

## Cohere Quick Start Guide

For questions directly related to working with Cohere Health, please call Cohere at **1-833-283-0033**, 8 AM - 6 PM Eastern time, Monday through Friday or email at [support@coherehealth.com](mailto:support@coherehealth.com).

For all other inquiries, please contact an Author by Humana Provider Navigator at 1-833-502-2013, 8 AM - 5 PM Eastern time, Monday through Friday.

**Effective Jan. 1, 2021**, Cohere Health will review prior authorization requests from orthopedists for all musculoskeletal and ancillary services for South Carolina Humana Medicare Advantage members, including those with service from Author by Humana. This document details important workflow processes for working with Cohere and Author by Humana.

One person from your organization should be registered for a Cohere account at [coherehealth.com/register](https://coherehealth.com/register).

### How to Request a Prior Authorization with Cohere\*:

- ▲ Submit electronically via [login.coherehealth.com](https://login.coherehealth.com) (recommended method)
- ▲ Fax the request: 857-557-6787
- ▲ Call Cohere Health: 833-283-0033, 8 AM - 6 PM Eastern time, Monday through Friday

### Other Requests Related to Musculoskeletal Care:

- ▲ For patients with service from Author by Humana, submit medical claims, medical appeals, and grievances to the appropriate business areas. Visit [authorbyhumana.com/providers](https://authorbyhumana.com/providers) for more information.
- ▲ For patients with service from Author by Humana, submit Part D claims or appeals to Humana Clinical Pharmacy Review (HCPR). Visit [humana.com/provider/pharmacy-resources](https://humana.com/provider/pharmacy-resources) for more information.

\*More information about the list of services that require prior authorization through Cohere can be found on Author by Humana's website: [authorbyhumana.com/providers](https://authorbyhumana.com/providers). Please note that prior authorization is not required for services provided by nonparticipating healthcare providers for patients with preferred provider organization (PPO) coverage. Notification is requested, as this helps coordinate care for your patients.