



Welcome Packet

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Welcome to Cohere!

This document serves as a playbook for all new users. We will review the process for registering your organization for a Cohere account, walk through how to submit authorizations using the Cohere portal, share resources on admin user management and Cohere’s clinical scope for cardiovascular services.

About 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.

Contact Us

If you have questions, please contact us at **support@coherehealth.com** or call us at **833-283-0033**. Our hours of operation are Monday–Friday from 8 am to 8 pm EST.

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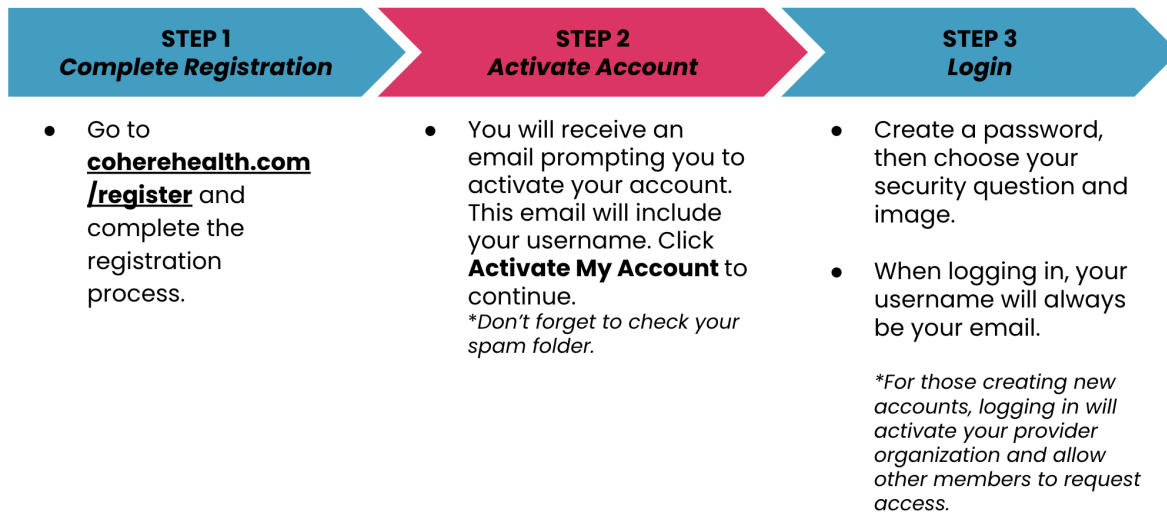


Account Registration

How To Register for an Account

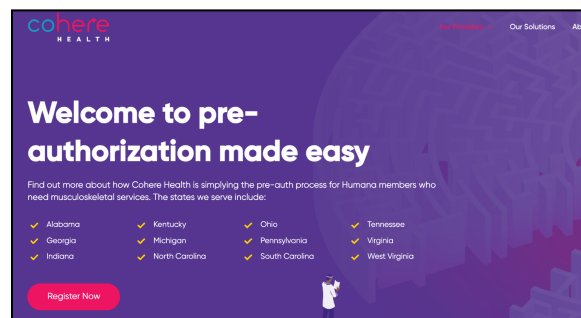
To get started using Cohere's portal, your organization should designate one administrator to register for an account. The person who completes the registration form will be set up as an admin user and will be responsible for managing user access for your entire organization. Admins **will have** the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

What To Expect



Registration Instructions

- Visit coherehealth.com/register and select the pink **"Register"** button.
- Enter your organization tax ID number (TIN) and email and press **"Create an account"**.
- From here you will see a list of any existing organizations that match the entered information. (Note: If your organization hasn't registered for an account, you will not see any organizations listed.)



Possible Scenarios

Scenario 1: Organization is listed:

Select the “join” button to the right of the corresponding organization.

- In the Cohere portal, authorization requests are viewable at the organization level. This means that you will be able to view and submit requests for all of the associated organizations regardless of the physical location that is selected.

Scenario 2: Organization is not listed:

- Enter additional TINs in the search bar in the middle of the page to expand the organization options.
- If you still do not see your organization, press “create a new organization”.

If you submit authorization requests for **multiple locations under the same tax ID number**, please select the location that constitutes the majority of your pre-authorization requests.

- If submissions are roughly equal, select any of the listed organizations. Admin users will be able to add additional TINs.

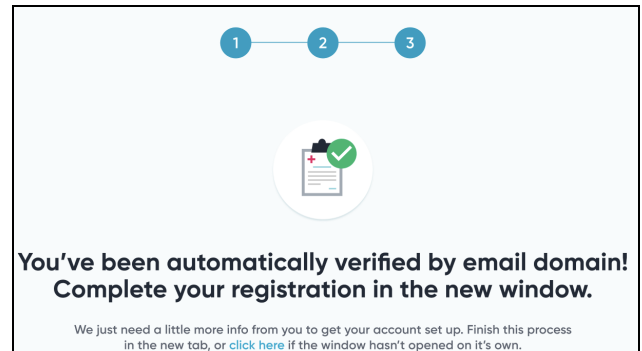
Account Verification Options

Cohere requires account verification to ensure the security of sensitive patient information. After completing the screening questions, you will be asked to verify your account.

