Comagine Health

Comagine Health's Jiva Provider Portal Training

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Clinical Manager
April 2023

Objectives

- Review the Comagine Health Provider Portal (CHPP)
- Review Log-on Information
- View Dashboard Features
- How to Enter an Authorization Request
- Review Documentation Requirements
- Review Provider Resources

What's New!

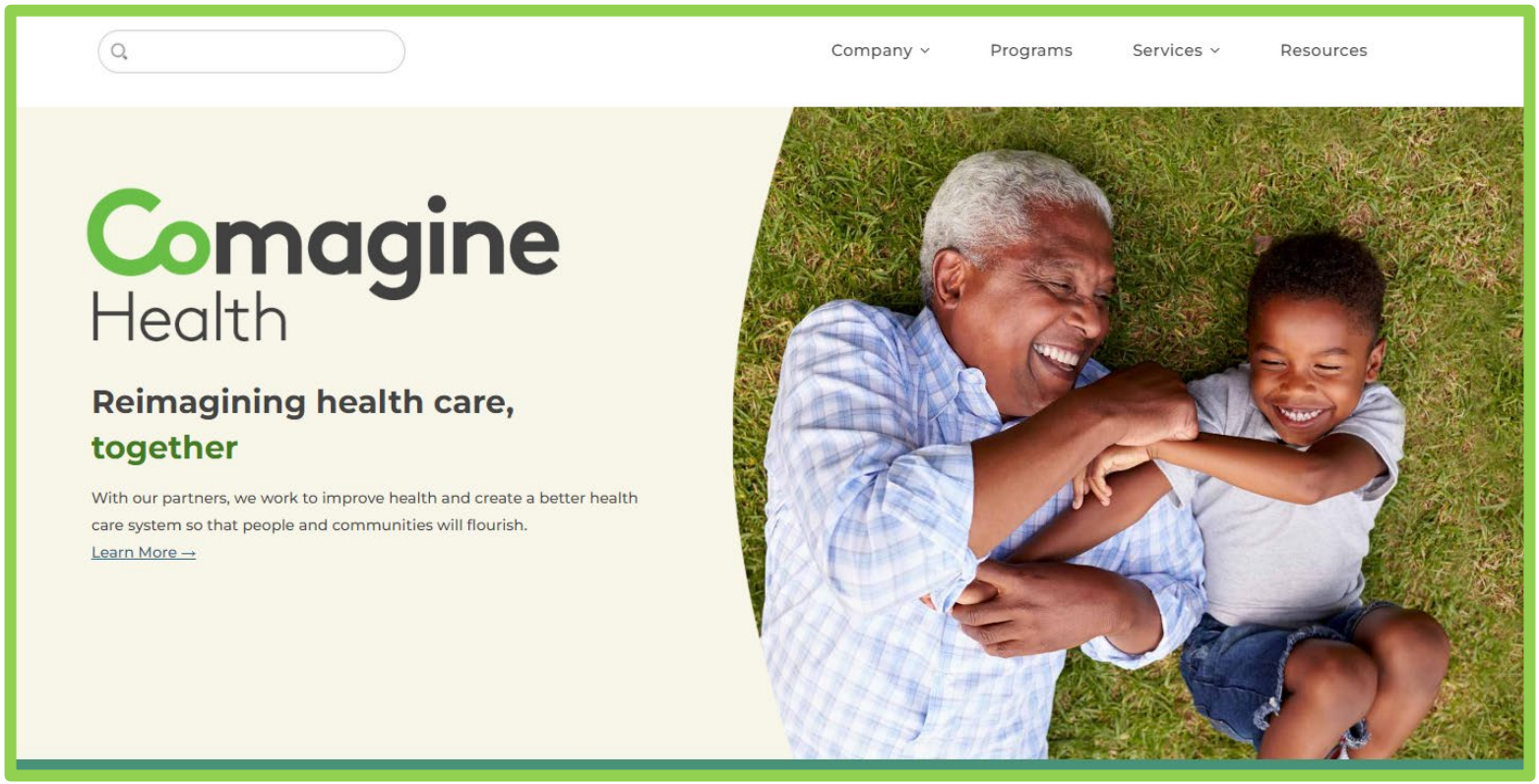
Comagine Health

Provider Portal Upgrade

- **Effective June 5th, 2023**, the Jiva care management system will be upgraded, and the Comagine Health Provider Portal (CHPP) will look different.
- Staff are prepared to provide support, answer questions and share resources.
- Staff are also able to provide resources for provider portal registration if you are not already registered for CHPP access.

Comagine Health Provider Portal (CHPP)

- Submit reviews within the CHPP
- Go to Comagine Health's website
- http:www.comagine.org



