



## COHERE Update December 2021

### Table of Contents

1. Resources
  - Links to select resources for PT providers available on the Cohere website
2. Q&A
  - Includes collection of FAQs shared by Elise Latawiec and Alice Bell and questions shared by APTA State Payment Chairs during 12/6 50 state expansion webinar
3. PT Provider Feedback
  - Summary of results from Cohere's regular provider satisfaction survey, highlighting responses from PT groups

## Resources

Resource	Description	Link
<b>Submitting Therapy Guide (PT, OT, ST)</b>	This guide will walk you through the entire process of submitting a therapy authorization within the Cohere platform.	<a href="https://coherehealth.zendesk.com/hc/en-us/articles/4415895941271-Submitting-Therapy-Requests-PT-OT-ST-">https://coherehealth.zendesk.com/hc/en-us/articles/4415895941271-Submitting-Therapy-Requests-PT-OT-ST-</a>
<b>Patient Reported Outcome Measures Toolkit</b>	Collection of documents designed to assist providers in easy navigation of PROM tools per applicable body site. Cohere's pre-existing collection of FAQs related to therapy services / authorizations	<a href="https://coherehealth.zendesk.com/hc/en-us/articles/150000131982-Patient-Reported-Outcome-Measures-PROMs-Toolkit">https://coherehealth.zendesk.com/hc/en-us/articles/150000131982-Patient-Reported-Outcome-Measures-PROMs-Toolkit</a>
<b>Therapy FAQs</b>	This webinar recording can be accessed any time and is designed to help answer your questions related to submitting therapy authorizations.	<a href="https://coherehealth.zendesk.com/hc/en-us/sections/1500002617621-Therapy-FAQs">https://coherehealth.zendesk.com/hc/en-us/sections/1500002617621-Therapy-FAQs</a>
Therapy Webinar Slides & Recording		<a href="https://coherehealth.zendesk.com/hc/en-us/articles/1500001592162-Therapy-Webinar-Slides-Recording">https://coherehealth.zendesk.com/hc/en-us/articles/1500001592162-Therapy-Webinar-Slides-Recording</a>

## Q&A - Pre-Webinar Questions

<b>Topic: Humana Scope / Rollout</b>	
<b>Question</b>	<b>Response</b>
How will transitional cases be handled? That is patients currently in treatment whose care will continue past the 1/1/22 rollout date. Will a new auth be required or will the provider complete care under the existing auth approval? How will the coordination with Orthonet be managed?	<p>"No new authorization will be required for services that were already authorized; these authorizations will be honored. The provider will complete care under the existing auth approval. If authorizations need to be extended, providers may do this through Humana or submit a new authorization through Cohere.</p> <p>Humana will manage the transition from OrthoNet to Cohere; Humana can assist with any unclear cases or updates to authorizations requested after 1/1/22 but for dates of services prior to 1/1/22."</p>
How is the new program being communicated/ messaged to patients? To physicians and other referral sources?	Humana notified all providers with the PAL letter in late September. Cohere is currently communicating the expansion by email, fax, and phone outreach to providers. Cohere is also partnering with Humana market teams on any additional outreach to help prepare providers. There are no messaging efforts focused directly on patients at this time.
Is Cohere paying claims?	We are not; claims processing and payment will still be handled by Humana
Is Humana or Cohere processing appeals- and at what level? Managing provider relations?	Appeals will continue to be processed by Humana; this process is not changing
Appropriate and accurate eligibility determination is a frequent area of concern. How will this be managed and will it be real time?	When a provider enters member info in Cohere's portal, they will only see a matching patient if that patient has Humana coverage. Cohere gets eligible member info from Humana regularly, so our system is as up-to-date as Humana's. Cohere's software does not do checks regarding the patient's specific benefits (e.g., how many PT visits they are covered for). This can be checked with Humana.
Which Humana lines of business/ plans are impacted by the rollout- all plans? Just MA?	<p>Impacted plans and geographies will include most Humana Commercial, Medicare Advantage, and dual Medicare-Medicaid plans in all 50 states and the District of Columbia. This also includes patients with Author by Humana in South Carolina in the following counties: Berkeley, Charleston, Colleton, Dorchester, Anderson, Oconee, Pickens. Some common exceptions include patients whose PCPs are delegated prior authorization.</p> <p>Cohere's software includes helpful pop-up messages to alert users to this and other exceptions, with instructions on how to obtain the authorization. <a href="#">Link to Resource</a></p>

