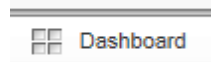


New Mexico Medicaid

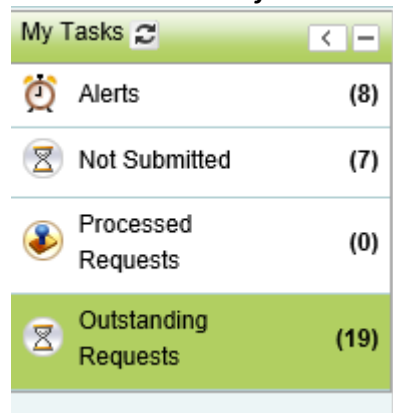
Quick Start Guide: Support Waiver Agency Based & Participant Directed Budgets

Comagine Health Provider Portal (CHPP)

MAIN VIEW = DASHBOARD For new request or search or worklist tabs



WORKLIST TABS – left hand navigation



ALERTS are sent when an RFI is sent regarding the episode, when an episode is decided, and when any documents are added to an episode.

NOT SUBMITTED are episodes which have been started but never were submitted via the CHPP to Comagine Health. There is an error in the submission process which needs to be corrected.

PROCESSED REQUESTS are CHPP submitted episodes decided by Comagine Health.

OUTSTANDING REQUESTS are CHPP submitted episodes not yet decided by Comagine Health.

INSURANCE ID CONFIGURATION 4 LEADING ZERO'S + MEDICAID ID NUMBER

NEW REQUEST SEARCH REQUEST

For new CHPP submissions for existing or decisioned episodes

Client (NEW MEXICO HUMANS SERVICES DEPARTMENT) + Insurance ID (NEW MEXICO MEDICAID MEMBER ID)



MEMBER SEARCH RESULTS – ACTIONS

STEP 1: EDIT REQUEST SET UP (TAB 1)

1. Episode Type: INPATIENT
2. Episode Class:
 - a. Agency Based Services
 - b. Participant Directed Services
3. Urgency: Non-Urgent
4. Treatment Type: BUDGET REVIEW (ANNUAL) or BUDGET REVIEW (REVISION)
5. Diagnosis: Z41.8
6. SAVE

STEP 2: ADD PROVIDERS ALWAYS NEED 3 PROVIDERS (TAB 2)

- 1. Requesting = Organization = CSC AGENCY
- 2. Admitting = Facility/Vendor = CSC AGENCY
- 3. Treating = Facility/Vendor = CSC AGENCY

TO LOCATE THE PROVIDER ID:

- Admitting/Treating = Enter HSD/DDSD approved provider ID numbers
- Requesting = Enter QH number as supplied by Comagine Health

Using Requesting Provider or Search Functions

Attach Provider for each Provider Role – Auto Selected with CSC Name in Requesting Provider Field

Providers | Show Attached Providers

Requesting Provider : ROSS, ABIGALE Attach

Name	Service Location	Provider Type	Provider Role	Provider ID	Specialty	Actions
ROSS, ABIGALE	ROSS, ABIGALE	Organization	Requesting 	QH58545	-	

Attach New

Enter number into Provider ID field and click 'Search'

Note 2 :To perform a quick search, please enter few characters for Last Name or First Name
E.g. Enter at least three characters in First/Last Name to search for a Provider. The system will auto populate the content as characters are entered.

Provider Type : --Select One--

Provider Last Name :

Specialty : --Select One--

Identification Number :

Tax ID :

Client : DC MEDICAID

City :

Keyword :

Provider First Name :

Provider ID :

State : --Select One--

Zip :

Provider Phone :

Search Cancel

After you click 'Search', a provider list will appear below, at this point:

a. Select the provider role from the drop down

b. Click the paper clip plus sign icon (bottom right) to add the provider to the episode

Provider Search

Note 2: To perform a quick search, please enter few characters for Last Name or First Name
 E.g. Enter at least three characters in First/Last Name to search for a Provider. The system will auto populate the content as characters are entered.

Provider Type: --Select One--

Provider Last Name:

Specialty: --Select One--

NPIN(National Provider Identification Number):

Tax ID:

Client: NEW MEXICO HUMAN

City:

Keyword:

Provider First Name:

Provider ID: QH20013

State: --Select One--

Zip:

Provider Phone:

[Search](#) [Cancel](#)

Selected Provider List

No Provider(s) added to the list

Search Results

Provider Name	Service Location	Type	Specialty	NPIN	Provider ID	Tax ID	Keyword	Provider Role	Actions
UNM_OR	UNM_OR	Organization	-		QH20013			--Select One--	

CORRECT PROVIDER CONFIGURATION

Providers

Name	Service Location	Provider Type	Provider Role	Provider ID
UNM CASE MANAGEMENT GROUP	UNM CASE MANAGEMENT GROUP 100 ANYSTREET ANYTOWN, NM - 99999 USA	Facility/Vendor	Admitting	987357
UNM CASE MANAGEMENT GROUP	UNM CASE MANAGEMENT GROUP 100 ANYSTREET ANYTOWN, NM - 99999 USA	Facility/Vendor	Treating	987357
UNM_OR	UNM_OR -	Organization	Requesting	QH20013
UNM CASE MANAGEMENT GROUP	UNM CASE MANAGEMENT GROUP 100 ANYSTREET ANYTOWN, NM - 99999 USA	Organization	Requesting	QH10333

[Attach New](#)

STEP 3: ADD DIAGNOSIS SKIP – DONE IN STEP 1

STEP 4: UM SERVICES BUDGET SPAN YEAR (TAB 4)

1. ADD STAY LINE ONLY NA = Treatment type
2. EXPECTED DATE OF ADMISSION = BUDGET START DATE
3. LOS REQUESTED/NUMBER OF DAYS = 364/365 (LEAP YEAR) *or actual number of days*
4. ACTUAL ADMIT DAY = BUDGET START DATE

STEP 5: ADD ASSESSMENTS NO ASSESSMENTS - SKIP (TAB 5)

STEP 6: ADD CONTACT INFO OPTIONAL: NAME/PHONE/EMAIL

STEP 7: ADD NOTES ONLY WEB NOTES (TAB 6)

NOTE TEMPLATE FOR BUDGET SUBMISSION TO COMAGINE HEALTH (TAB 6)

1. BUDGET TYPE:
2. BUDGET YEAR:
3. CSC:
4. ADDITIONAL INFO:

**STEP 8: ADD DOCUMENTS ONLY ADD SUPPORTING DOCUMENTATION IF NEEDED (TAB 10)
ATTACHING DOCUMENTATION (TAB 10)**

1. DOCUMENT TITLE: Enter description
2. DOCUMENT TYPE: BUDGET WORKSHEET or BUDGET SUPPORT
3. SELECT DOCUMENT: BROWSE & SELECT
4. UPLOAD DOCUMENT

STEP 9: SUBMIT REQUEST REVIEW AND HIT SUBMIT REQUEST – it will ask you to confirm

***Option at this step to print or save abstract for the episode**

Opening Abstract to view and print by clicking on the EPISODE ID

– [Request Search](#)

Episode ID
75004

May save abstract as PDF or print the abstract. *Look for Printer icon at right

Always make note of the CHPP reference ID number for easier access to the episode.

CHPP TECHNICAL ASSISTANCE: 1-866-962-2180