Comagine Health Website

- Click on Programs then select Alaska Medicaid- Health Care Services



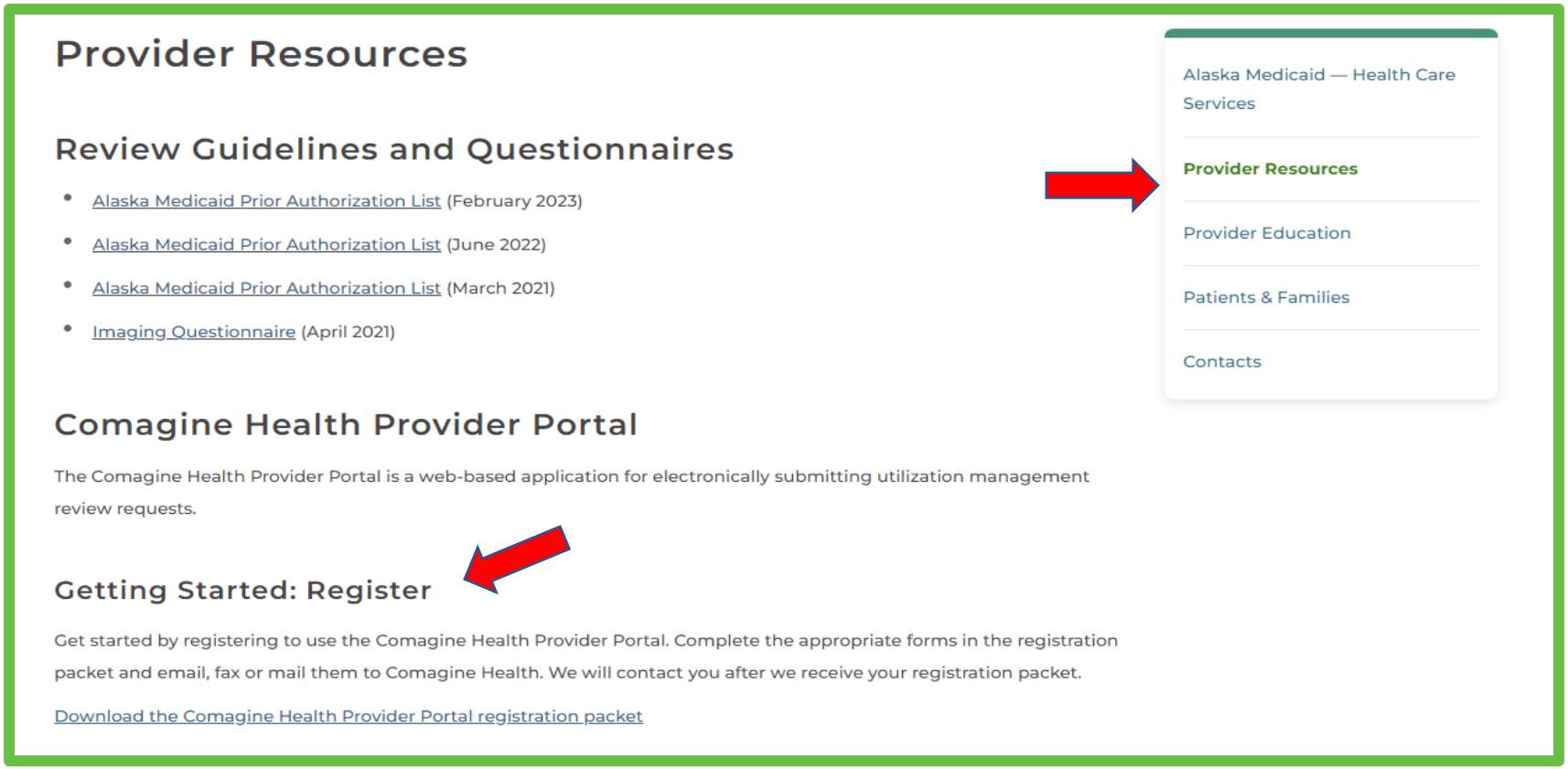
Provider Portal Access

- Selecting *'Contacts'* on the right-side panel will display the '*Contacts*' page with the Provider Portal Link



Provider Registration Packet

- Select '*Provider Resources*', on the right-side navigation panel to download the registration packet



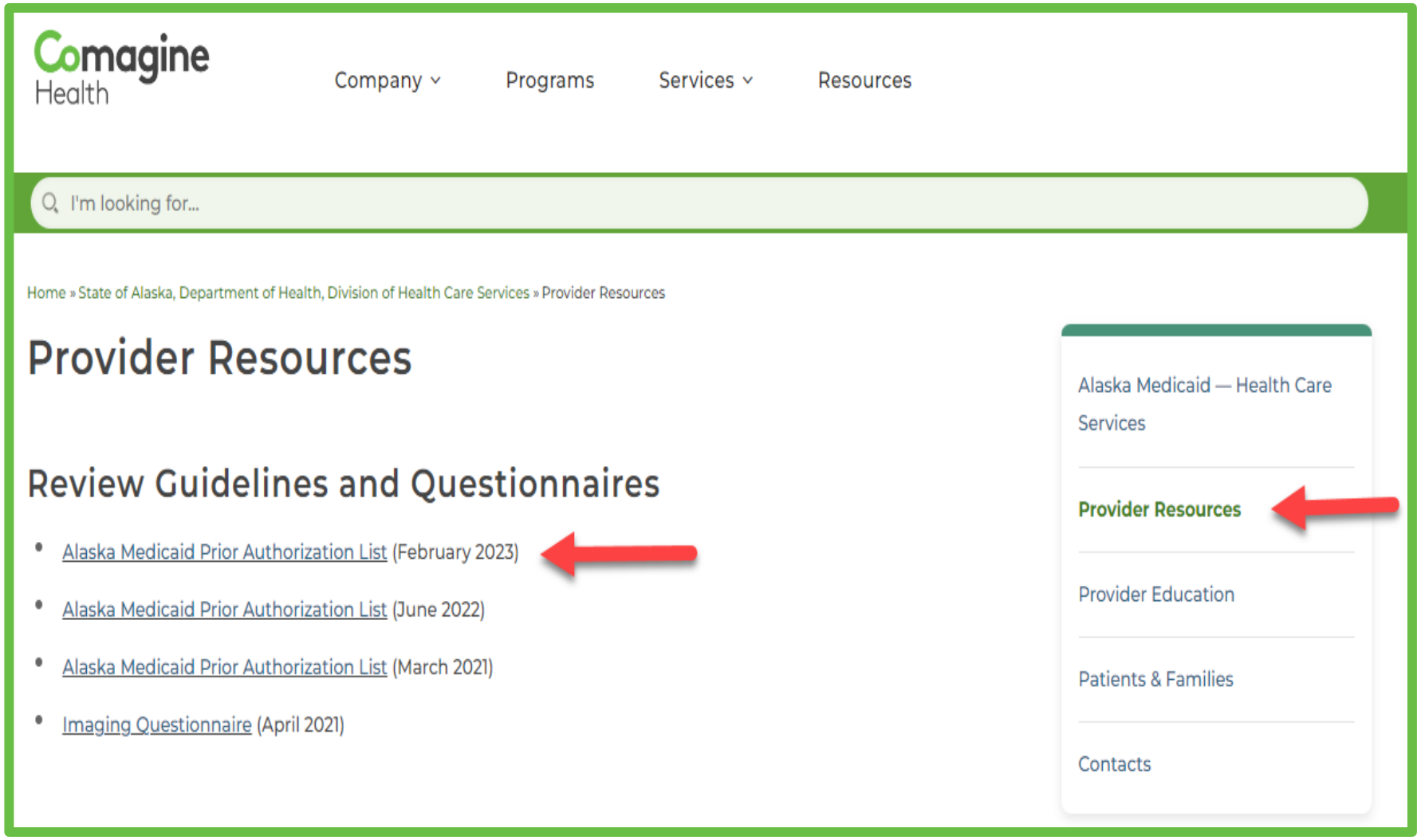
Submitting a Request for Portal Access

- **Submit via email (preferred) or fax:**
  - Email: tkirn@comagine.org and jordonez@comagine.org
  - Fax: 800-826-3630
- **Submit all completed forms:**
  - Executive Agreement
  - Provider Portal Administrator Agreement
  - Provider Portal Administrator Registration Form
  - Provider Portal User Agreement
  - Provider Portal User Registration Form
- Once Comagine Health processes your registration packet, you will receive an email with your CHPP access information.