Question (Rollout Q & A Continued)	Response
How and when were providers noticed of the change? Its assumed Humana is doing the notification as it controls the network. Is that correct? Might we see a sample notice?	Providers were first notified by Humana via letter in late September; however, Cohere provider relations team is continuing outreach efforts (via phone, fax, and email) to ensure that the appropriate staff members at provider organizations are aware of this transition. <a href="#">Humana Letter Link</a>
Are other disciplines (OT/ST) included in the 1/1/22 rollout?	Yes, OT and ST will be included. You can view a full list of codes delegated to Cohere online at the link provided <a href="#">Link</a>
What settings are included in the Humana/Cohere agreement?- i.e. outpatient hospitals, private practices, other	All outpatient settings are included
Is Cohere providing prior authorization for ALL rehab diagnoses or just MSK? If just MSK, how are those defined? If a patient is referred or arrives directly to a PT with an MSK and another diagnosis, how are those cases managed?	PT / OT / ST procedure codes on Humana's PAL will include prior auth for all indications and diagnoses
When can practices go into the Cohere portal to see if the patient has coverage with Humana?	Providers can sign up and start entering member information / submitting authorizations now. When a provider enters member info in Cohere's portal, they will only see a matching patient if that patient has Humana coverage; Cohere receives eligible member info from Humana regularly, so our system is as up-to-date as Humana's. <a href="#">Link</a>
Some practices use Availity to verify Humana patient benefits. How does the process with Cohere change the use of Availity?	Simply verifying whether a patient is eligible for Humana coverage can be done through Cohere (as noted above). However, detailed benefits verification should still be completed via Availity

<b>Topic: Peer to Peer Reviews</b>	
<b>Question</b>	<b>Response</b>
What type of staff are used to review PT cases? For peer to peer conversations?	<p>Clinical reviews for cases that are not auto-approved will progress through nurse (reviewed by RNs) and medical reviews (reviewed by MDs). Peer to peer reviews for MSK services will be handled by board-certified orthopedic surgeons and board certified Physical Medicine and Rehabilitation and Pain Management physicians.</p> <p>Note: 97% of therapy auths are auto-approved; pended auths are primarily pended based on number of visits requested</p>

<b>Topic: Peer to User Experience</b>	
<b>Question</b>	<b>Response</b>
If a provider is instructed by the system not to obtain prior auth but later the claim is denied for lack of auth as one in fact was required, how are those instances handled? Does Cohere pay the claim if the provider can document proof of the website messaging or will they need to file an appeal?	Cohere's software will indicate whether a prior authorization is required in a given situation. If it is not, Cohere generates a PDF summary indicating the details where no auth was required, which many providers will download and save for their records. If the claim is later denied for lack of auth, the provider can submit an appeal to Humana with this PDF summary.
Is there a flow chart displaying the UM process?	We do not have any externally-facing workflows; however, we are happy to cover the prior authorization process in detail for PTs in a live demo. We also have a recorded version of our training webinar in our Learning Center at the link provided <a href="#">Link</a>

## Q&A - Webinar Questions

<b>Topic: CPT Codes</b>	
<b>Question</b>	<b>Response</b>
Do you need to put in all CPT codes	All CPT codes requiring prior authorization need to be entered. Codes requiring prior authorization can be referenced on Humana's PAL. If you enter a CPT code that does not require prior authorization, Cohere will surface a message that tells you this code can be removed from the auth <a href="#">Link</a>
Can you enter more than 2 ICD codes?	Yes, you can enter up to 10 ICD codes
Do you need to do all of those steps for each CPT code or can you somehow do all CPT codes at the same time?	The necessary information can be filled out for all CPT codes in a single workflow; steps do not need to be repeated for each code separately
Just some feedback	authorizing codes is not very efficient as we may not know what is appropriate from visit to visit depending on the patient. Auth of number of visits tends to work more efficiently.  Note that not all CPT codes require prior authorization; codes requiring prior authorization are dictated by Humana's PAL and primarily visit- or time-based, with fewer related to add-on services. <a href="#">Link</a>

