

Hidden in plain sight: How one health plan closed 10,000 HEDIS gaps already documented in UM notes



By training an AI model to surface HEDIS-relevant evidence already documented in utilization management clinical notes, Cohere Health helped a regional health plan close 10,000 HEDIS gaps in a single end-of-year push—without having to do additional manual abstraction.

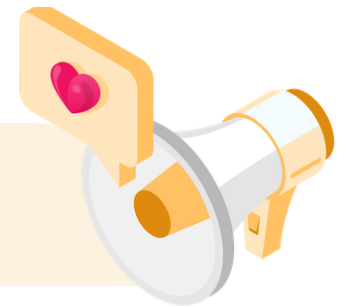
The Challenge

Evidence hiding in plain sight

High-value HEDIS evidence tied to Colorectal Cancer Screening (COL-E) criteria is often documented by clinicians during UM reviews, but remains locked in unstructured clinical notes rather than flowing into quality reporting. Take the example of a member who received a colonoscopy in 2023 (providing compliance for ten years), but joined the plan in 2024—no claim, but a closed gap for years to come. Coding staff can retrieve and review it manually, but the process is slow, and it becomes slower as a plan approaches the end of the measurement year.

Closing care gaps at year-end is an ongoing challenge—not just for this health plan, but also for the industry as a whole. Unstructured clinical notes make it harder still: mining them for evidence took more time than the plan's team could spare, so much of that evidence went unexamined—and every gap left unclosed could weigh on Stars performance.

The challenge wasn't whether the evidence existed. It was whether the plan had a way to find it before the measurement year closed.



COHERE'S OPPORTUNITY



Surface HEDIS-relevant evidence already captured in UM clinical notes, rather than relying solely on new outreach or manual review.



Close EOY quality gaps faster by targeting members whose UM records already contain the needed clinical evidence.



Reduce the administrative burden on quality and clinical teams at the highest pressure point in the reporting cycle.

The Solution

Turning existing documentation into quality evidence

To close the gap, Cohere Health partnered with the plan to implement **Cohere Capture**—an AI solution for HEDIS gap closure that analyzes both structured and unstructured clinical data. UM clinicals were a natural starting point, as they contain evidence spanning multiple quality measures that often goes untapped for quality reporting.

Before go-live, Cohere Health aligns Capture's models to the plan's HEDIS auditor standards to support compliance-ready results. With a short implementation timeline, Capture is ideal for late in the measurement year—helping health plans identify and close gaps that might otherwise go undetected.

The process begins with two key inputs: the plan's existing clinical data sets—documentation already being produced but not yet linked to quality reporting—and the plan's open gap list. From there, Capture targets the evidence, flagging which gap list members have UM records most likely to result in closure, and narrowing the review to the highest-probability cases and records. Precision AI/ML models, trained specifically on HEDIS criteria, then reason over that documentation to identify closeable evidence.

UM proved to be a high-impact starting point for this plan. To build an **even more comprehensive quality program**, the same approach must be extended to a broader range of clinical sources—including appeals, risk adjustment, provider portal submissions, and more. Looking across all clinical sources, Capture is armed with gap list coverage of **41% of members** to assess for gap closures, well beyond what UM data alone can reach.

At the core of Cohere Health's approach is a rigorous model development process that brings together clinicians, HEDIS experts, machine learning engineers and data scientists, with output accuracy validated before deployment. So, when a gap is identified, Capture has the capability to take a **two-pronged approach**—combining automated closures with AI-assisted closures.

- High confidence results, validated against the plan's HEDIS auditing standards, are automated end-to-end and formatted for direct submission to the plan's HEDIS engine.
- Remaining findings are packaged for targeted review, with precise clinical AI pointing reviewers to the record that actually closes the gap. Evidence that nurses and clinicians had already documented becomes evidence the plan can actually use.

THE COHERE DIFFERENCE



Precision clinical AI

- Models trained specifically for HEDIS measures
- Reasons over structured and unstructured UM documentation together



Targeted gap identification

- Cross-references the open gap list against members with UM clinicals already on file
- Prioritizes the members most likely to yield a closeable gap

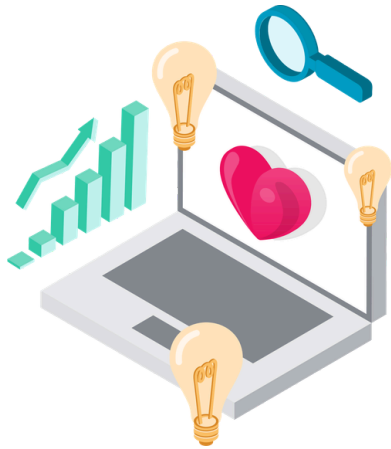


Direct-to-engine delivery

- Fully automated, compliance-ready submissions to the HEDIS engine—no additional manual work required
- For closures that can't be fully automated, preps records and shows reviewers where to look

The Results

Evidence that was already there.



256

gaps closed per 1,000 EOY gap list members

25%

of targeted members closed

10K

HEDIS gaps closed in one EOY push

The numbers tell a simple story: the evidence needed to close these gaps was already sitting in the plan's UM records—it just hadn't been connected to quality reporting. Cohere Capture didn't require the plan to generate new documentation or launch new outreach; **it made evidence that already existed usable.**

What might your UM clinical notes be hiding?

See how Cohere Capture surfaces HEDIS-relevant evidence from UM clinical documentation to close quality gaps faster.

 [Request a Cohere Capture proof of concept](#)

Results reflect this health plan's specific engagement with Cohere Capture. Individual outcomes will vary based on a plan's data, measures, and implementation.