5 trends to bring your utilization management strategy to the next level

Transform your UM with increased use of advanced AI technology

cohere HEALTH

TREND 1

Vintage can still be modern

Meet providers where they are while satisfying regulatory requirements and laying the foundation for more advanced AI-driven capabilities

Cohere uses APIs to help digitize information exchange between health plans and providers . . .

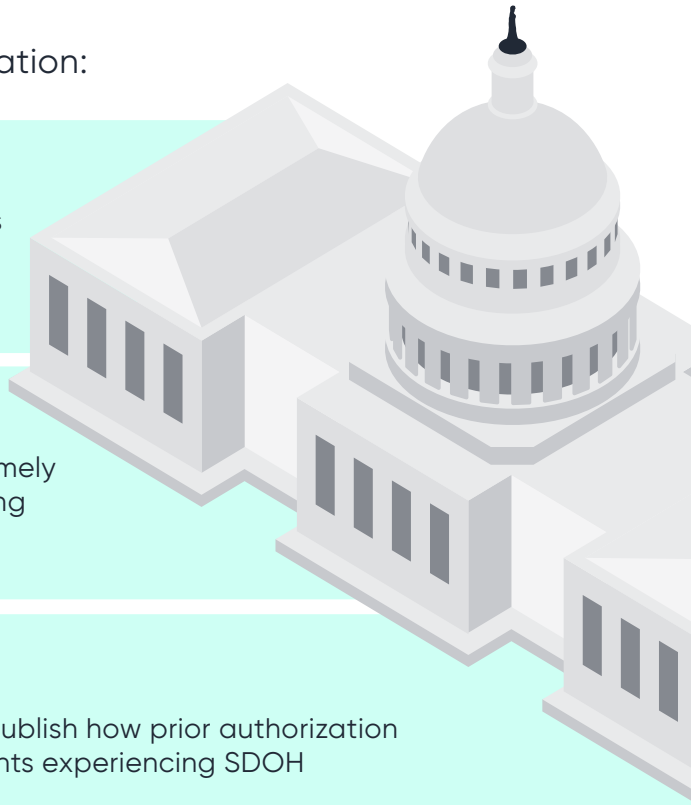
Coverage requirements discovery (CRD)
Providers can see health plans' PAL and clinical guidelines

Documentation, templates, and rules (DTR)
Health plans digitize clinical documentation and guidelines

Prior authorization support (PAS)
Health plans automate approvals and pended cases, and notify providers

An intelligent PA platform can easily meet the rule's requirements for greater automation, more transparency, clearer guidance, and accelerated approvals by utilizing evidence-based clinical criteria that are clearly defined and referenceable for physicians."
—Alina Czekai VP, Value-Based Care Strategy from *Why it's time for intelligent prior authorization*

Some recent regulations to reform prior authorization:



CMS-0057-F

Outlines new interoperability standards, and requires digitization and automation of PA for Medicare and Medicaid patients to reduce physician burden

CMS-4201-F

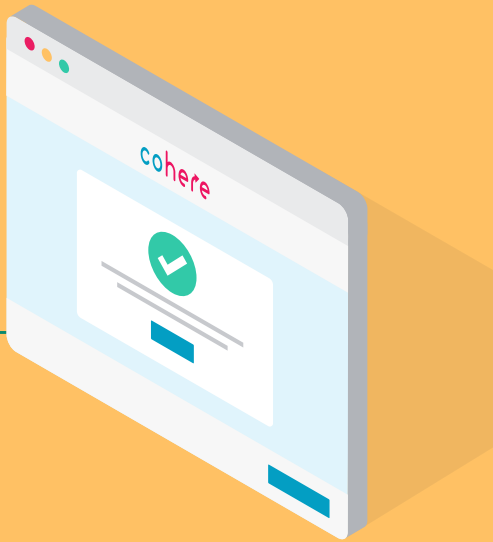
Enhances MA and Medicare Part D, enabling timely access to care, strengthening quality, advancing health equity, and improving behavioral health