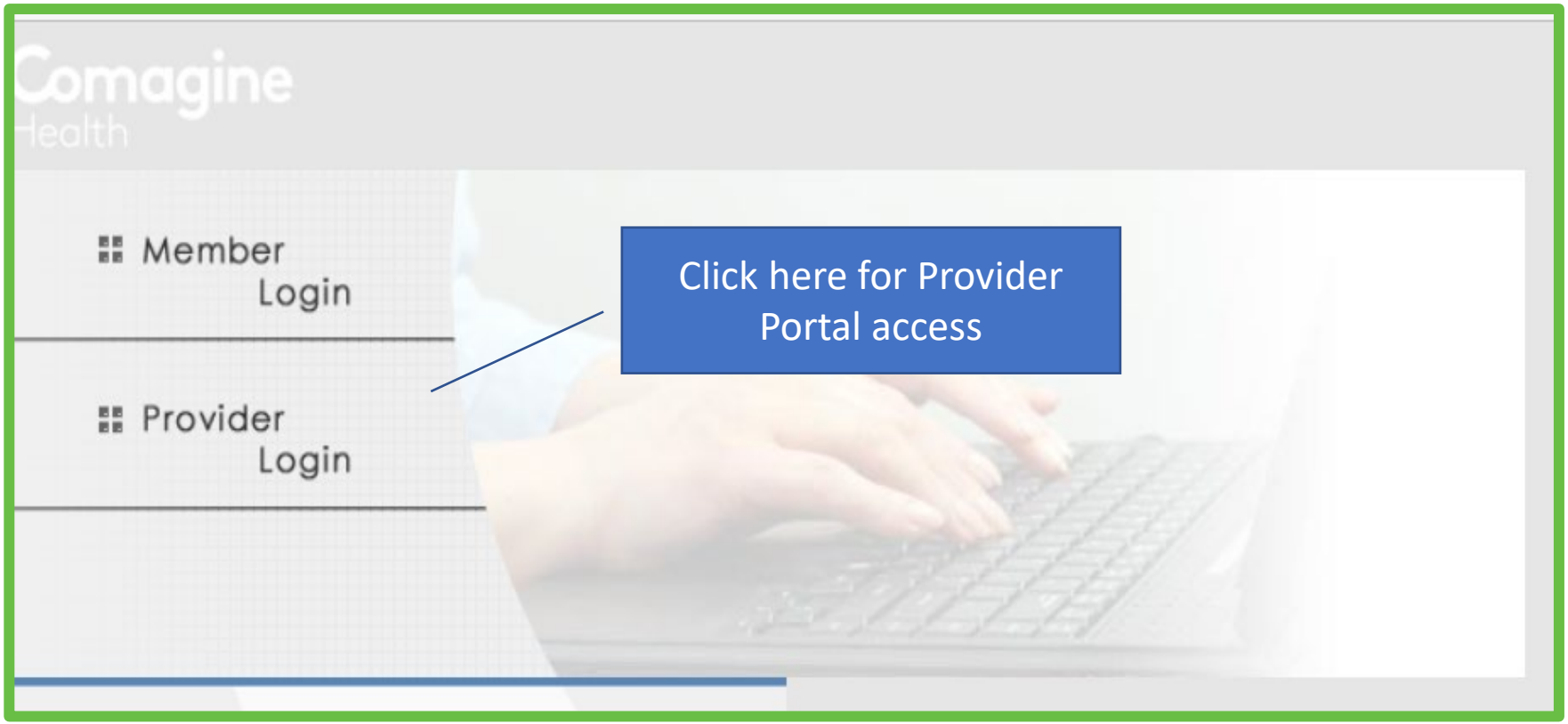
When to Submit a Review?

- Alaska Medicaid prior authorization (PA) list
  - Contains procedures and services requiring PA
  - Available at comagine.org
  - Revision date located on PA list
- Three-day benchmark
- Retrospective

Locating Prior Authorization List



Provider Portal Access



How to Log Into the Provider Portal



Provider Portal Log In

Jiva™



** USER WARNING **

This Provider User And Confidentiality Agreement
by and between Comagine Health.

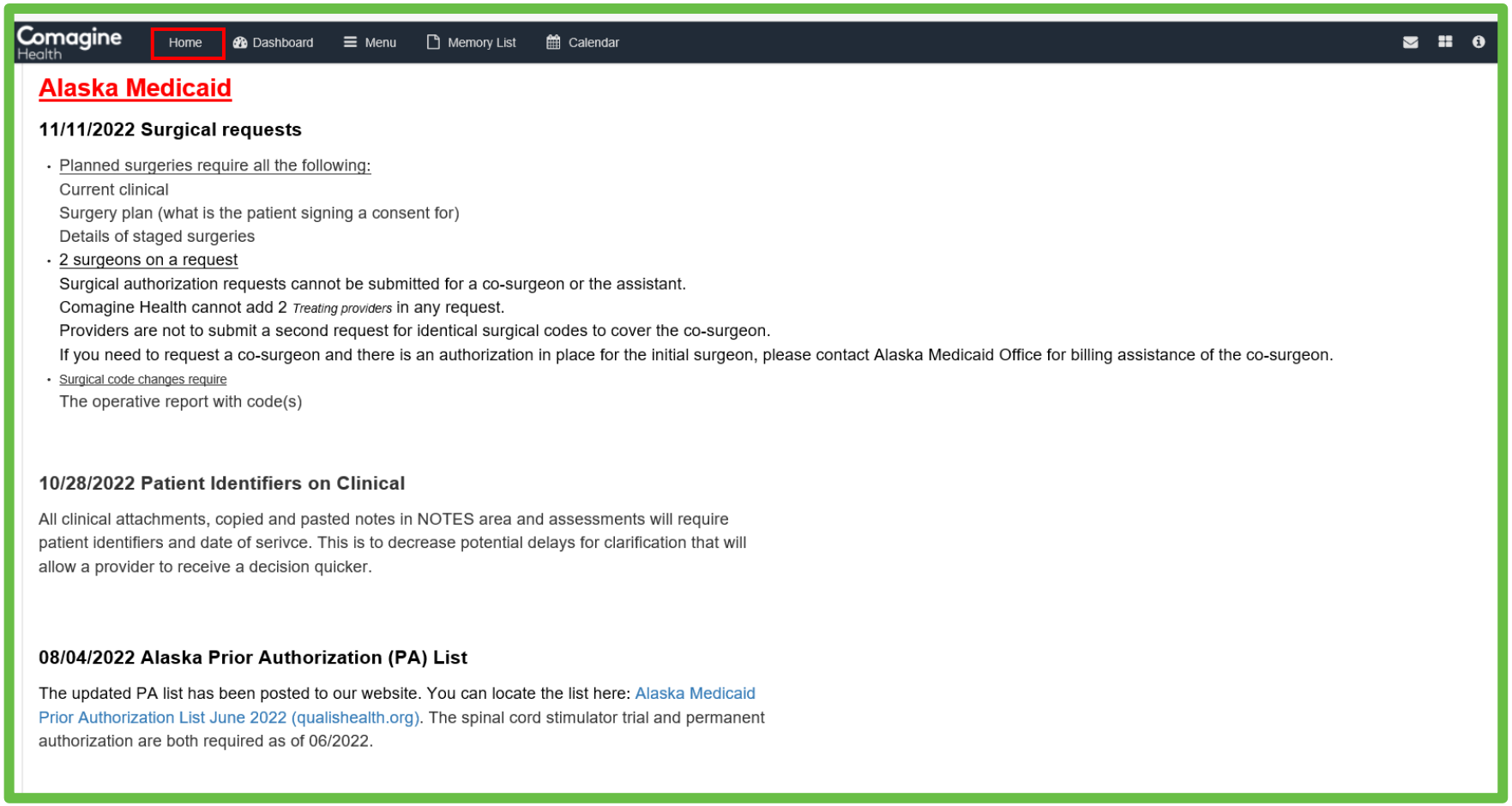
In order to ensure the integrity, security and confidentiality of information maintained within this system, and, to limit disclosure and use of this data to only that which is permitted by law, I agree to abide by all provisions set forth in my System User Agreement (SUA) with Comagine Health. I hereby acknowledge having received notice of the potential criminal, administrative and/or civil penalties for violating any terms of my SUA. If I have questions about my obligations regarding the terms of my SUA, I understand that I may seek clarification from my organization's System Administrator.

