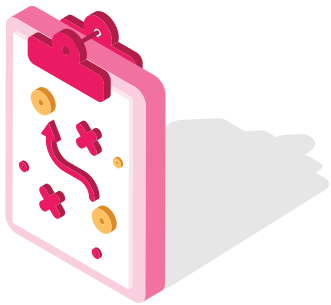


How Cohere Helps Plans Comply with the Upcoming CMS Prior Authorization Regulations (CMS-0057-P)

PROBLEM

The current prior authorization (PA) process is...



Inefficient

82% of appealed PAs were fully or partially overturned¹




Burdensome for providers

Physicians and staff spend **two full days (16 hours) each week** filling out and submitting PAs²



Time consuming for patients

79% of providers report that PA led patients to abandon treatment³



Transparency is the crux of all this—'looking behind the curtain.' A lot of physicians and patients complain they can't see behind the curtain. Transparency will lead to accountability, and to conversations that can improve care and improve the value of the care.⁴

—Adrian Thomas, MD, MBA, Associate Medical Director, Cohere Health

New regulations, like the improving prior authorization (PA) processes provision in the CMS-0057-P, aim to drive **more efficient processes, reduce provider friction, and improve patient outcomes.**

¹Jeannie Fuglesten Biniek and Nolan Sroczyński, "Over 35 Million Prior Authorization Requests Were Submitted to Medicare Advantage Plans in 2021," Medicare Issue Brief (Kaiser Family Foundation, February 2, 2023)

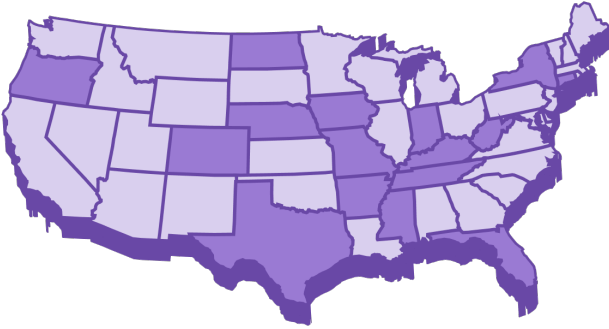
²American Medical Association, "2021 AMA Prior Authorization Physician Survey," Prior Authorization Research and Reports (USA: American Medical Association, January 2022)

³AMA, "2021 AMA Prior Authorization"

⁴ACAP and Cohere Health, "Your questions about the new CMS rule answered live" (Cohere Health, February 2023)

IMPACT

Broad, federal- and state-level bipartisan support of a trending regulatory approach to improving PA will force health plans to solve the problem.



42

states could introduce bills in 2023

16

states have already introduced a total of 26 bills

Even more importantly, the 2022 CMS PA Rule will mandate that all government health plans meet these requirements:

SOLUTION

Health plans will be required to

How Cohere can help

	Health plans will be required to	How Cohere can help
Interoperability	Develop FHIR-based APIs for coverage requirements, document request and rules, and status updates for patients and providers	FHIR APIs are already developed and in use
Turnaround time	Deliver decisions within 72 hours for expedited and 7 days for standard requests	50-80% of PA decisions are approved immediately, depending on specialty
Transparency	Communicate provider-specific denial reasoning	Decision and denial reasons are included in portal notifications
Accountability	Publish PA rates metrics: full list of authorizations, decisioning statistics, and turnaround time reporting	PA list is published and data reports are shared quarterly with clients



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