CMS-4205-P

Requires plans to analyze and publicly publish how prior authorization impacts health equity, specifically patients experiencing SDOH

. . . While still allowing providers to submit authorizations through a variety of channels:

- **Phone**
- **Fax**
- **SSO portal**
- **EMR integration**



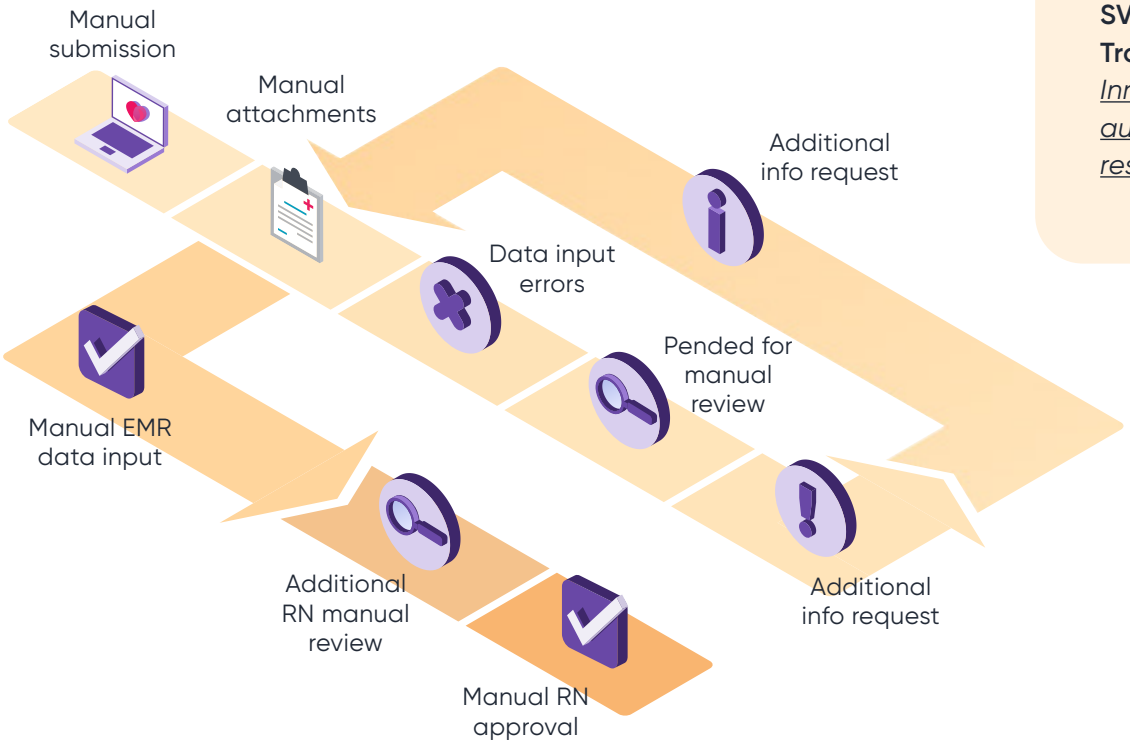
Right now, so many companies want to make a healthcare innovation but run up against fax machines and give up. If we can solve that data capture problem upfront, it unburdens our clinicians and enables the kind of healthcare future promised in Star Trek to become a reality. It's attainable because it's been done in other areas."
— Niall O'Connor, CTO from *Facing the Fax: The New Era of Machine Learning in Healthcare*

TREND 2

The year of yes

Use AI to not only accelerate authorization approvals but to increase approval rates