If you agree then click on " I Agree "

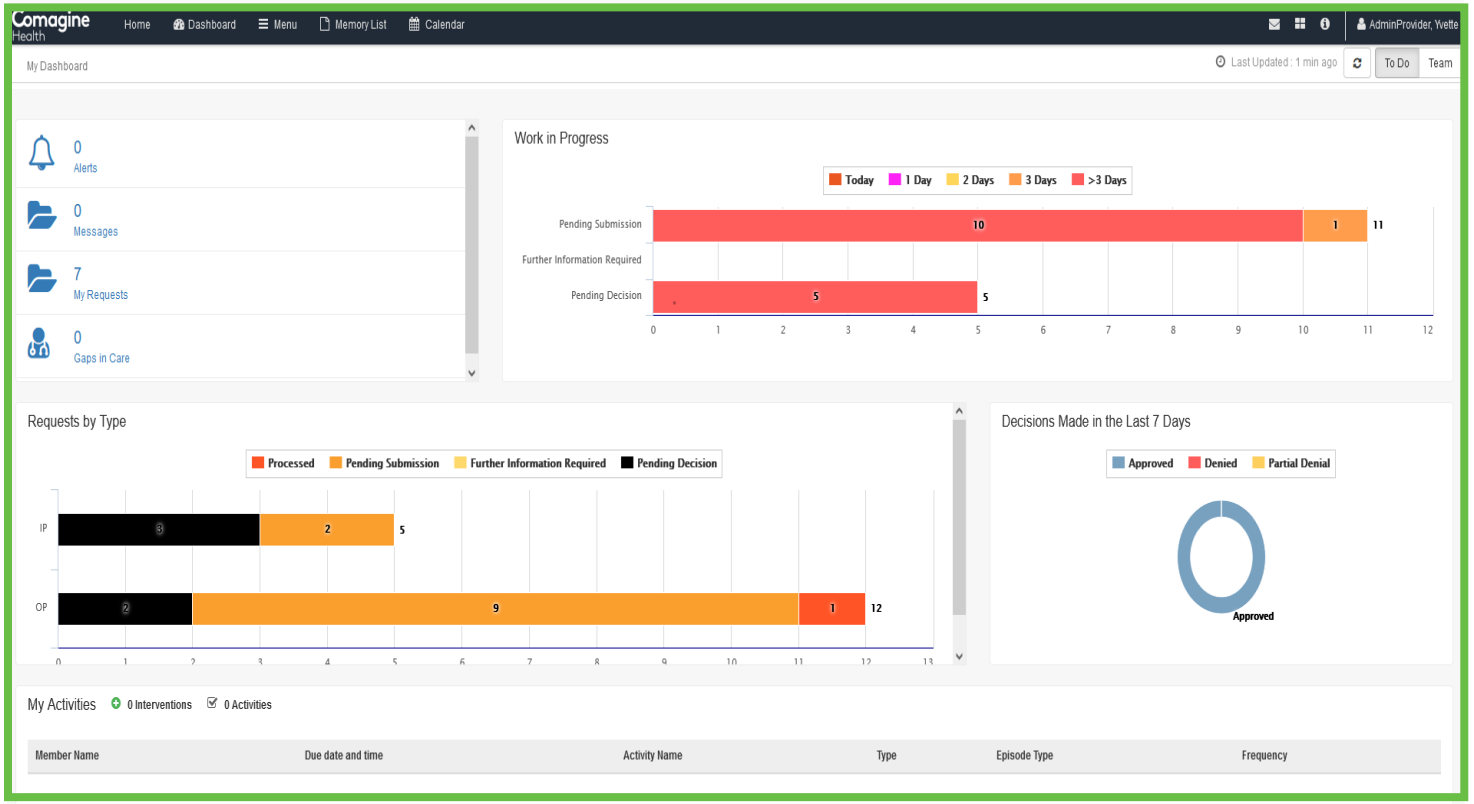
I Agree I Disagree

Contact Us

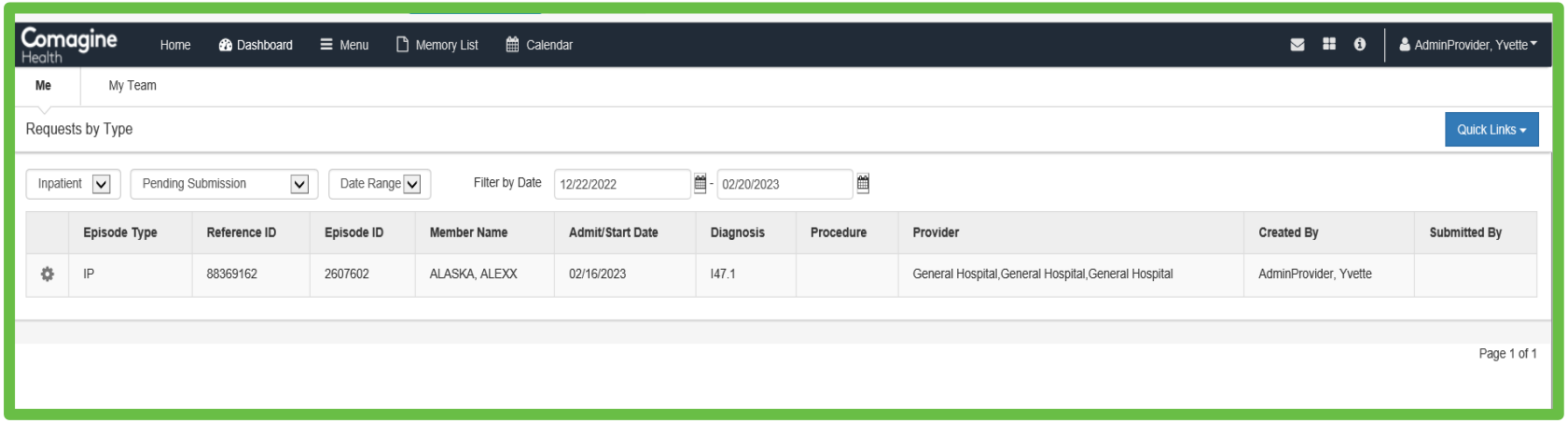
Provider Home Page

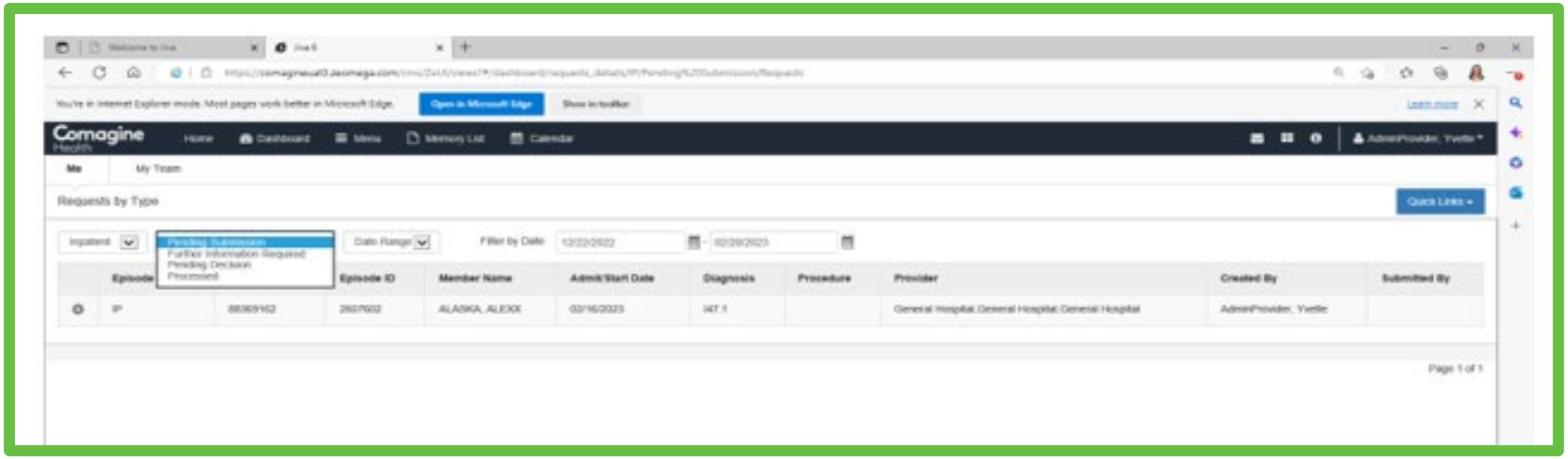


Provider Dashboard - To Do

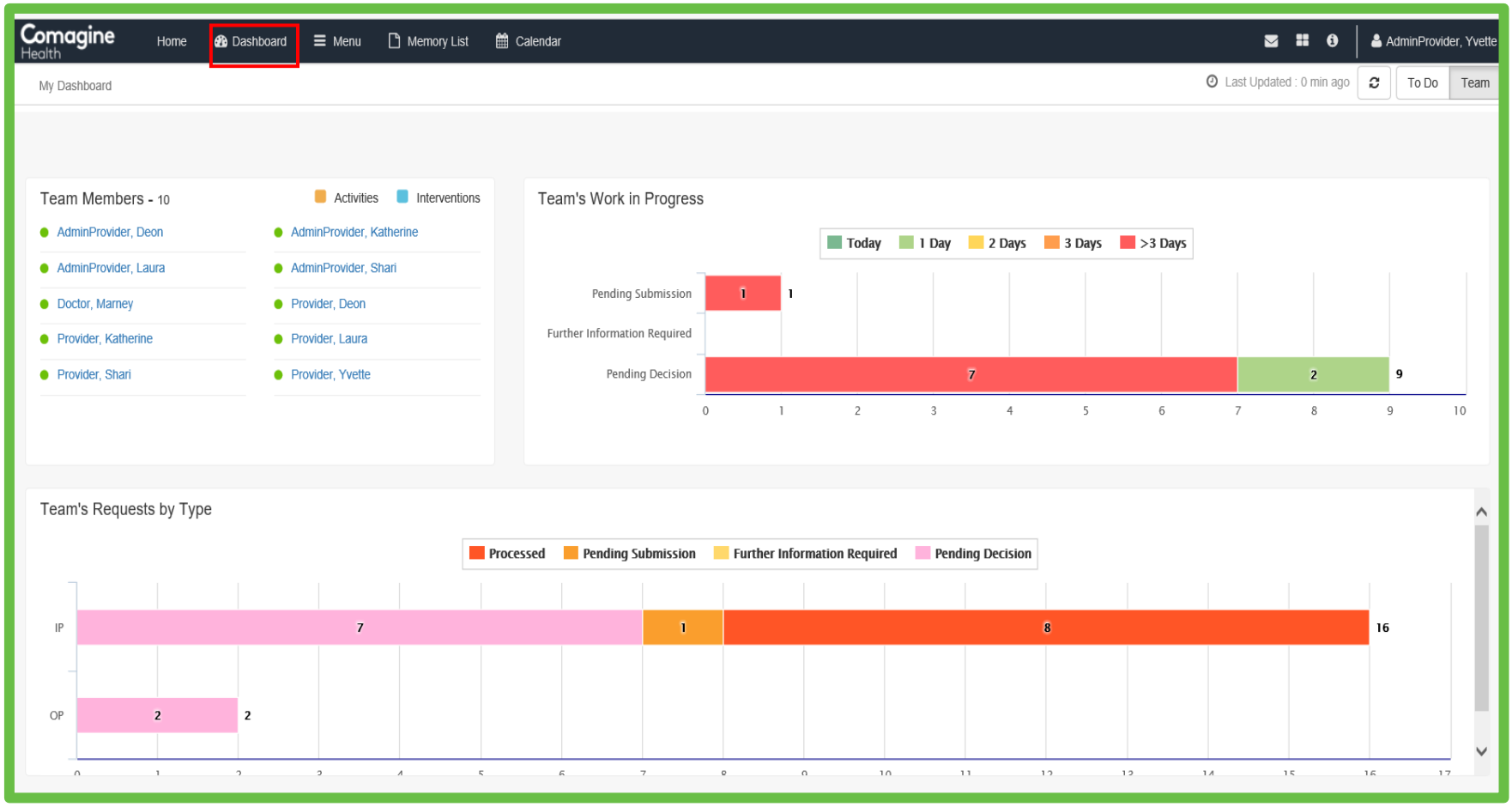