Option 1: Existing Accounts Only

Email Domain

- Users are granted full access to start submitting pre-authorizations immediately.
- Users must have the same email domain as the admin.



Note: Users will not be able to utilize this method, unless the organization's admin enabled this feature when the organization was created. If this option is not enabled, the admin. must manually add all new users.

Would you like to make it faster for other people at your organization to set up accounts by enabling auto-verification based on email domain?

email@orthotennessee.com

☒ Yes ☐ No

Important information
By selecting yes, you are confirming that other members from your organization using the same email domain (email@orthotennessee.com) can join your account. Anyone who requests an account with this email domain will be able to automatically join your organization.

Option 2: New Accounts Only

Verify by Patient Info

- Must have 5 Humana member IDs and DOBs to verify by patient info.



User Guide

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Welcome to Cohere!

This document serves as a guide to using Cohere's platform for authorizations. It provides an overview of Cohere and how our platform works. Below you will find step-by-step instructions to set up your accounts, use the platform, and how to contact Cohere with questions.

Contact Us

If you have any questions, problems, 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.

Overview of Cohere and Our Platform

About 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.

Using the Platform

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:

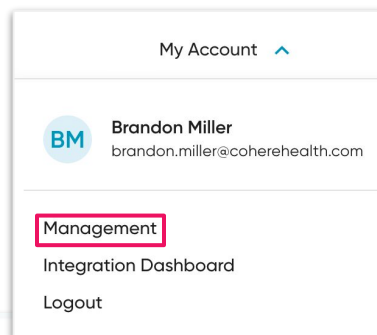
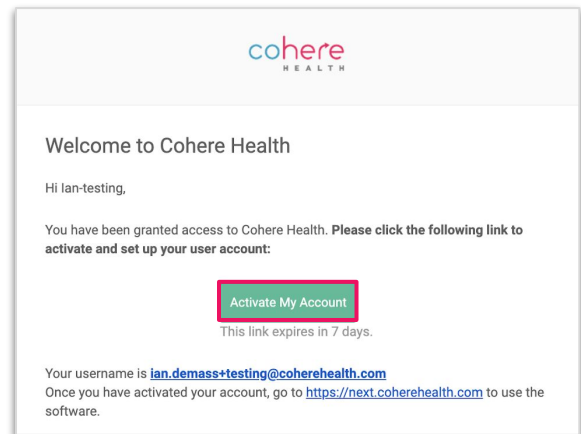
1. We receive your request instantly.
2. Our platform reviews your request and if all the information is there and meets our guidelines, your request will be auto-approved. We notify the payer, and you will see the authorization number in the platform.
3. If any information is missing or does not meet our guidelines, our team reviews your request. We will be in touch about what else is needed in order to get the patient the care they need.

Cohere User Accounts

If you are an administrator, this section describes how to request an account for yourself and how to create accounts for any additional team members at your organization.

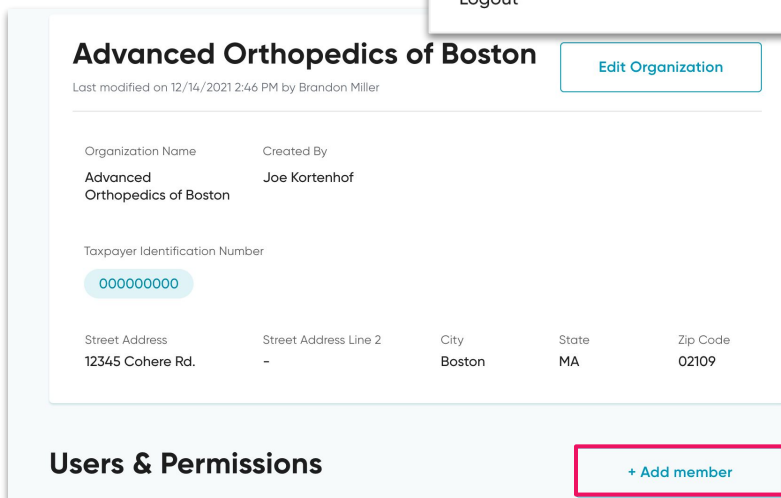
Requesting an Account

1. Visit coherehealth.com/register to complete the registration form.
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: Creating Accounts for Other Users

1. Enter your username and password to sign in to next.coherehealth.com.
2. Once you have logged in, click the **'My Account'** option in the top right corner of your screen, and then select **'Management'** from the drop down menu..
3. The next screen will show users within your organization who already have active accounts. From here, press the blue **'+ 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.

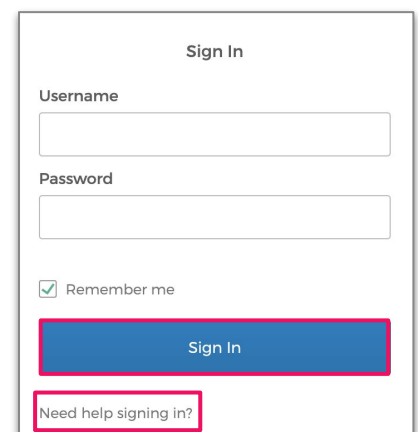


Logging In & Resetting Your Password

Both of these actions can be completed from the sign in page.

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'**.



Dashboard

The dashboard is a useful resource to view all of your practice's authorizations in one location. From any place in the platform, you can click the Cohere Health icon at the top of the screen return to the dashboard.

