How To Get Approvals at Cohere

Using the Cohere Platform

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 software plus a team of nurses and doctors to make sure care is medically appropriate and meets clinical guidelines.

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

1. We receive your request instantly.
2. Our software reviews your request. If all the information is there and meets our guidelines, your request will be auto-approved. The Cohere platform electronically notifies the payer system of the approval; the payer system provides an authorization number for the request which is then transmitted back into the Cohere platform.
3. If any information is missing or does not meet our guidelines, our team reviews your request. Our support team will reach out to the submitter via email, fax, or phone regarding any additional information needed in order to get the patient the care they need.

Do you have questions about how to get an approval through Cohere?

The process is as simple as following these 3 steps:

1   Submit requests via Cohere's online platform

2   Follow our clinical guidelines for evidence-based care

3   Upload clinical attachments

STEP 1: Submit requests via Cohere's online platform

Using the platform will make you much more likely to get an auto-approval than non-platform submission methods like fax or phone.

Submitting requests online allows you to ensure you submit all the necessary information required for approval.

1) To submit a request online, you will first need to log in by going to next.coherehealth.com and entering your username and password. If you are unsure if you have an account, please try signing in to the platform first, and then contact support at 1-833-283-0033.

2) If you or others at your organization do not have an account, please complete the registration form here: coherehealth.com/register.
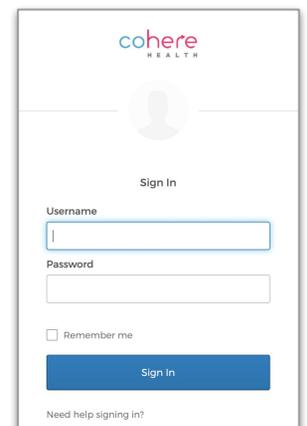
STEP 2: Follow clinical guidelines for evidence-based care

Please review the [payer's guidelines](#) to understand what needs to be documented and submitted with your request to ensure you are meeting evidence-based care.

This includes adding all service details (number of visits, site of service, performing provider, etc.) and answering clinical questions. Some examples of clinical reasons that requests might pend for review include:

- Ordering more than the recommended number of injections or physical therapy visits. To help you make a selection that will be approved more quickly, the recommended number will auto-fill in the "unit" or "number of visits" field.
- Submitting an inpatient surgery request for patient with no surgical risk factors. At Cohere, our goal is to ensure the optimal site of service for patients based on medical criteria and surgical risk factors.

Clinical assessment 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.

STEP 3: Upload clinical attachments

Including clinical documentation with every request will help expedite the review of your request. Without this information our technology and the reviewers are unable to start the review immediately.

We strongly encourage you to upload clinical documentation, even if it is not required because:

1) This is what our clinicians will review to learn more about a particular case
2) This will allow us to start review right away, rather than reaching out to request this information

The more relevant documentation that you can provide here will significantly cut down the back and forth with our team.