THE UNHAPPY PATH OF AUTOMATION



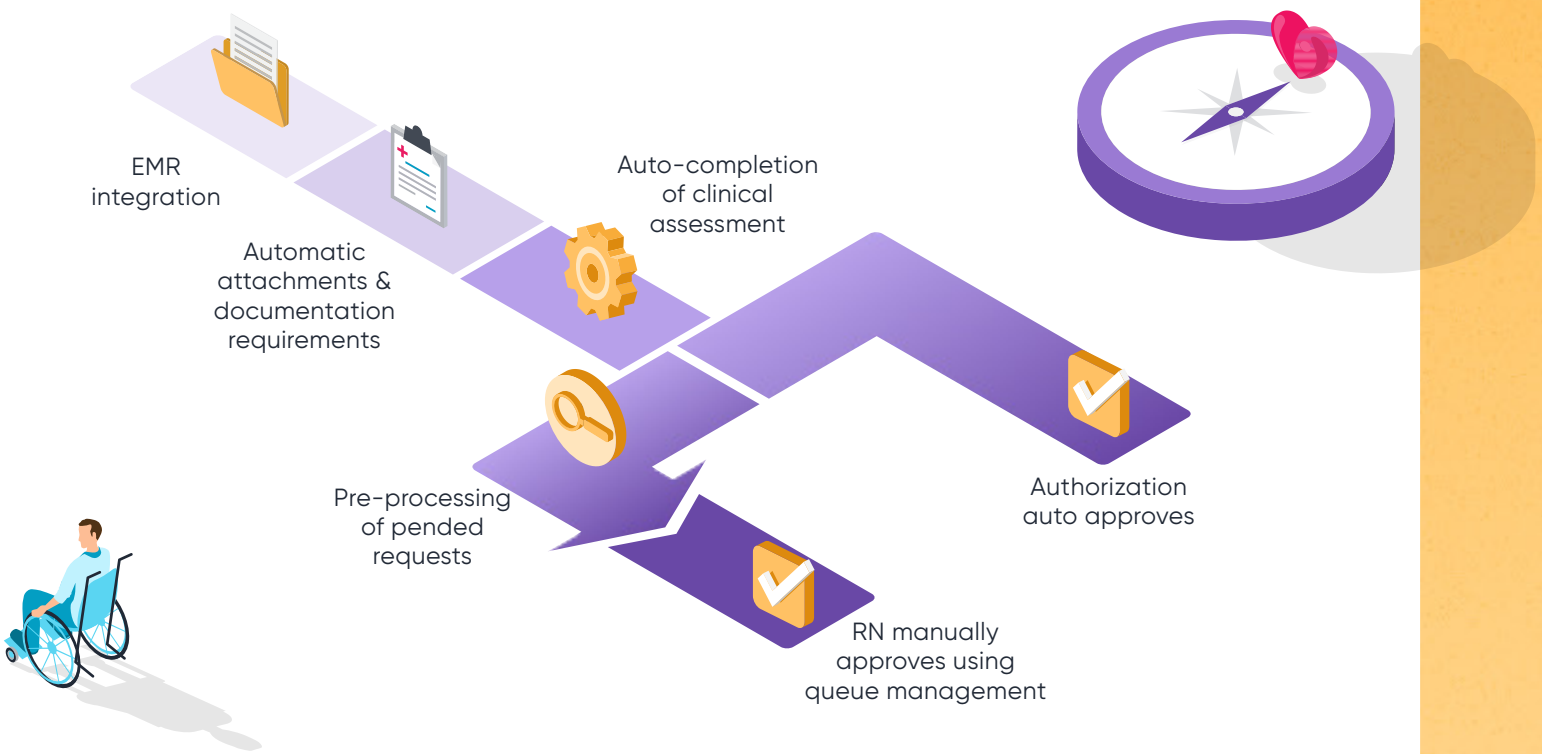
We rely on responsible AI to search, extract, and transform information but we don't ask our models to reason. I want to be very clear: We never deny using AI. We also have physicians that are front and center in building and training our models as well as compliance experts."
—Samantha Roushan, SVP, Clinical Transformation
Innovating prior authorization with responsible AI

We apply machine learning to look at the medical record and find those key tidbits of clinical information in seconds or minutes so that the nurse doesn't have to spend hours looking through reams of paper."
—John Gaines, VP, Marketing from *How Machine Learning Can Speed Up Prior Authorizations*