After signing in to the platform, 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

The screenshot shows the Cohere Health Dashboard. At the top right is 'My Account' with a dropdown arrow. Below it is a 'Start auth request' button. The main section is titled 'Dashboard'. On the left, there are 'Filters' with a 'Filter by user' dropdown and a list of status options: All Upcoming (0), Pending Review (1), Approved (1), Denied (0), Draft (0), Withdrawn (0), and Completed (1). To the right of the filters is a search bar labeled 'Search existing services (Patient name, Member ID, Tracking ID, Auth ID)'. Below the search bar, it says 'Sort By: Most Recent'. The main content area displays two authorization requests for 'Shangraw, Rumur'. The first request is 'Approved' with tracking #PPNB4219 and a note to check back later. The second request is 'Pending: In RN review' with tracking #GMY59238 and a note about clinical documentation.



You can also sort the authorizations by “most recent” and “date of service”.

- **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

There are two ways in which you can navigate to the patient summary:

1. Start your authorization request by pressing the **‘Start Auth Request’** button and searching for the patient. When the patient is returned, select the patient summary, below the patient’s name.
2. Search for the specific patient and/or authorization by using the filters and search bar and then click the specific authorization.

The screenshot shows the 'Patient search' form. It has a title 'Patient search' and a subtitle 'Find a patient: all information required.' Below this are two input fields: 'Member ID' with the value 'H91001351' and 'Member date of birth (MM/DD/YYYY)' with the value '07/11/1982'. A blue 'Search' button is below the fields. Below the search button, it says '1 RESULT'. The result shows 'Shangraw, Rumur' with 'Humana' as the insurer and a link to 'Patient summary'. A 'Start auth request' button is also present.

From 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 organization and other organizations, if applicable.

Printing

Select the **‘Print’** button or the printer icon to view the service summary and either download or print.

Editing & Withdrawing

Select the **‘More Detail’** button to edit and/ or withdraw your request.

Select **‘Edit Request’**. You will be able to edit most fields, including editing attachments and clinical assessment questions.

Select **‘Withdraw Request’**. You will see a pop-up window asking you to select a reason for withdrawal and confirming you want to withdraw the request.

Submit an Authorization Request

The screenshot shows the Cohere Health dashboard. In the top right corner, there is a button labeled 'Start auth request' which is highlighted with a red box. The dashboard also displays a list of filters on the left, a search bar, and a table of authorization requests. The first request is for 'Shangraw, Rumur' with a status of 'Approved' and a tracking number. The second request is for 'Shangraw, Rumur' with a status of 'Pending: In RN review'.

1. From the dashboard, click the blue **'Start Auth Request'** button in the top right corner.
2. Enter the patient's information (Member ID and Date of Birth) and press **'Search'**. When a result is returned, click **'Start auth request'**.

The screenshot shows the 'Patient search' form. It has fields for 'Member ID' (H91001351) and 'Member date of birth (MM/DD/YYYY)' (07/11/1982). A 'Search' button is highlighted with a red box. Below the search bar, there is a section titled '1 RESULT' showing the patient 'Shangraw, Rumur' with the health plan 'Humana'. A button labeled 'Start auth request' is highlighted with a red box next to the patient's name.

The next step in submitting your authorization is to enter a few initial details including:

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

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

The screenshot shows the 'Check authorization requirements' form. It has sections for 'Diagnosis codes' (Primary diagnosis code: M25.561), 'When is the first procedure expected to start?' (Expected start date: 01/14/2022), 'Are any of the procedures you're requesting inpatient?' (No), and 'Procedure codes' (27447, 97110, 97112, 97535, 98972). A 'Check requirements' button is highlighted with a red box at the bottom.

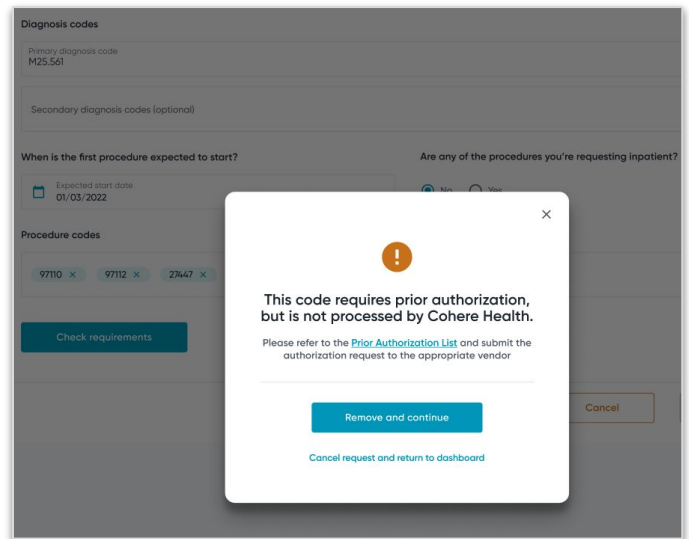


You can add up to 10 procedure codes within each request. If you need to add more than 10, please submit a second request.

If any of the codes that you enter do NOT require authorization by Cohere, but are required through another vendor, you will see a pop-up indicating that you will need to submit the authorization with that other vendor.

