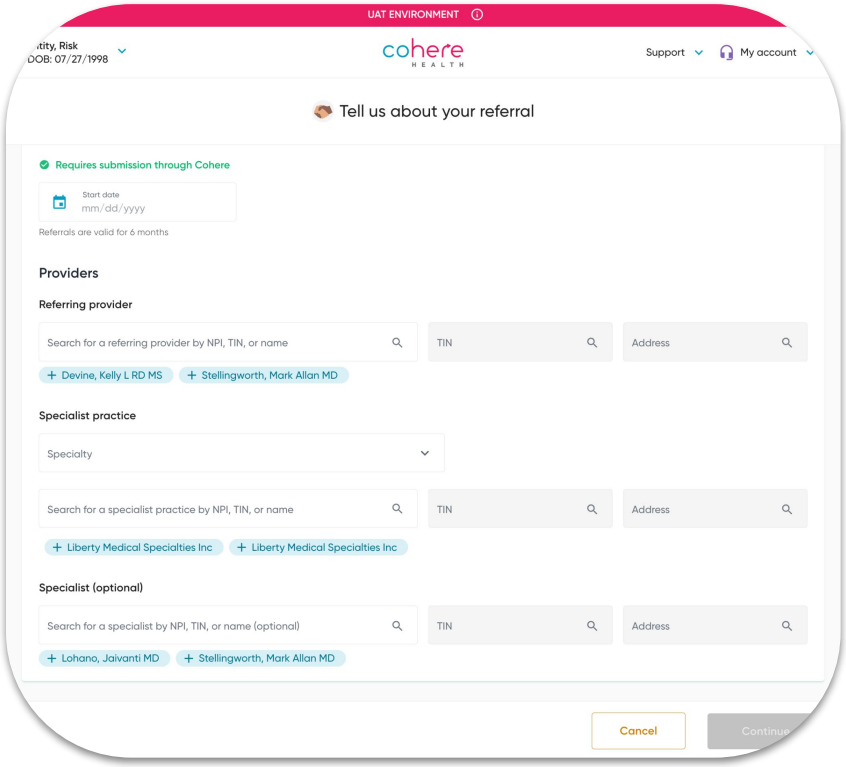
Cohere Health simplifies healthcare by enabling patients, physicians, and health plans to collaborate on getting the right care, at the right time, at the right place, and at the right cost. Our focus is to enable an *efficient* and *transparent* patient journey where *patient goals and achieving optimal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

If you have questions about how to submit a referral request, you have come to the right page! Submitting a referral request is simple and easy, and can be done directly within the Cohere portal. This tip sheet contains helpful information so you can be successful in submitting referral requests with Cohere.

Details Required for Referral Requests

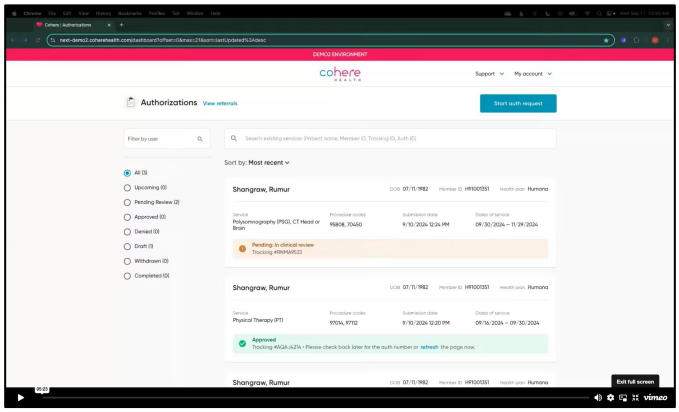
Required details may vary depending on the payer, line of business, level of care, or other authorization details. The following information is commonly required:

- Health plan member ID
- Member DOB
- Start date of referral (the date where the patient will begin seeing the specialist for office visits. Also known as the *date of service*).
- Diagnosis (name or code)
- Referring provider details
- Specialist practice details
- Specialist provider details.



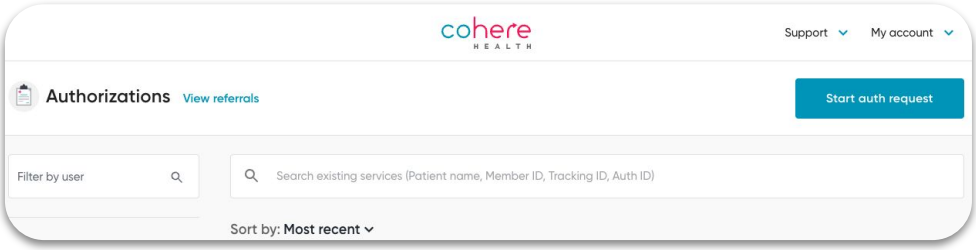
Demo Video

Watch a demo recording here for details on how to submit a referral request.