Here are some benefits to AI-powered automated decisioning

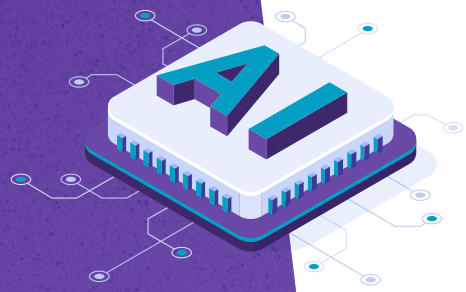
- Eliminates unnecessary PA submissions
- Automates clinical review for 50-80% of cases, depending on specialty
- Automatically sends provider notification of missing information
- Pre-processes documentation for accelerated manual review

THE HAPPY PATH OF AN AUTOMATION WITH COHERE UNIFY™



TREND 3

A nudge in the right direction



Leverage clinical notes and claims data to engage with physicians, reduce medical expense, and improve care quality

Authorization requests submitted by users can be:

14%

Incomplete

PA requests missing necessary information

22%

Inaccurate

Duplicate requests with clinical assessment questionnaire answers changed in the second submission

5%

Unreliable

Providers with duplicate submissions for >20% of their requests

On average, a single hospital generates approximately 50 petabytes of unstructured and structured patient data annually. As healthcare organizations continue amassing a wealth of data, harnessing the critical information for AI-powered predictive analytics becomes imperative."
—Dr. Brian Covino, CMO from *Applying AI to Prior Authorization Reduces the Pain for All Stakeholders*

So, instead of relying solely on user-generated data . . .

Health plans can reduce administrative costs and increase care quality by using AI-powered decisioning to:

- Extract relevant data directly from clinical notes
- Mine claims history for previous iterations of that service
- Consider the longitudinal scope of a patient's care journey

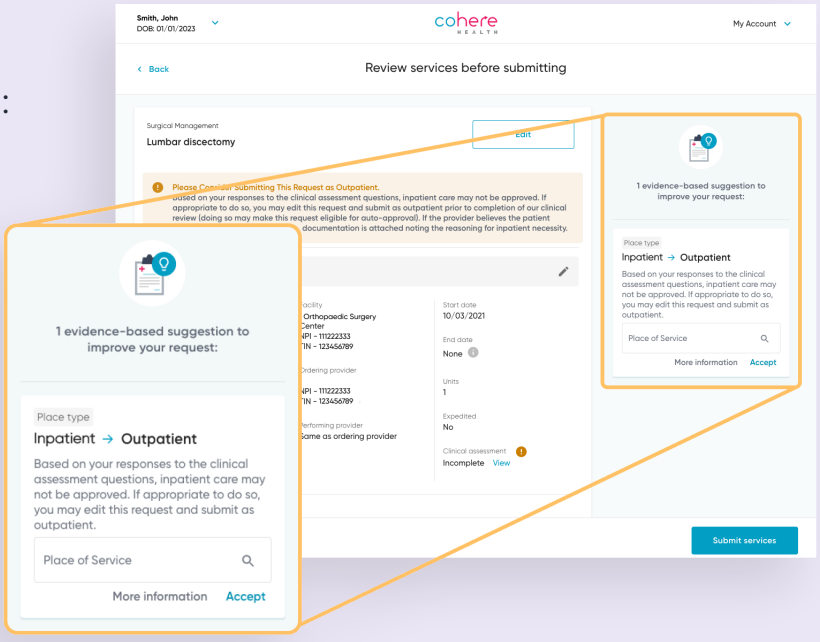
AI and ML can ease the administrative burden of prior authorizations while encouraging physicians to make the most clinically appropriate, high-value care decisions for their patients."
—Niall O'Connor, CTO from *Improve Patient Outcomes with AI-Driven Prior Authorization*

In-workflow notifications, "nudges," allow providers to better align with evidence-based criteria before the authorization is submitted, resulting in:

Administrative savings
Higher decision automation rate

Incremental medical expense savings
Higher automated decision accuracy

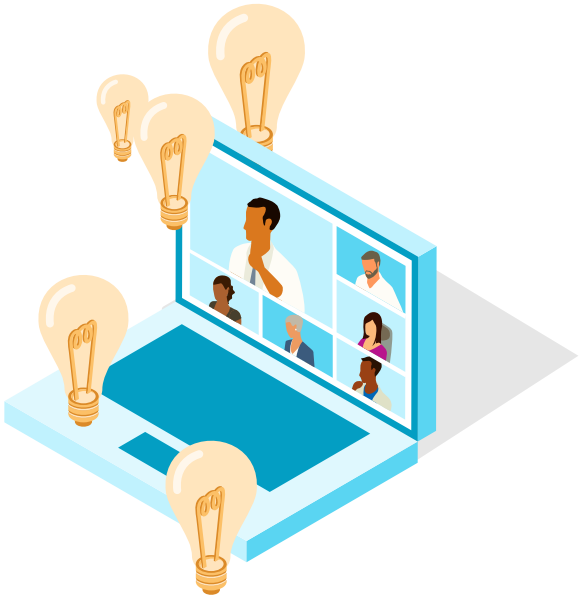
Reduced provider abrasion
Removal of clinical questionnaires



TREND 4

Getting the green light

Satisfy compliance concerns while improving collaboration with provider-specific and patient-specific analytics



State gold carding initiatives are well-meaning . . .

Qualified providers who meet an approval rating threshold may bypass PA for those services for a set period (usually 12 months)

. . . But lack the structural specifications needed to be effective

Gold carding programs are so difficult to implement that many health systems have discontinued their programs, citing the following reasons:

25%

It increased costs without improving quality

50%

It reduced quality and/or patient safety

75%

It was administratively difficult to implement

By leveraging the wealth of knowledge within this patient data, AI algorithms and analytics can provide a holistic view not only of a single patient but entire patient populations. These patterns can lead to more accurate diagnoses, personalized treatments, and proactive disease management."
—Dr. Thadeo Salido, Medical Dir., Clinical Strategy & Innovation from *Forecasting Healthier Tomorrows: The Predictive Power of AI and Patient Data*

When it comes to chronic illnesses or more complex neurological conditions, early detection and rapid treatment can significantly impact a patient's quality of life. AI algorithms meticulously analyze patient data—pinpointing intricate patterns and anomalies unseen to the human eye—so timely intervention can be initiated to enhance a patient's prognosis."
—Dr. Brian Covino, CMO from *AI's predictive analytics and patient data: A prescription for a healthier future*

Green lighting programs offer a compliant, alternative to gold carding, without removing patient safety and overutilization safeguards

Reduces administrative burden by leveraging data and analytics to promote high-quality providers to a notification-only program

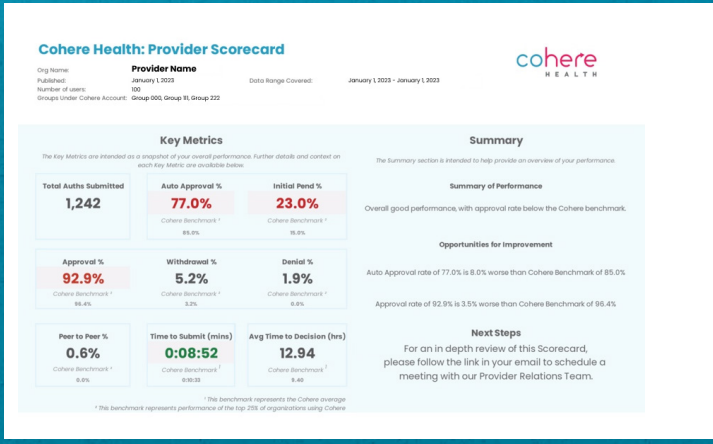
Drives higher quality patient outcomes by using code- and provider-specific real-time administrative data

Promotes greater health equity by leveraging prior authorization transactions as an opportunity for greater payer-provider collaboration

Physician benchmarking and predictive analytics transforms PA transactions into collaboration opportunities

Proactively and transparently **communicate performance metrics** with high- and low-performing providers

Address gaps in documentation or clinical education using below-average physician performance data


Cohere Health: Provider Scorecard

cohere HEALTH

Org Name: Provider Name
Published: January 1, 2023
Number of users: 100
Groups Under Cohere Account: Group 000, Group 111, Group 222
Data Range Covered: January 1, 2023 - January 1, 2023

Key Metrics

The Key Metrics are intended as a snapshot of your overall performance. Further details and context on each Key Metric are available below.