At this point, you have two options:

1. Remove that code/ codes and continue with the authorization **OR**
2. Cancel the entire service request and return to the dashboard.



If you choose to continue with the authorization, we will share more information about the additional codes that were entered. You could see two possible messages:

- Codes that **DO NOT** require authorization at all
- Codes that **DO** require authorization **BY** Cohere

Click **'Download PDF'** to print or download confirmation of the codes not requiring authorization.

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

When you are ready to continue submitting your request, press **'Continue with procedure codes'** at the bottom of the page. The codes that do not require authorization will not be included in your request.

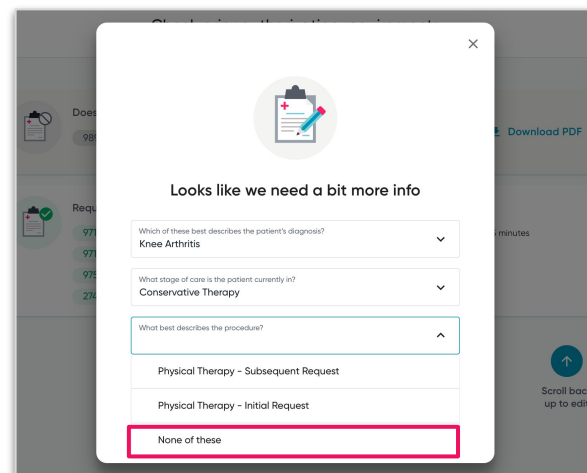
Depending on the procedure codes and diagnosis, we may ask for additional information in order to best guide your request.

Select the option that best describes the patient's diagnosis. If you feel that none of these align with the diagnosis, we recommend contacting our support team.

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 will have the ability to select **'None of these'**. This is what we recommend using to enter a request for occupational or speech therapy.

Once the questions are answered you will be able to advance to the next step. This page is where procedures will be selected and is split into three sections:

1. Procedures selected based on your codes
2. Previously requested for this patient
3. Additional procedures for the selected diagnosis



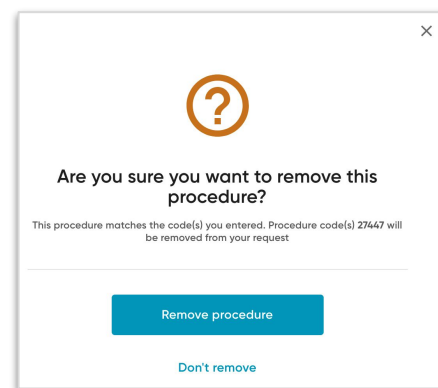
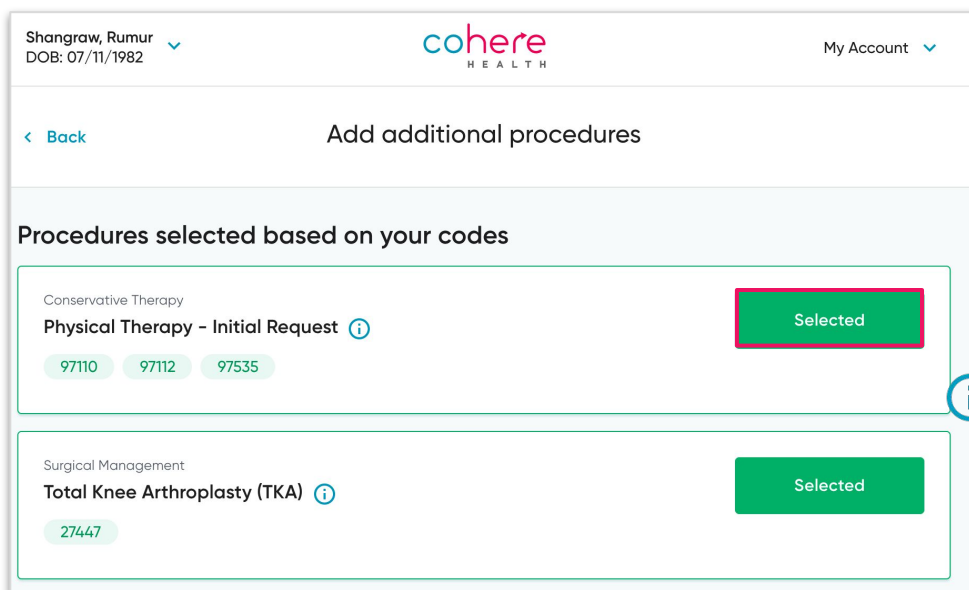
Add additional procedures

You can think of this page as your online shopping cart: you will see what you have in your cart at the top, then what you've previously ordered, and suggested items that match your shopping profile at the bottom.

Procedures selected based on your codes

1

The services listed here are selected because of the procedure codes that were entered to start the authorization. By default they will be selected. If you do not want to submit one of the suggested procedures, press the green **"Selected"** button to remove the procedure.



If you choose to continue with removing the service, it will be removed from this section of the page.