Provider Dashboard Links

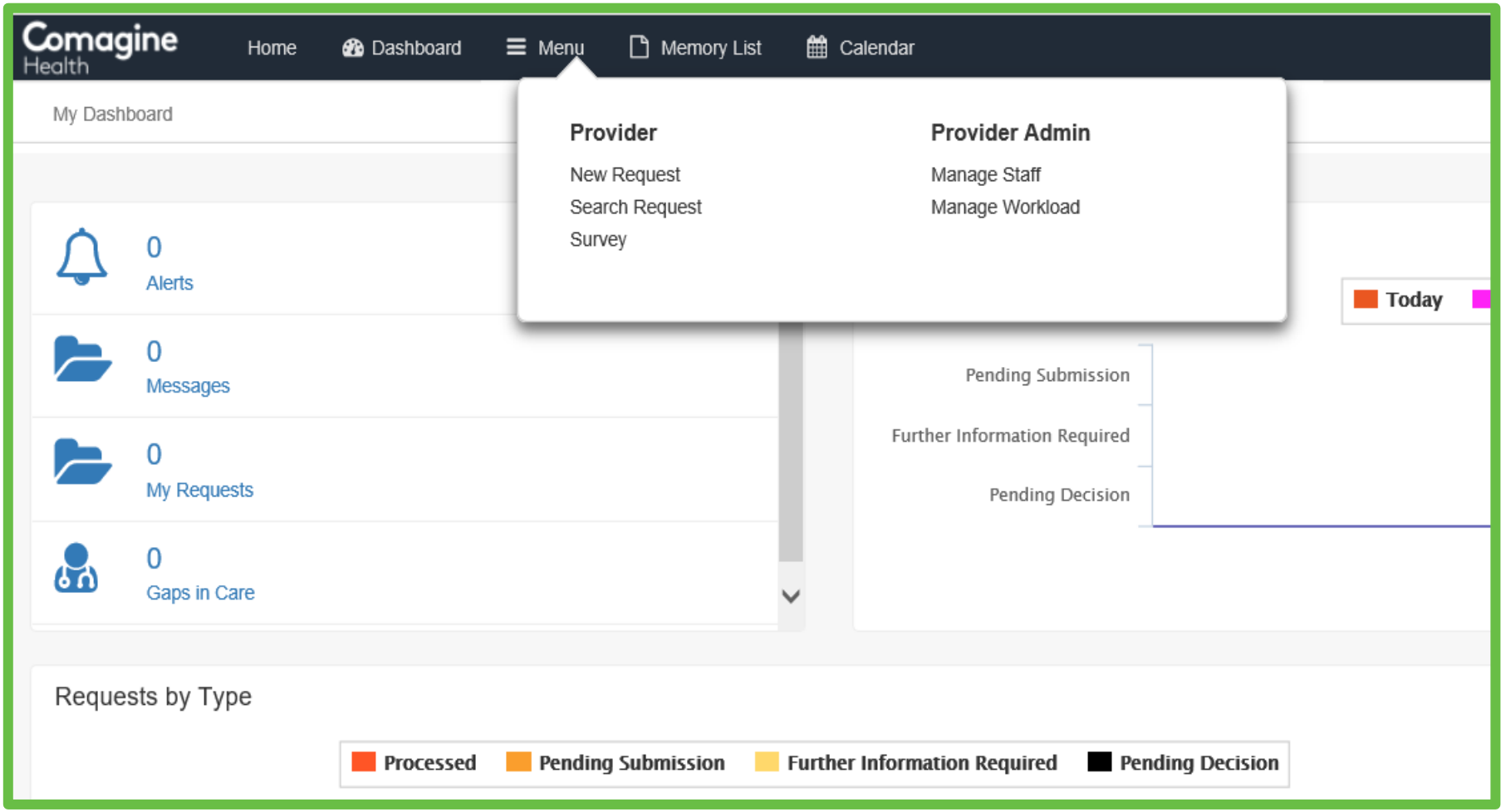




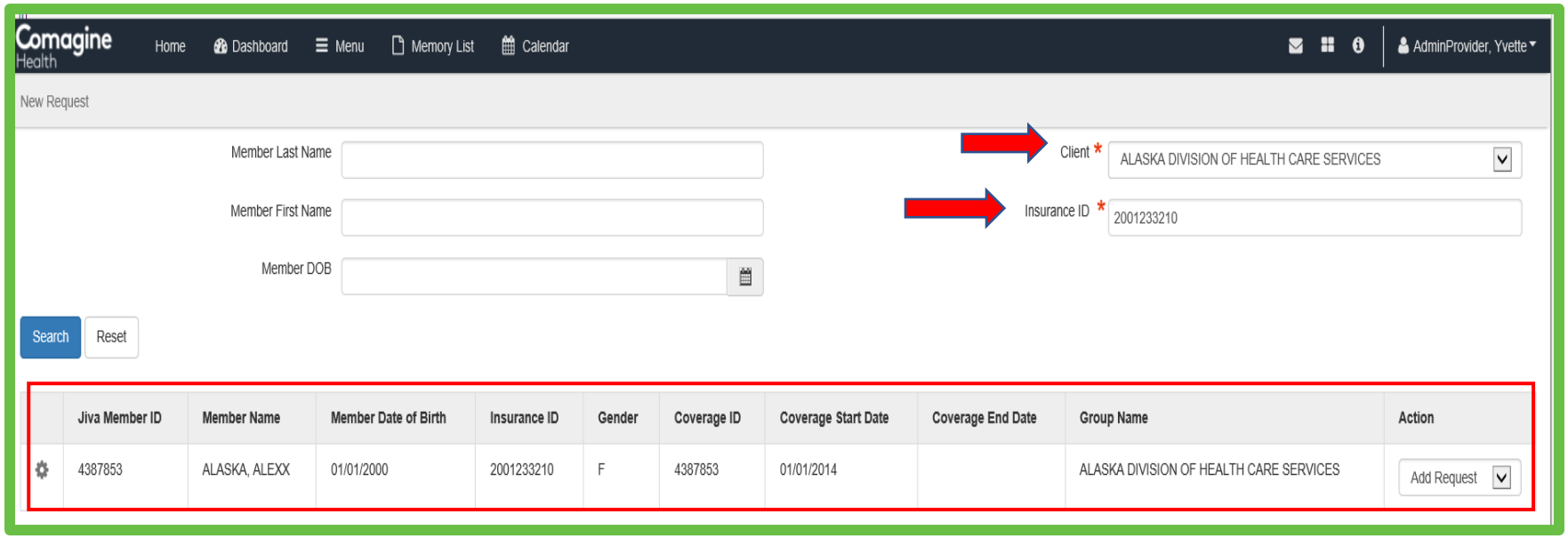
Provider Dashboard - Teams



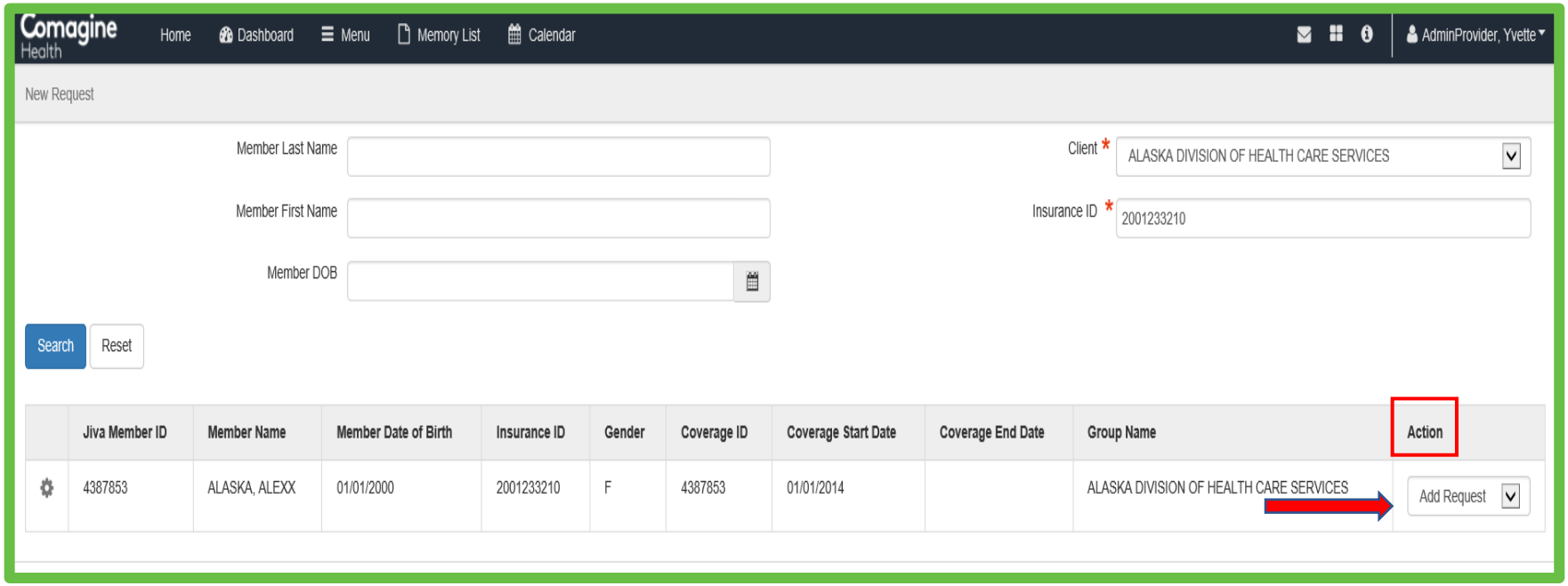
How to Search or Submit a New Request



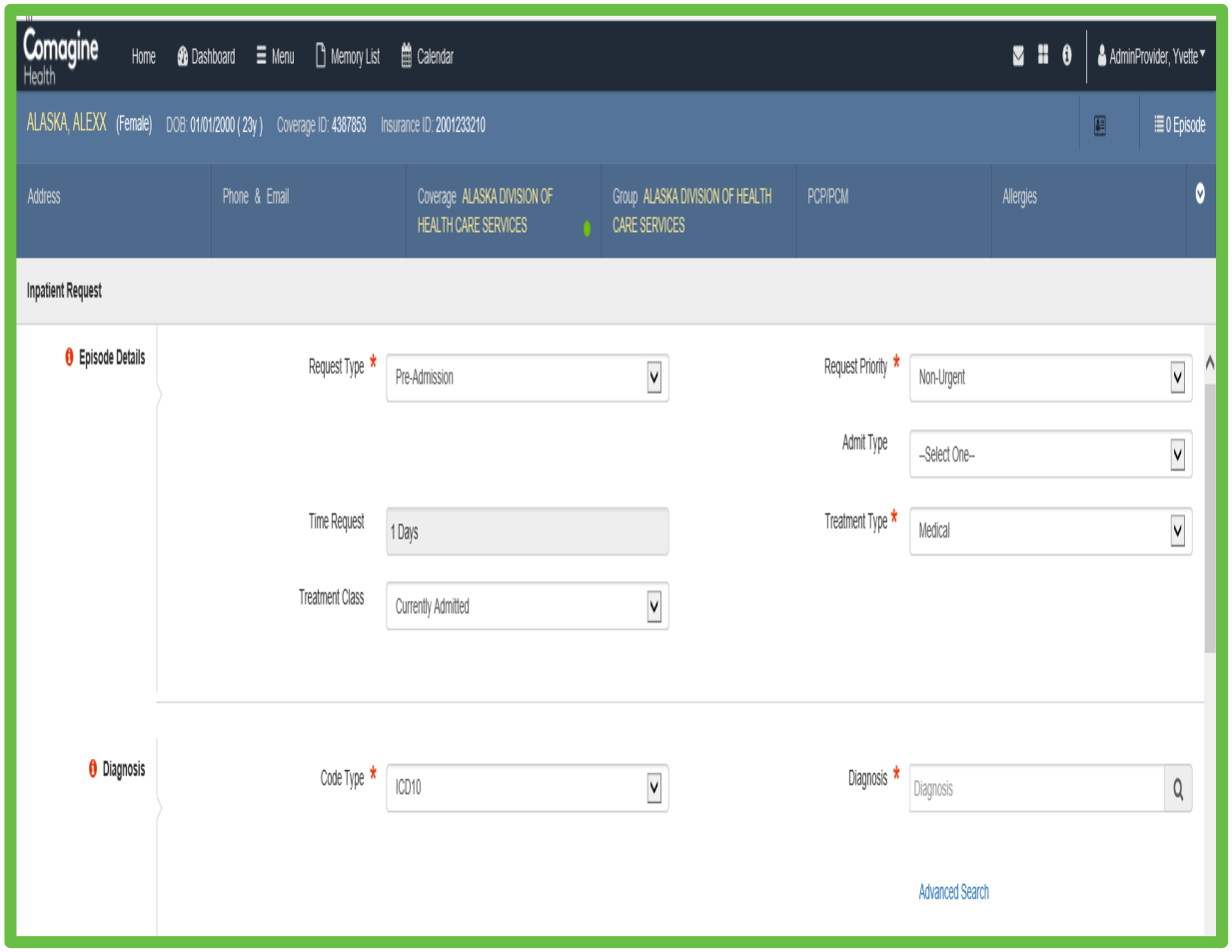
Search Request



Submit a New Request