Total Auths Submitted	Auto Approval %	Initial Pend %
1,242	77.0%	23.0%
	Cohere Benchmark [1]: 85.0%	Cohere Benchmark [1]: 15.0%

Approval %	Withdrawal %	Denial %
92.9%	5.2%	1.9%
Cohere Benchmark [2]: 96.4%	Cohere Benchmark [2]: 3.2%	Cohere Benchmark [2]: 0.0%

Peer to Peer %	Time to Submit (mins)	Avg Time to Decision (hrs)
0.6%	0:08:52	12.94
Cohere Benchmark [2]: 0.0%	Cohere Benchmark [2]: 0:10:33	Cohere Benchmark [2]: 9.40

[1] This benchmark represents the Cohere average
[2] This benchmark represents performance of the top 25% of organizations using Cohere

Summary

The Summary section is intended to help provide an overview of your performance.

Summary of Performance

Overall good performance, with approval rate below the Cohere benchmark.

Opportunities for Improvement

Auto Approval rate of 77.0% is 8.0% worse than Cohere Benchmark of 85.0%

Approval rate of 92.9% is 3.5% worse than Cohere Benchmark of 96.4%

Next Steps

For an in depth review of this Scorecard, please follow the link in your email to schedule a meeting with our Provider Relations Team.

Patient-specific predictive analytics can also improve patient outcomes

AI predicts disease progression and identifies potential complications by analyzing patient data over time

AI-powered algorithms sift through millions of patient data points to identify subtle patterns and anomalies that may elude human detection

TREND 5

Everyone's an individual

Tailor treatment plans to individual patients by considering their unique genetic makeup, medical history, and lifestyle

Care paths apply AI and machine learning to health plan data to match specific patients to individualized care

An intelligent UM platform can leverage relevant, patient-specific clinical data to better understand a service request within the context of the patient's care history. This comprehensive view of the patient's care trajectory allows health plans to effectively manage a condition, rather than one disconnected service at a time."

—Dr. Russ Rotondo, Medical Dir., Clinical Strategy & Innovation, Cardiology from *Improving Utilization Management Can Better Outcomes, Cut Costs in Cardiovascular Care*

Patient cohort outcomes

- AI and machine learning chart ideal jouneys from favorable outcomes for patients with similar clinical backgrounds

The right care

Patient clinical evidence

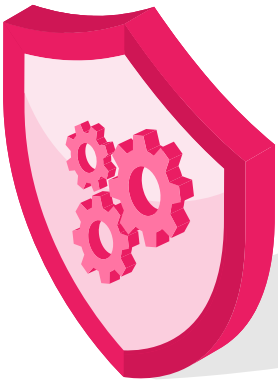
- OCR and machine learning technologies pull relevant data from clinical attachments
- AI and machine learning identify critical evidence directly from EMR