Previously requested for this patient

2

This section of the page will list all of the services that have previously been submitted for this patient. You will see:

- Previously requested services for same diagnosis
- Other previously requested procedures

Previously requested for this patient for Knee Arthritis

Surgical Management
Total Knee Arthroplasty (TKA) ⓘ [Select again](#)

⌵ Authorization pending for 12/06/2021 • Requested by Brandon Miller [See details](#)

Other procedures previously requested for this patient

Occupational Therapy (Outpatient Only) ⓘ

⌵ Authorization in draft for 12/08/2021 - 12/21/2021 • Requested by Tara Creeden [See details](#)

⌵ Authorization in draft for 12/07/2021 - 12/15/2021 • Requested by Tara Creeden [See details](#)

Shoulder Arthritis - Conservative Therapy
Physical Therapy - Initial Request ⓘ

⌵ Authorization in draft for 12/06/2021 - 12/31/2021 • Requested by Mallory Hinman [See details](#)

Key Points


You will have the ability to select requests that have been previously submitted with the same diagnosis by pressing **“select again”**.

For ALL requests in this section, press **“see details”** to view more information about the request on the patient summary.

3

Additional procedures for the selected diagnosis

Here you will find services that could be clinically appropriate given the entered diagnosis. Press **‘Select’** to add any of the procedures.

 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 - Subsequent Request ⓘ [Select](#)

Conservative Therapy
Orthotics [Select](#)

Advanced Imaging
MRI [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 page will ask for the remaining request details. The procedure code(s) you entered when first starting your submission will automatically fill into the corresponding service request(s) unless you selected an additional service from the previous page.

Shangraw, Rumur
DOB: 07/11/1982

cohere
HEALTH

My Account

< 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
03/13/2022

Expected service end date
mm/dd/yyyy

Recommended for auto approval

Procedure codes

97110 x Enter another procedure code

Add provider details

Search for a requesting provider by NPI, TIN, or name

☐ Performing provider is the same as requesting provider

Search for a performing provider by NPI, TIN, or name (optional)

Select provider TIN

Search for a facility by NPI or TIN

Select facility TIN

☐ Expedite service

Continue with 2 procedures

If you added a service from either of those sections you will need to manually enter the procedure (CPT) codes.

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



The number on this button will change based on the number of requests you are submitting.

Add Attachments

After answering the required clinical assessment questions, the final step before submitting your request is to upload relevant files. Start by clicking **'Add file'** then choose the appropriate file type and click **'Continue'** to move to the final step.

- While choosing your files to upload, you can hold the "Shift" key to select multiple.

The screenshot displays the 'Add Attachments' page. At the top, there is a 'Back' button and the title 'Add Attachments'. Below this, a section titled 'Choose files to upload' provides instructions: 'Please upload the following files to support the requested authorizations and accelerate the review of the service request: 1. The most recent clinical note 2. If advanced imaging was performed, the imaging report'. A red box highlights the 'Add file' button. Below the instructions, there is a table for attachments. The table has columns for 'File name', 'File type(required)', and 'Actions'. One attachment is listed: 'Clinical Note.pdf' with a dropdown menu showing 'Clinical note'. To the right of the main interface, a detailed view of the 'Select document type' dropdown menu is shown, listing various 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

After completing the details of the request, you will be asked 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, which ultimately saves you time. These are common clinical details that you'll likely find in the patient's chart or can obtain from the Requesting Provider.

Patient Reported Outcome Measures (PROMs)

Based on the diagnosis and services requested, you may be asked for a functional assessment score. Cohere uses patient-reported outcome measures as part of our clinical review process. PROMs are powerful tools to help providers understand the outcomes like pain and functioning that matter to patients.

Please keep in mind...

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

Before you submit your request, review all the details and if you wish to make any updates, press the **'Edit'** button. When everything is finalized, click **'Submit services'**. Cohere will now review your request. You can check the status of this request by viewing it on the dashboard.

Evidence-based suggestions

You may see these suggestions populate on the review screen for a number of different reasons, including:

- Shifting site of service for a surgery that can safely be changed from inpatient to outpatient.
- Number of therapy visits exceeds the recommendation.
- Number of viscosupplementation injections exceeds the recommended number.

Evidence-based suggestions are one feature in our platform to help your organization provide high-quality care for your patients, ultimately leading to **more auto-approvals**. These simple messages indicate how to align your request with Cohere's clinical guidelines.

When our technology cannot auto-approve your request, we have a clinical team of registered nurses and doctors who will review your request. This team will reach out with questions regarding the request so that we can get your patient the care they need as fast as possible.

If a request pends, we will:

- Review against our guidelines & reach out by phone with questions.
- When ready, update and approve while being transparent about the process.
- If it requires further review, RN reviewers will engage our medical directors.

Cohere Clinical Guidelines

Our clinical guidelines are fully transparent based on National & Local Coverage Determinations, American Academy of Orthopaedic Surgeons guidelines, payer policies, and input from our clinical content team and advisory board. Click [here](#) to access the guidelines for specific payers in our Learning Center.

Cohere's musculoskeletal advisors and consulting experts are leaders in their respective clinical & academic practice areas.

- Internal Medicine
- Pain Medicine/ Anesthesiology
- Orthopedic Surgery (Spine & Joint)
- Neurosurgery
- Physical Therapy & PT Practice Department Management

Peer-to-Peer Consults

Our goal is to reduce the need for peer-to-peer consults. However, we know that in some situations, the best way to get patients the care they need quickly is to connect our providers with yours for a brief conversation.