Submit a New Request, continued

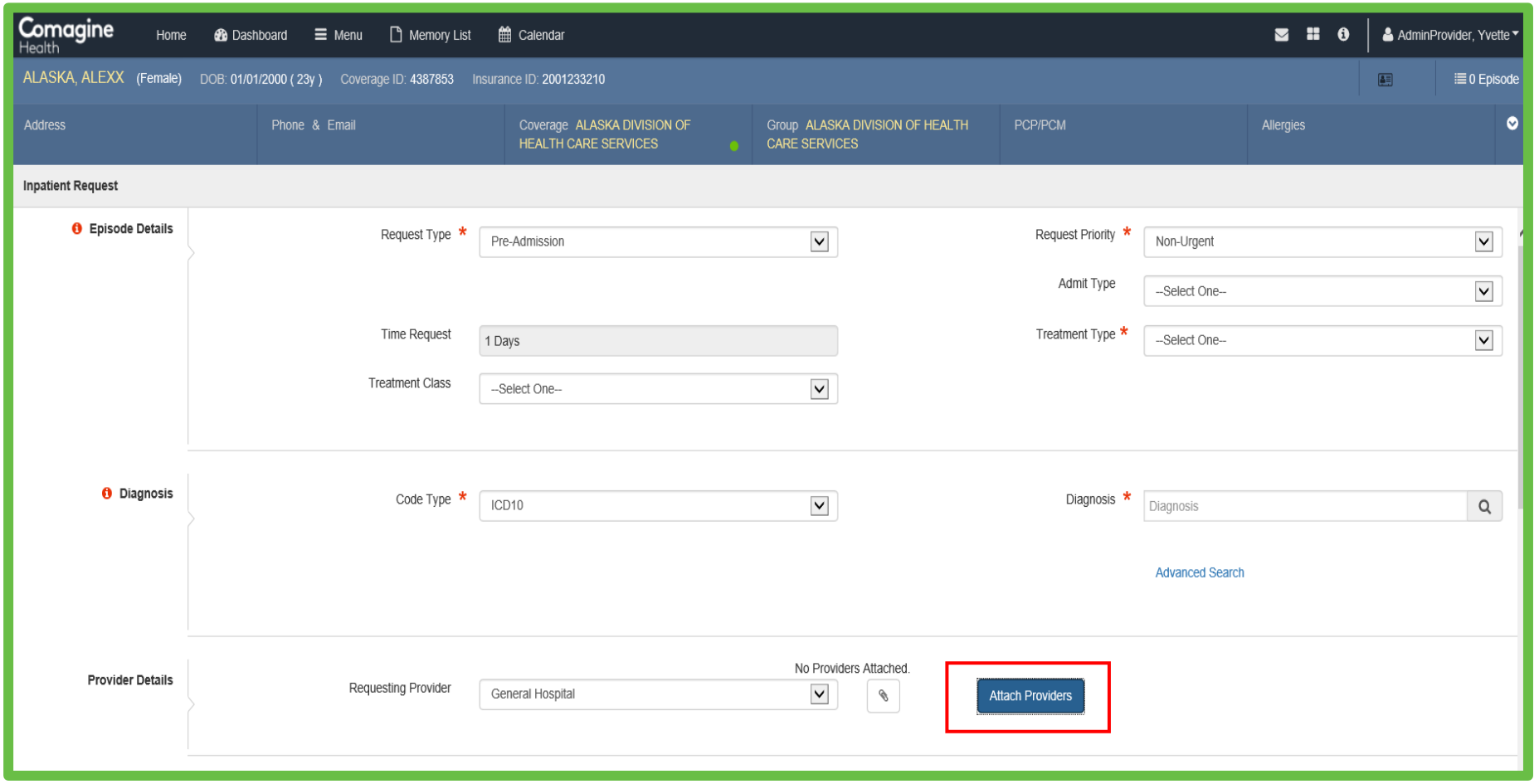


Complete the following:

1. Request Type *
   - Pre-admission (IP)
   - Prior authorization (OP)
   - Retrospective (OP or IP)
2. Request Priority: Non-Urgent
3. Treatment Class (required)
   - Currently Admitted
   - Discharged (retro)
   - Future Admission
   - Retrospective
   - N/A (OP)
4. Treatment Type
   - Imaging
   - Long term acute care (LTAC)
   - Medical
   - Neonatal
   - Obstetric
   - Rehabilitation (Rehab)
   - Surgical
   - Transplant
5. Diagnosis –enter Diagnosis code or use Advance Search