For the right patient

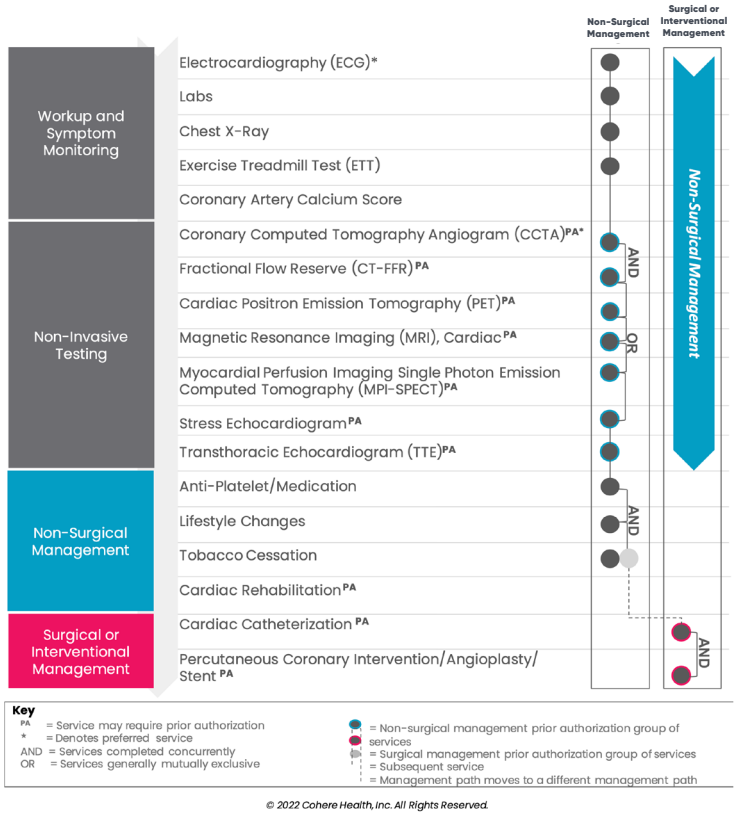
Historical claims data

- AI and machine learning analyze previous decisioning data to augment yes/no policy-based automated approvals

At the right time.

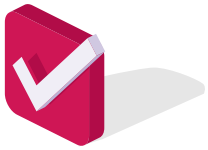


Advanced technologies can encourage adoption of ideal patient-specific care pathways



Care paths

use a combination of data signals and clinical evidence to chart ideal patient journeys



Episodic authorizations

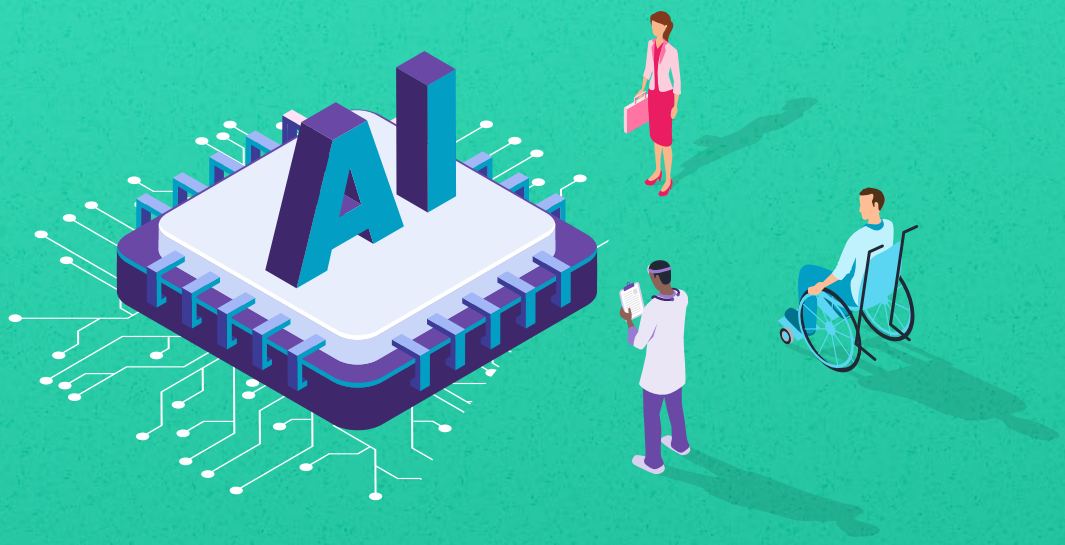
automatically approve related services to encourage adoption of high-value care

Clinical nudges

synthesize patient context to recommend additional services to promote optimal outcomes