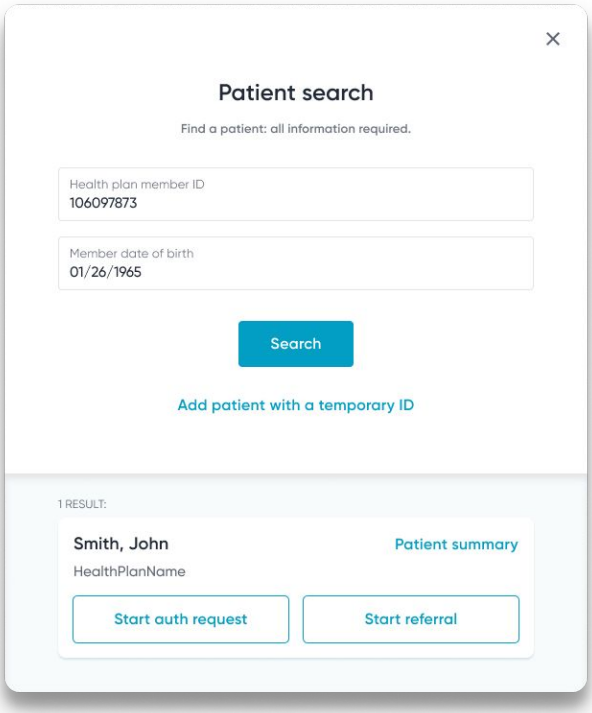


Step-by-Step Instructions

1 First, you will login to the Cohere portal using your username and password (or SSO, if applicable). When you login, you will land on the **authorizations dashboard**.



2 To switch over to the **referrals dashboard**, simply click on the **view referrals** button next to "Authorizations."



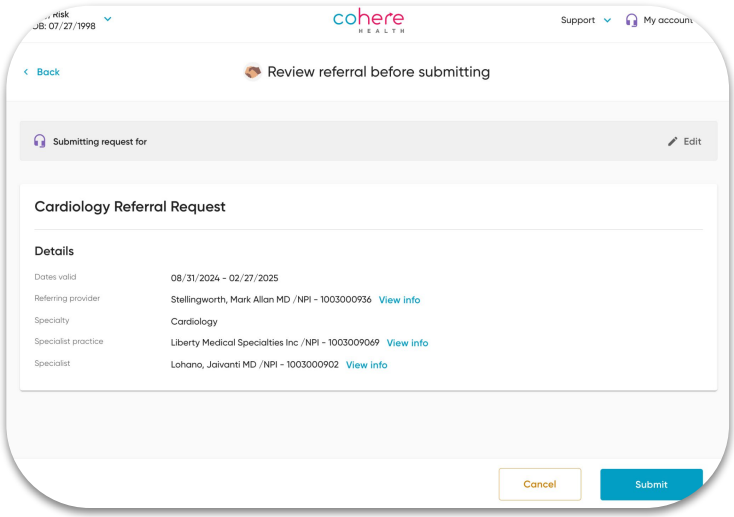
3 On the **referrals dashboard**, you can see the referral requests and their statuses for the patients at your practice.

You can start a referrals request from either dashboard. From the referrals dashboard, click on the blue **start referral** button in the top right corner. You will then be asked to enter the health plan member ID and date of birth for the patient.

4 Once the correct patient is returned, click **start referral** to continue with your request. The next step is to enter all the details for your request, including *start date*, *diagnosis*, *referring provider*, *specialist provider,* and *specialist practice information*. Once you have entered these details, you can proceed to the next step.

5 This brings us to the last step of the process, which is to review the details of the request before submitting. If you need to make any changes, you will need to click **<Back** to return to the previous page.