<b>Topic: Direct Access</b>	
<b>Question</b>	<b>Response</b>
For states with Direct Access, they enter at the PT office not MD office?	<p>PT practices have the same access to the Cohere platform to submit authorizations as MDs; a prior authorization by a physician is not required for PT services.</p> <p>In states with direct access, initial PT evaluation and treatment can take place prior to the submission of the PA request. For the services that require authorization, authorization may be submitted retroactively once the full care plan is established; the request would simply include the initial visit and subsequent visits that are requested.</p>

<b>Topic: Humana Scope</b>	
<b>Question</b>	<b>Response</b>
Is Cohere replacing Optum also?	Yes, Cohere will take the place of the Optum platform starting 1/1/22
Will Cohere be managing Humana's Tricare products?	No. Cohere manages Humana's Commercial, MA, and Medicaid products
Clarification from the prior auth management lists on the website. The 2021 scope document lists codes for Speech Therapy but the 2022 document does not. Will those codes be added or is the expectation that the 2022 document only lists additions?	<p>Speech therapy is included in the 2022 scope.</p> <p>Scope documents are comprehensive; the 2022 document on the Cohere website does include ST and can be referenced at the link provided. <a href="#">Link</a></p>
Are all DME codes included or just select codes?	Select codes only; see PAL for more details <a href="#">Link</a>
When will providers be able to navigate Cohere system? Will there be more info sent to providers prior to roll out in Jan	<p>Providers can access the Cohere platform and start submitting authorizations now.</p> <p>In addition to the information / resources provided in this document, our provider relations team will be sending periodic updates to providers in advance of the Jan 1 rollout.</p>
Is Cohere only for pts with MSK? What about peds, neuro, etc. ?	Cohere will be used for all PT procedures on Humana's PAL, including peds and neuro diagnoses.

<b>Topic: Initial Evaluation</b>	
<b>Question</b>	<b>Response</b>
If the PT sees the patient first and additional PT is NOT authorized, do we get paid for the 1st visit, both evaluation and treatment?	Clinically appropriate treatment as part of an initial visit will be reimbursed. If prior authorization is not obtained, initial treatment can be retroactively authorized.
Do initial evaluations require authorization?	No, initial evaluations do not require authorization and will be covered according to the patient's plan benefit.
Will treatment on the initial visit/same day as the evaluation be covered prior to completion of this tool? We rarely ONLY evaluate a patient.	Yes, treatment will be covered according to the patient's plan benefit and do not require a prior authorization to be covered in states with direct access.  If initial treatment is completed during the initial visit, authorization for this service should be submitted along with the rest of the care plan (once established); the user may simply mark the first DOS as the date of the initial visit

<b>Topic: Medical Policy</b>	
<b>Question</b>	<b>Response</b>
You stated that it defaults to 5 visits. Can you request more on the initial request?	Yes you may; note that the default is different for each diagnosis and based on MCG benchmarks.
Your visit default is 5. What is the average number of visits that normally are approved at any one time?	Note that the default auto-approval threshold varies by diagnosis; these thresholds are based on MCG benchmarks. For example, the default for AC joint initial therapy requests is 5 visits, while the default for shoulder arthritis is 8 visits. For our complete list of auto-approval defaults, please reference the link provided. <a href="#">Link</a>
How do you decide if we are using the best code?	Criteria applied to PT submissions simply determine whether the codes entered (and number of units) meet medical necessity criteria, based on Humana policies and MCG benchmark data.
How often will the care paths be updated?	Care paths and policies will be updated once per year, at the same cadence as Humana policies; if new evidence warranting changes becomes available in the interim, updates will occur more frequently
Can they enter at various points? Thinking of direct access specifically?	Yes, patients can enter the care path at multiple points
Will the care paths be available for contracted providers	Yes, use of care paths will be available for all in-network providers