If a practice is missing required clinical documentation for an approval, we will attempt to obtain that information prior to asking for a peer-to-peer. When we believe that a conversation between physicians could help bring clarity to a case, we will request a peer to peer consult *before* issuing a denial. This gives ordering physicians the opportunity to provide information earlier in the process and reduces the time until a decision is made.

Cohere's panel of peer to peer physicians are board-certified physicians who are experienced both on the giving and receiving end of peer-to-peer consultations. Our physicians will be prepared to have meaningful conversations with your organization. We will match a peer to peer physician with the same specialty as the ordering physician.

If we would like to schedule a peer-to-peer conversation, we will reach out to the person who submitted the authorization by phone.

Existing Authorization 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.



Depending on the status of a request, you will have different options available when it comes to editing.



- You can use the print button or the printer icon to print the authorization summary.
- Press **'more detail'** to view the details, make edits (when possible), and withdraw a request.


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. 




HEALTH

Questions about this service?
Contact us
support@coherehealth.com
1-833-383-0033

CohereServiceRequest_ULGU2905.pdf

Download 

Print 

Service summary
Created on 12/07/2021

Procedure
97112 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
97112 Therapeutic procedure to re-educate brain-to-muscle function, each 15 minutes
97535 Self-care or home management training, each 15 minutes

Units
6 Number of visits

Diagnosis
M55.501 Pain in right knee (primary)

Attention	Type
BARBE PHYSICAL THERAPY LLC	Outpatient
Confirmation date Jan 01, 2022 - Jan 31, 2022	Ordering provider GARDNER, APRIL DO
Member ID number H91001351	Performing provider YOUNG, ROBERT LINWOOD PT
Patient name Shangwe, Rumar	Facility BARBE PHYSICAL THERAPY LLC
Patient phone number (296) 851-4189	Humana authorization number Tracking #ULGU2905. Please check back later for auth number.
Patient date of birth 07/11/1982	

This procedure has been requested by Ordering Physician: GARDNER, APRIL DO for the above patient.
Please note that this form does not represent a guarantee of payment.
This document contains confidential information and is protected by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and a number of other federal and state privacy laws. This document and its contents may only be accessed, used or disclosed by duly authorized individuals in the course of the subject's treatment. Claims processing or as otherwise required or permitted by law. Any other access, use or disclosure is strictly prohibited and may result in civil or criminal penalties.

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.

Edit a Request

Use the **'More detail'** button to make changes or withdraw the service request. You are able to edit pending, approved, and/ or partially approved authorizations.

Once you select **'More detail'** and are able to see the details of the request select **'Edit Request'**.

- 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.

The screenshot shows the 'Patient Summary' page for a patient. Under 'Post-Operative Care', there is a request for 'Physical Therapy - Initial Request'. The status is 'Approved' with tracking #PPNB4219. A 'More detail' button is highlighted in a red box. Below this, under 'Surgical Management', there is a request for 'Total Knee Arthroplasty (TKA)' with a status of 'Pending: In RN review'.

Please visit the Learning Center by clicking [here](#) if you would like more information specific to editing. Please contact us to make a change to the care type (inpatient/ outpatient) and/ or place of service field.

Withdraw a Request

Use the **'More detail'** button to view the option of withdrawing the request, press **'Withdraw Request'**.

You will see a pop-up window asking if you are sure you want to withdraw the request.

The pop-up window asks 'Are you sure you want to withdraw this request?'. It features a dropdown menu labeled 'Select reason for withdrawal'. Below the dropdown are two buttons: 'Withdraw request' and 'Cancel'.

The screenshot shows the 'Patient Summary' page for a patient. Under 'Knee Arthritis', there is a request for 'Physical Therapy - Initial Request'. The status is 'Approved' with tracking #EDNK9710. A 'Withdraw request' button is highlighted in a red box. Below this, there is a 'Request Details' section with fields for Primary diagnosis, Secondary diagnosis, Care type, Place of service, Number of service dates, Dates of service, Requesting provider, Performing provider, Facility, Facility State, Expedited, and Requested by. At the bottom, there is a table for 'PAL Category' with columns for Code and Code description.

Next, select a reason for your withdrawal from the drop-down menu:

- Duplicate request
- Request details inaccurate
- Service is no longer required
- Not medically necessary

After selecting the reason for withdrawal, press **'Withdraw request'** and the authorization will now have a status of "withdrawn".

The screenshot shows the 'Patient Summary' page for a patient. Under 'Post-Operative Care', there is a request for 'Physical Therapy - Initial Request'. The status is 'Withdrawn' with tracking #XAOT0991.

The pop-up window asks 'Are you sure you want to withdraw this request?'. It features a dropdown menu labeled 'Select reason for withdrawal' with the selected option 'Service is No Longer Required'. Below the dropdown are two buttons: 'Withdraw request' and 'Cancel'.



Admin User Guide

Welcome to Cohere!

This document serves as a playbook for admin users. We will review the process for registering your organization for a Cohere account, adding users, deactivating users, and how to handle different scenarios pertaining to user access.

About 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.

Contact Us

If you have questions about who should complete this form, please contact us at **support@coherehealth.com** or call us at **833-283-0033**. Our hours of operation are Monday–Friday from 8 am to 8 pm EST.