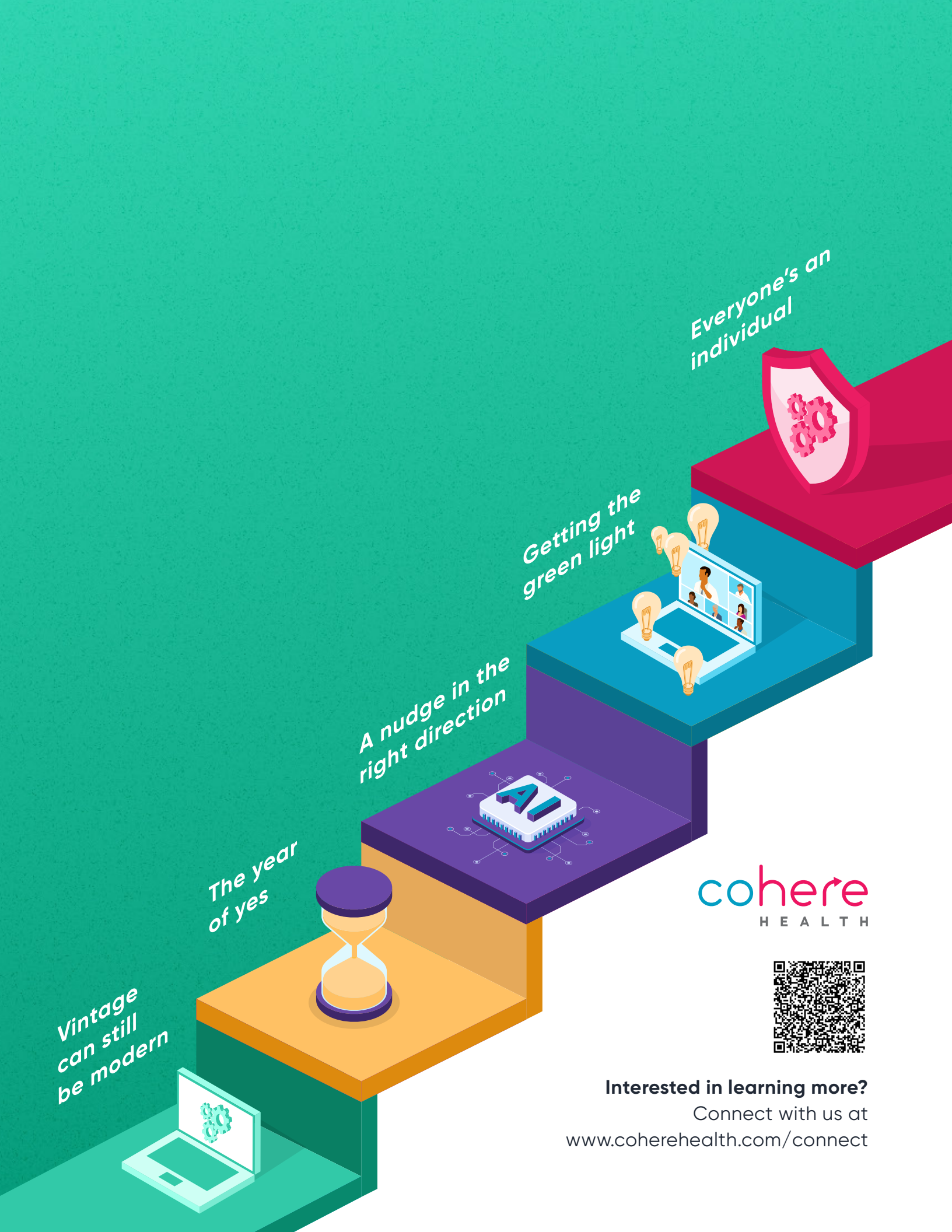
Since care journeys are often shaped by patient-specific factors such as out-of-pocket costs, access to transportation, and geographic location, health plans should strive to provide physicians with intelligent, real-time decisioning tools that address the unintended consequences of PA."

—Siva Namasivayam, CEO & Board Member from *Health Equity: Searching for a New Angle*



Safe, secure, and trustworthy applications of AI are the building blocks of a transformative UM strategy

Where are you focused today? And what do you want your PA capabilities to look like in the future?



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