<b>Topic: Medical Policy Continued</b>	
<b>Question</b>	<b>Response</b>
References for the care path?	Complete documentation and references for Cohere care paths can be found at the link provided <a href="#">Link</a>
What criteria is being used to determine medical necessity in this system?	Cohere care paths reference a combination of Humana policies, the latest clinical evidence, and input from our in-house clinical experts. More information can be founded in the links provided; references can be found at the end of each of Cohere's published review criteria documents <a href="#">Link</a>
Why require PA to initiate physical therapy? That is a barrier to early care.	<p>Select PT procedure codes require prior authorization as dictated by Humana's PAL. In states with direct access, initial PT evaluation and treatment can take place prior to the submission of the PA request. For the services that require authorization, authorization may be submitted retroactively; the request would simply include the initial visit and subsequent visits that are requested.</p> <p>Our goal is never to create barriers to appropriate care. Previous real-world evidence has shown that utilization increases by 37% when prior authorizations for PT are completely eliminated. Select codes are thus subject to prior authorization to ensure all providers are administering appropriate care.</p> <p>Over time, Cohere is working on ways to reduce the administrative burden to providers and end users, e.g., greenlighting of top-performing groups based on outcomes measures.</p>
May consider yellow flag screening as a starting point - some concern with starting with passive care	For certain diagnoses and evaluations, PT can be the first service used on a care path. Not all services on a given care path will be used for every patient; this is simply an organizing framework that is used to represent the services appropriate for a typical patient
It looked like there was an outcome measure that was required... the screen went too fast for me to see what it was... can you advise on that? Also, what if that tool is not appropriate for a particular pt but it is still required?	Outcome measures are included in clinical assessment questions based on the specific diagnosis or procedure code being submitted; these will not be required if they are not appropriate for a given patient
Are we able to skip the CPT code section since it's not helpful and burdensome?	Note that not all CPT codes require prior authorization; codes requiring prior authorization are dictated by Humana's PAL and primarily visit- or time-based, with fewer related to add-on services

<b>Topic: Medical Policy Continued</b>	
<b>Question</b>	<b>Response</b>
Is prior authorization required for re-evaluations or when charging physical performance charges to track progress of physical performance outcome measures?	Re-authorizations are only required once the previously approved number of visits has been reached
Sorry to say that this system is providing many barriers to physical therapy access. I would imagine that the states you are working in already do not have direct access, and likely have a lot of PA requirements. In my state we have open access to therapy up to the full benefit and unrestricted direct access. This is much more restrictive than most plans we work with.	<p>Prior auth requirements for select PT procedure codes are dictated by Humana's PAL. In states with direct access, a physician order or referral is not required for a PT to see, workup, and conduct initial treatment for a patient, nor is a prior authorization required before this initial encounter - the Cohere platform and Humana's policies do not change this. For the services that require authorization, authorization may be submitted retroactively (by the PT practice, with no surgeon / physician involvement required).</p> <p>Over time, Cohere is working on ways to reduce the administrative burden to providers and end users, e.g., greenlighting of top-performing groups based on outcomes measures. Additionally, Cohere's reporting and analytics tools can be leveraged to provide evidence to support expansion of direct access - this is one of the many initiatives that we plan to explore as part of a partnership with APTA."</p>
I would ask if there is any possibility of approving # of visits rather than codes as that is very burdensome.	Note that not all CPT codes require prior authorization; codes requiring prior authorization are dictated by Humana's PAL and primarily visit- or time-based, with fewer related to add-on services

<b>Topic: Peer-to-Peer Reviews</b>	
<b>Question</b>	<b>Response</b>
Do you have any physical therapist, occupational therapist or speech-language pathologist reviewers? AOTA agrees with true peer to peer review for OTs as well	<p>All peer-to-peer reviews are conducted by musculoskeletal physicians (i.e., orthopedic surgeons, physical medicine and rehabilitation physicians) who are familiar with the use of physical therapy in practice.</p> <p>Peer-to-peer reviews for PT / OT / ST services are extremely rare"</p>
Hand rehabilitation cases would benefit from hand surgeons and CHT's as reviewers.	Several of our Associate Medical Directors who conduct peer-to-peer reviews are hand surgeons / upper extremity specialists