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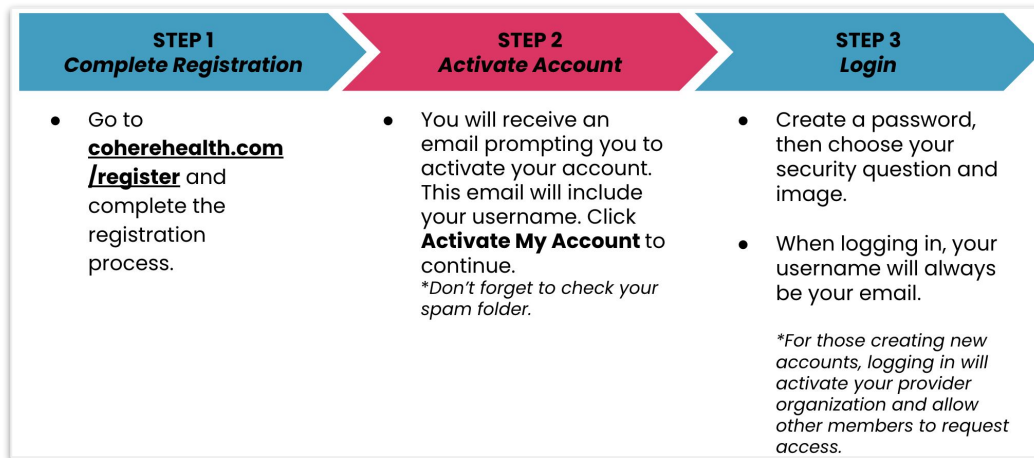
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Registering for an Account

Cohere is focused on empowering our provider partners. To that end, our platform allows admin users to control user access to the platform.

Admin users are responsible for adding new users, as well as removing access, when appropriate. Please ensure that these processes are managed according to your organization's policies.

Overview of Registration Steps



Account Verification Options

Cohere requires account verification to ensure the security of sensitive patient information. After completing the screening questions, you will be asked to verify your account.

Option 1: Existing Accounts Only Email Domain

- Users are granted full access to start submitting authorizations immediately.
- Users must have the same email domain as the admin.



Users will not be able to utilize this method unless the organization's admin enabled this feature when the organization was created. If this option is not enabled, the admin must manually add all new users.

Would you like to make it faster for other people at your organization to set up accounts by enabling auto-verification based on email domain?
email@orthotennessee.com

☒ Yes ☐ No



Important information

By selecting yes, you are confirming that other members from your organization using the same email domain (email@orthotennessee.com) can join your account. Anyone who requests an account with this email domain will be able to automatically join your organization.

Option 2: New Accounts Only

Verify by member info

- Must have 3 Humana member IDs and DOBs to verify by patient info.

1

2

3

Verify by member info

Please enter information for 5 Humana patients to verify that you have access to your organization's protected health information.
Cohere already has access to this information, and entering it here does not violate HIPAA.

Member IDs should not include any dashes or special characters. Use letters and numbers only.

Member ID H12345678	Member date of birth 02/20/1990
Member ID H12345678	Member date of birth 02/20/1990
Member ID H12345678	Member date of birth 02/20/1990
Member ID H12345678	Member date of birth 02/20/1990
Member ID H12345678	Member date of birth 02/20/1990

User Management

Adding Users

If auto-verification based on email domain was selected during registration, users will be automatically added to your organization. If this option was not enabled, each user must be manually added by the admin. The steps below outline the steps to adding users to the organization's account within the Cohere platform.

1. Enter your username and password to sign in to next.coherehealth.com
2. Once you have logged in, click the **'My Account'** option in the top right corner of your screen, and select **'Management'**.

The image displays three screenshots of the Cohere Health user management interface. The top screenshot shows the 'Dashboard' with a 'My Account' dropdown menu in the top right corner, which includes options like 'Management', 'Electronic Notice Settings', and 'Logout'. The middle screenshot shows the 'Downtown Advanced Medical Center' organization details, including fields for Organization Name, Created By, Taxpayer Identification Number, and Street Address. The bottom screenshot shows the 'Add Member' form, which includes fields for First Name, Last Name, Phone Number, Email Address, and a toggle for 'Admin' status. A red box highlights the 'Create' button at the bottom of the form. A red box also highlights the 'My Account' dropdown menu in the top screenshot. A red box highlights the 'Management' option in the dropdown menu. A red box highlights the '+ Add member' button in the 'Users & Permissions' section. A red box highlights the 'Create' button in the 'Add Member' form. A red box highlights the 'My Account' dropdown menu in the top screenshot. A red box highlights the 'Management' option in the dropdown menu. A red box highlights the '+ Add member' button in the 'Users & Permissions' section. A red box highlights the 'Create' button in the 'Add Member' form. A red box highlights the 'My Account' dropdown menu in the top screenshot. A red box highlights the 'Management' option in the dropdown menu. A red box highlights the '+ Add member' button in the 'Users & Permissions' section. A red box highlights the 'Create' button in the 'Add Member' form.