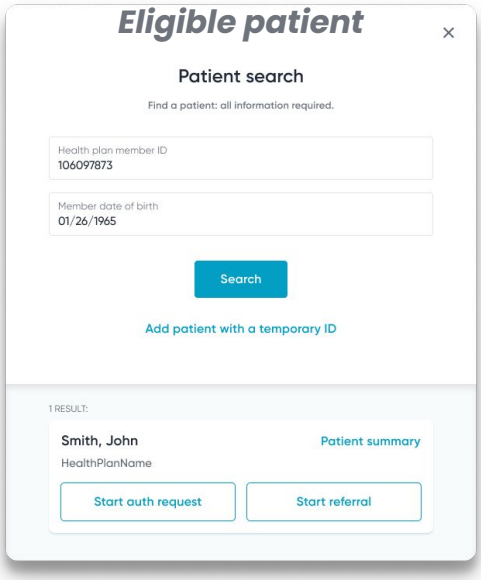
Once you have reviewed and confirmed all details are accurate, click **submit**. Once you press submit, we immediately begin processing the request. Currently, **all** referral requests through Cohere will be **covered**.

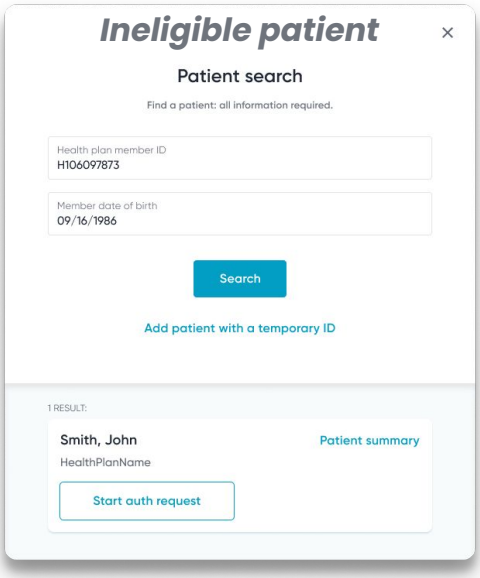


Frequently Asked Questions

1 *Can I submit referrals through Cohere?*

Anyone who submits prior authorizations in the Cohere portal is also capable of submitting referral requests. ***However,*** referral requests can **only** be submitted for patients whose coverage is compatible. The platform will allow you to start a prior authorization or a referral request after searching for the patient, if they have compatible coverage.





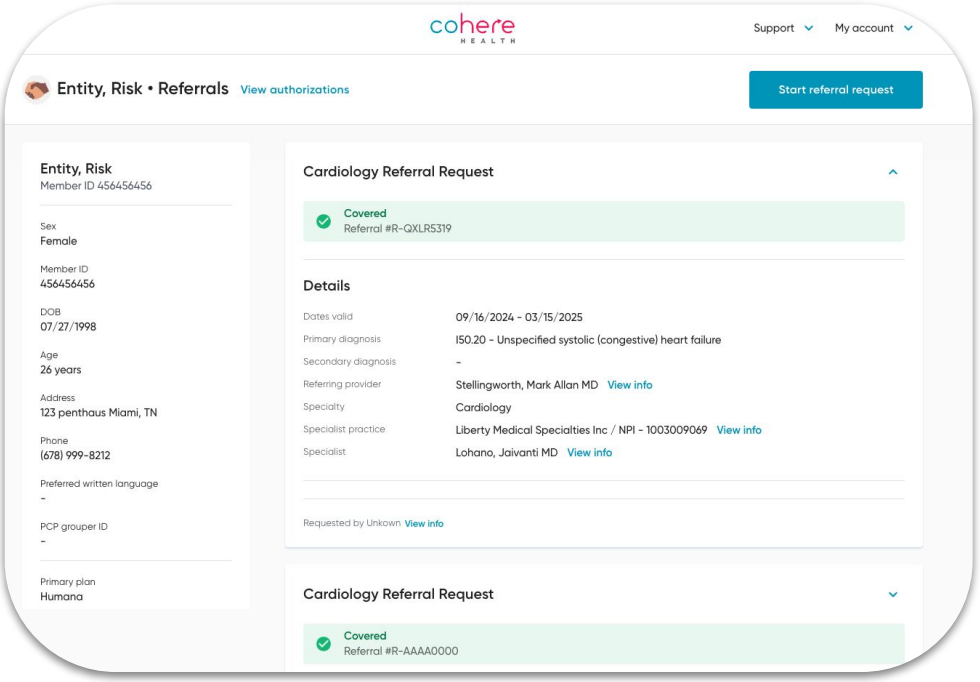
2 *What if I don't have the specialist provider or practice details?*

The specialist provider details are optional, but you are required to include the speciality practice details. If you do not have this information, we recommend reaching out to the referring provider.