<b>Topic: User Experience</b>	
<b>Question</b>	<b>Response</b>
Can you advise on how many providers responded to your survey with respect to satisfaction? Also, can you advise on metrics related to number of auth requests approved verses denied over your 2021 rollout in the 12 states?	<p>399 providers responded to our user satisfaction survey. 92% of practices indicated that they were satisfied or very satisfied with the Cohere portal. 72% said that the Cohere portal was at least 5 minutes faster for submitted an auth than other approaches. 85% said it was easier or much easier to get tasks done using Cohere.</p> <p>In total, over 400,000 authorizations have been submitted on the platform and 85% have been automatically approved. Over 300,000 therapy auth requests have been submitted since our launch on 1/1/21; 97% have been automatically approved and only 8 have gone to peer to peer review</p>
Patients do come to PT with problems in 2 different body parts is this possible to authorize within Cohere?	Yes
Please, at some point, address what your time SLAs are responding to prior authorization requests.	We pride ourselves on rapid and compliant response times; response times are well within the TAT window and show >99% TAT compliance. All response times adhere to state and CMS regulations.
<p>Support staff typically do this work so our clinicians can be engaged in clinical care. This is not user-friendly for support staff, the level of detail is too great.</p> <p>It would be much better if support staff could do this. In a full day it would be hard to fit in, more admin burden. Please make it support staff friendly so the PTs don't have to do it all.</p>	<p>Cohere is designed to be used by support staff; we consistently collect and track user feedback to ensure support staff have positive experiences. In our most recent user satisfaction survey, we received over 60 responses indicating a satisfaction score of 5 out of 5, and 83 of 88 PT respondents overall (84%) indicated scores of 4 or 5 ("satisfied" or "very satisfied"). Associated verbatims can be referenced on the "Additional Resources" page of this spreadsheet.</p> <p>We also provide training and additional resources to help support the process of onboarding and learning to use the portal."</p>
Much of the information you are requiring to be completed here are already in EMR's by the clinician, which could be submitted. Redundant and time consuming.	Information exchange between provider EMR systems and the Cohere platform is an important priority for our Product team in 2022. We are currently having conversations with multiple practices around piloting EMR integrations. Please let us know if your organization is interested in piloting an EMR integration workflow with Cohere.
How quickly must an auth being completed within the Cohere system?	There is no time limit for users to complete an authorization; authorizations in progress can also be saved and completed later

### **General Questions**

Many post op UE patients require custom fabricated orthoses at the first visit to protect repairs. It will be too late to wait for approval if this takes up to 9 hours. How can this be handled?

Answer: These orthoses would not require prior authorization. Also, note that 9 hours is the arithmetic mean response time; the median approval time is 0 seconds as the vast majority of authorizations (97% of PT service auths) are auto-approved."

Patients also are getting burdened by filling out the KOOS so frequently.

Answer: These questions are not required for prior authorizations on the Cohere platform. To support the optional use of PROM tools in the submission of authorizations, please reference the link provided [Link](#)

## PT Provider Satisfaction Survey Feedback (Nov 2021)

### Key Statistics

	#	%
Responses from PT Providers	88	100%
Satisfaction Score = 5 ("Very Satisfied")	61	69%
Satisfaction Score = 4 ("Satisfied")	22	25%

### Sample Verbatims

- "I am the receptionist, I am in charge of getting the authorizations and Cohere is by far the easiest insurance company I deal with and I appreciate that. "
- "Cohere has been the easiest, user friendly way to get authorization for patients. It is also quick to let us know the approval. "
- "It is fast and easy to obtain the authorization that is needed, providers are not required to do more with less visits, patients can progress as fast as they are able without insurance limiting their medically necessary care."
- "I love the using the Cohere online portal to get authorizations. The authorization process easy and fast."
- "Out of all the companies we work with for Authorization Cohere is by far the best at quick approvals and approval odds."
- "In the time I have been using Cohere I have been impressed with the timely manner in which we receive our authorizations."
- "Submitting for auth is easy and also if you need to edit, it is easy. i love getting the notifications. this is the best website for submitting for authorizations."
- "Cohere is the easiest portal to request auth in my opinion. Visits are always approved immediately, and we're always give the amount and dates that we need. And if we need to request more or change the end date, it's super easy to do that.
- "I prefer it over Evicore"
- "Your portal for authorizations is very user-friendly."
- "Very easy to navigate and prompt approval. "
- "The process is easy and you get the results as soon as you hit send."
- "Nearly all my authorization requests are approved immediately"
- "It is fast and easy to get authorizations and you get them back with no wait on approval. "
- "Very easy to complete the request and very prompt response with authorization"
- "Ease of selecting the appropriate amount of visits without having to re-submit"
- "It is a very fast process and makes getting authorizations easy."
- "I've not had any problems"
- "The portal is user friendly and the auto approvals are a major change for our business "
- "ALWAYS SUPER EASY AND FAST FOR GET SERVICES APPROVED"
- "Easiest company to work with EVER"
- "fast service"
- "Submitting authorization is extremely easy and I like the quick turn around time for auth approvals. "
- "User friendly, quick response"
- "The authorization for visits comes back immediately."
- "Easy step by step app process and quick response from system"
- "Easy to navigate, approvals on time, being able to extend auth period easily.