3. The next screen will list users that are associated with your organization who already have active accounts.

4. Press the blue **'+ Add Member'** button.

5. Enter the new user's information in the pop-up window.

6. Press **'Create'** to add the user to your organization.

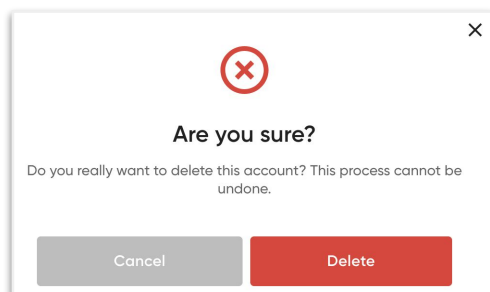
7. The user will then receive an email with instructions on completing the activation process*.

Currently, admin users do not have the ability to resend activation emails. If one of your users does not receive an activation email after they are added to the organization's account, please contact Cohere to do this.

Deleting Users

1. Once you have logged in to the Cohere platform, click the **'My Account'** option in the top right corner of your screen, and select **'Management'**.
2. Find the correct user on the next screen.
3. Click the three dots to the right of the user to view more options - **'Edit User'** and **'Delete Account'**.

Members					
Name	Email	Phone Number	Admin	Status	
Brandon Miller	Brandon.Walter.Miller@coherehealth.com	5555555555	Yes <input checked="" type="checkbox"/>	Pending	⋮
Walter Miller	Walter.Miller@coherehealth.com	5555555555	No <input type="checkbox"/>	Pending	<div>Edit User Delete Account</div>



After selecting **'Delete Account'**, a pop-up window will appear. Press **'Delete'** to confirm this action. *THIS PROCESS CANNOT BE UNDONE.*

Editing Users

You are only able to change a user's email address if that user has not activated their account and is in a **"Pending"** status. If the user has already been activated, follow the steps below to edit.

Email address

Please do not edit the user's email address directly. Instead, follow the steps below:

1. Deactivate the user account with the incorrect email address.
2. Add as a new user with the correct email address.

Name or phone number

1. Find the correct user.
2. Select **'Edit'**.
3. Edit details as necessary.
4. Press **'Save'**.

Assigning Other Administrative Users

On the account management page, you also have the ability to create additional admin users. First you must add the user following the steps on the previous page, and then press the slider to the right of the user to **'Yes'**.

Members			
Name	Email	Phone Number	Admin
Brandon Miller	Brandon.Walter.Miller@coherehealth.com	5555555555	Yes 

If you believe you should not be an administrative user at your organization, please follow the steps below to assign another admin before removing the previous admin access.

Step 1: Add a new admin user

- Please ensure that the correct user who will be added as an administrator has access to Cohere, if not, review how to add users on page 4 of this guide.
- If their user account is active, find their name & switch toggle under **'Admin'** to "yes". They are now an admin user.

Step 2: New admin removes the previous admin

- The new administrative user will then log in, go to **'My Account'**, select **'Management'** and then untoggle the "Admin" option for the previous administrator to "no".

Additional Resources

We're here to help! Our [Learning Center](#) is a great resource available to all Cohere users. We offer FAQs, tip sheets, webinars, and much more!

We highly recommend that all new users attend one of our webinars to learn more about Cohere. If you are interested in registering, please visit www.coherehealth.com/webinars.



Did you know? Users that attend webinars are submitting authorizations in the Cohere platform on average, about **1 minute faster** than those who have not attended a webinar.



Cardiovascular Clinical Scope

Effective 8.1.2022



Cohere's Prior Authorization Services Scope for Cardiology Soft Launch (2022)

Effective August 1, 2022

Overview

Cohere Health, a patient journey optimization company, is piloting the deployment of its Digital Prior Authorization solutions in the cardiovascular space; your practice has been selected as an initial design partner.

Clinical Scope

Practices participating in the Cardiology Pilot should use Cohere for any pre-authorizations for the procedure codes listed in the table below.

All practices are encouraged to submit preauthorization requests electronically by registering* for a Cohere account. Only Cohere users can benefit from instant authorization decisions, if eligible.

- ❖ **New users:** register for an account: www.coherehealth.com/register
- ❖ **Existing users:** log in to Cohere: www.next.coherehealth.com

** If your practice already has access to CohereNext®, please ask any existing CohereNext® administrative user(s) at your practice to create an account for you.*

Use Cohere to obtain preauthorizations for the following procedure codes:

Service Category	Procedure Codes (HCPCS)
Ablation	93650, 93654, 93653, 93656
Cardiac Devices	0571T, f0572T, 0573T, 0574T, 0580T, 0614T, 33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33285, 33286, 33289, 33340, 93228, 93229, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895,

	C1896, C1898, C1899, C1900, C2619, C2620, C2621, C2624
Cardiac procedures/surgeries	0345T, 33361, 33362, 33363, 33364, 33365, 33366, 33418, 33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 35301, 37215, 37216, 37217, 37218, 92920, 92928, 92937, 92943, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93580, 93593, 93594, 93595, 93596, 93597, C9600, C9604, C9607
Diagnostic/Cardiac Imaging	93350, 93351, C8928, C8930, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927, 93303, 93304, 93306, 93307, 93308, C8921, C8922, C8923, C8924, C8929, 93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644, 0577T, 36245, 36246, 36247, 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78494
Peripheral revascularization	37228, 37229, 37230, 37231, 37220, 37221, 37224, 37225, 37226, 37227, 0505T
Ventricular Assist Devices (VADs)	33995, 33990, 33991