3 *Am I able to see referrals submitted outside of my practice?*

Once you have submitted a referral for a specific patient, you will have access to **ALL** historic referrals for that patient that were *submitted through Cohere* (even from other users *outside* of your organization or place of work). You can view ALL referral requests from the referrals **patient summary** page.

However, you will **NOT** be able to see referrals for this patient submitted from a platform outside of Cohere.

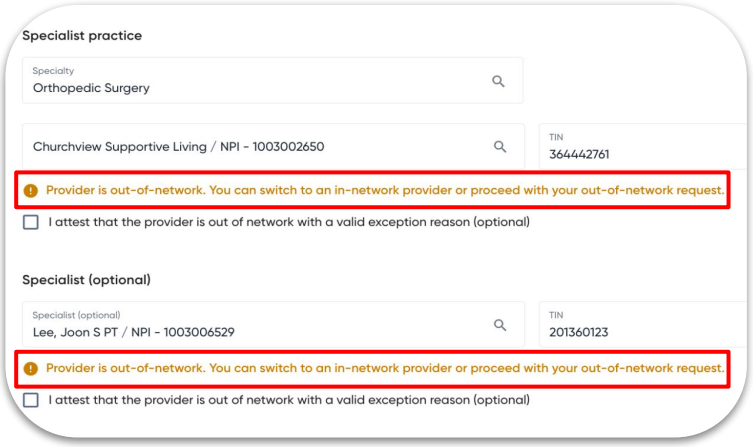


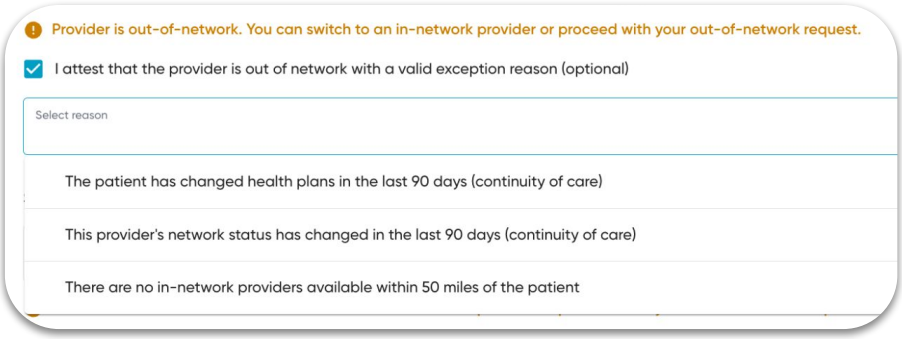
4 *What happens if the specialist practice or provider I select are listed as out-of-network (OON)?*

If the specialist practice or provider you select is OON, the portal will alert you.

You will be asked to answer attestations for ***both*** the practice and provider, when applicable. You will be asked to *"attest that the provider is out of network with a valid exception reason"* and then select an appropriate reason from the drop down menu.

These attestations are *optional*; they were originally designed to capture the results of evaluating an exception to inform the determination outcome. However, now that the referral process will result in 100% **covered** determinations, this optional step can be skipped with no impact on the outcome.





5 *Am I able to make edits to a referral request after it has been submitted?*

No, you are not able to make *any* edits to referral requests once they have been submitted. If the patient needs to see a specialist for longer, please submit an **additional referral request.**

6 *How long are referrals valid for?*

Referral requests are valid for six (6) months from the start date entered when submitting the request. Referrals will be active throughout the indicated time frame, so any visits billed during this time will be **covered**. If you need to *extend* the referral window, please submit an **additional referral request**.

7 *Why am I unable to enter procedure codes?*

Referrals *automatically* include all standard office visit CPT codes. Since there is no way to know the *duration* or *complexity* of a billable event in the future, Cohere does not ask providers to "guess" which code(s) will be billed during the specialist office visit(s).

For CPT codes *other* than office visit codes, please submit a **prior-authorization** request instead.

8 *Why am I unable to enter the number of visits?*

All visits that are billed during the indicated time frame of the referral request will be **covered**. Referral requests are valid for six (6) months from the start date entered when submitting the request.

Since there is no way to know the *duration* or *complexity* of a billable event in the future, Cohere does not ask providers to "guess" how many visits will be billed by the specialist office.

9 *What is the difference between prior-authorization and referral requests?*

- A referral request is submitted to request ***office visit CPT codes***.
- A prior-authorization request is submitted to request ***any other CPT codes***.