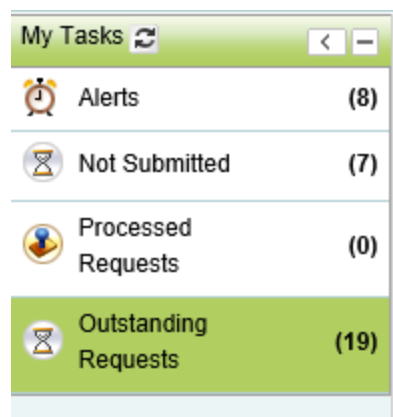
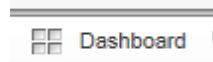


New Mexico Medicaid

Quick Start Guide: Support Waiver Agency Based & Participant Directed Level of Care

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 HUMAN SERVICES DEPARTMENT) + Insurance ID (NEW MEXICO MEDICAID MEMBER ID)



MEMBER SEARCH RESULTS – ACTIONS

STEP 1: EDIT REQUEST SET UP (TAB 1)

1. Episode Type: LEVEL OF CARE
2. Episode Class: LOC WITHOUT IN-HOME ASSESSMENT
3. Urgency: Non-Urgent
4. Treatment Type: Supports Waiver (INQ)
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 LOC SPAN YEAR (TAB 4)

1. ADD SERVICE LINE
2. TREATMENT TYPE = NA
3. DATE OF ADMISSION = START DATE OF LOC
4. END DATE = END DATE OF LOC
5. SAVE

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

STEP 6: ADD CONTACT INFO OPTIONAL - NEED ONLY: NAME/PHONE/EMAIL

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

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

1. LOC TYPE:

2. LOC SPAN YEAR:
3. CSC:
4. ADDITIONAL INFO:

**STEP 8: ADD DOCUMENTS ADD REQUIRED, COMPLETE PAPERWORK (TAB 10)
ATTACHING DOCUMENTS (TAB 10)**

1. DOCUMENT TITLE: Enter description
2. DOCUMENT TYPE: LOC
3. SELECT DOCUMENT: BROWSE & SELECT
4. UPLOAD DOCUMENT

STEP 9: SUBMIT REQUEST AND REVIEW. CLICK 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