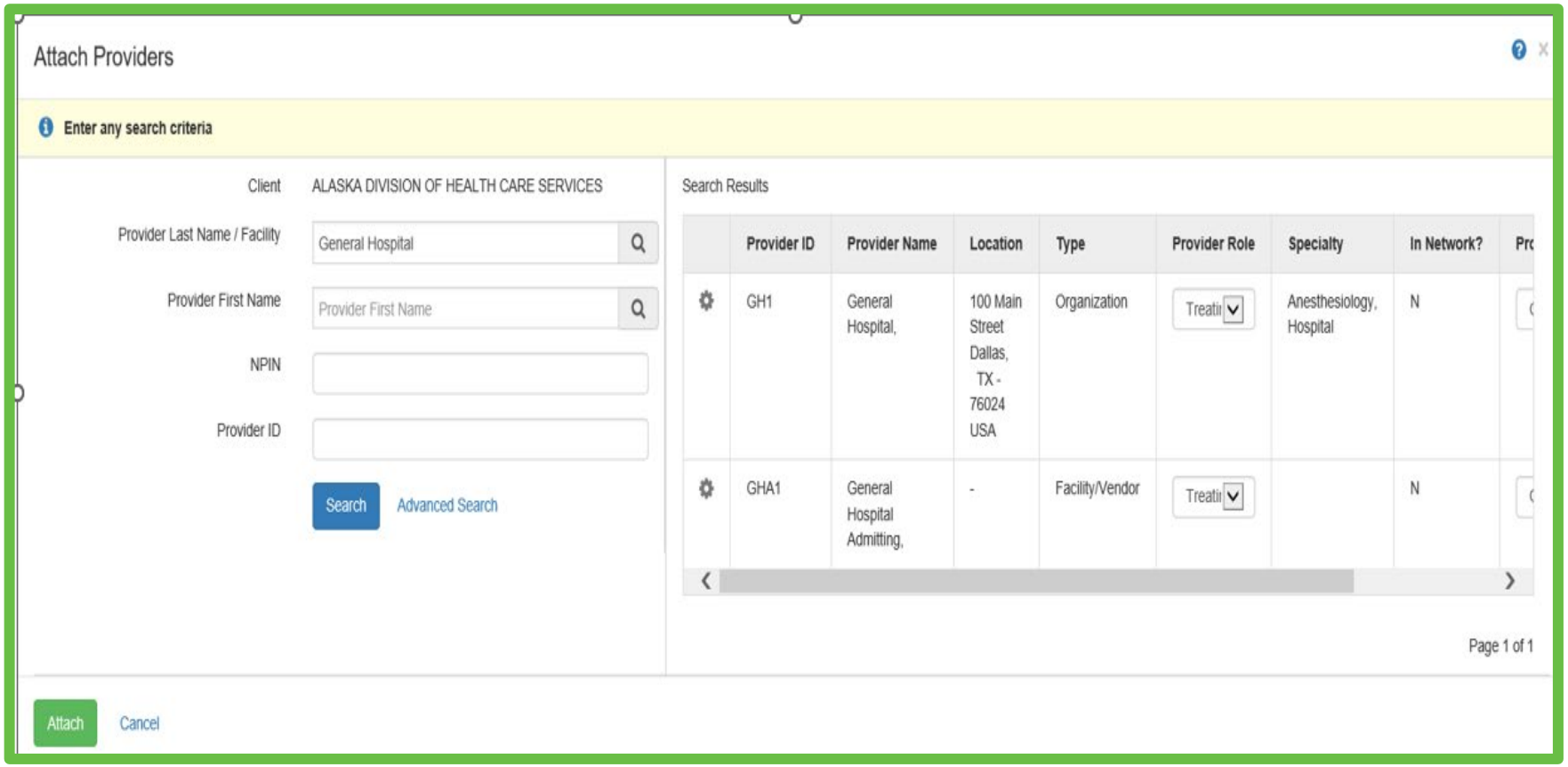
Working Steps to Submit a Request

- Scroll Down to Attach Providers to Episode



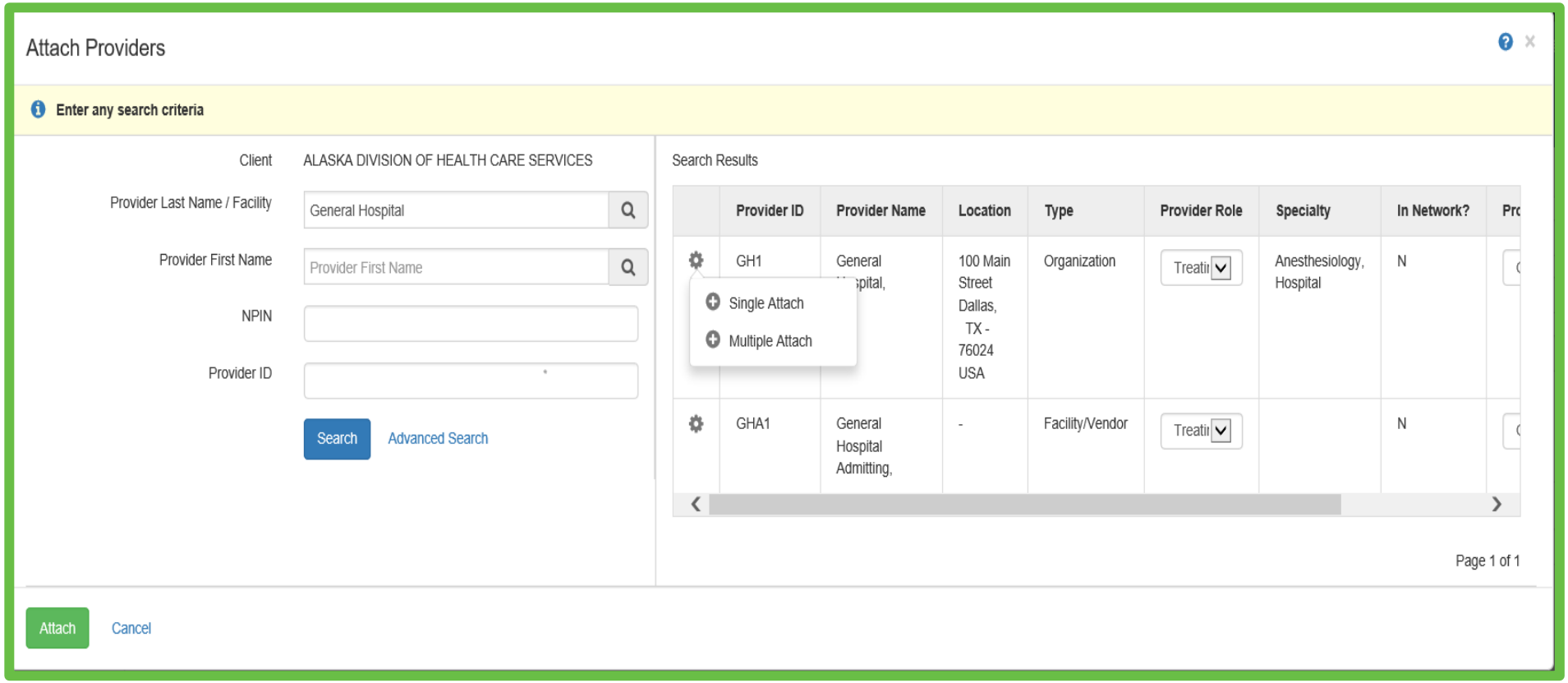
Working Steps to Submit a Request, continued

- Use Search or Advanced Search to find providers



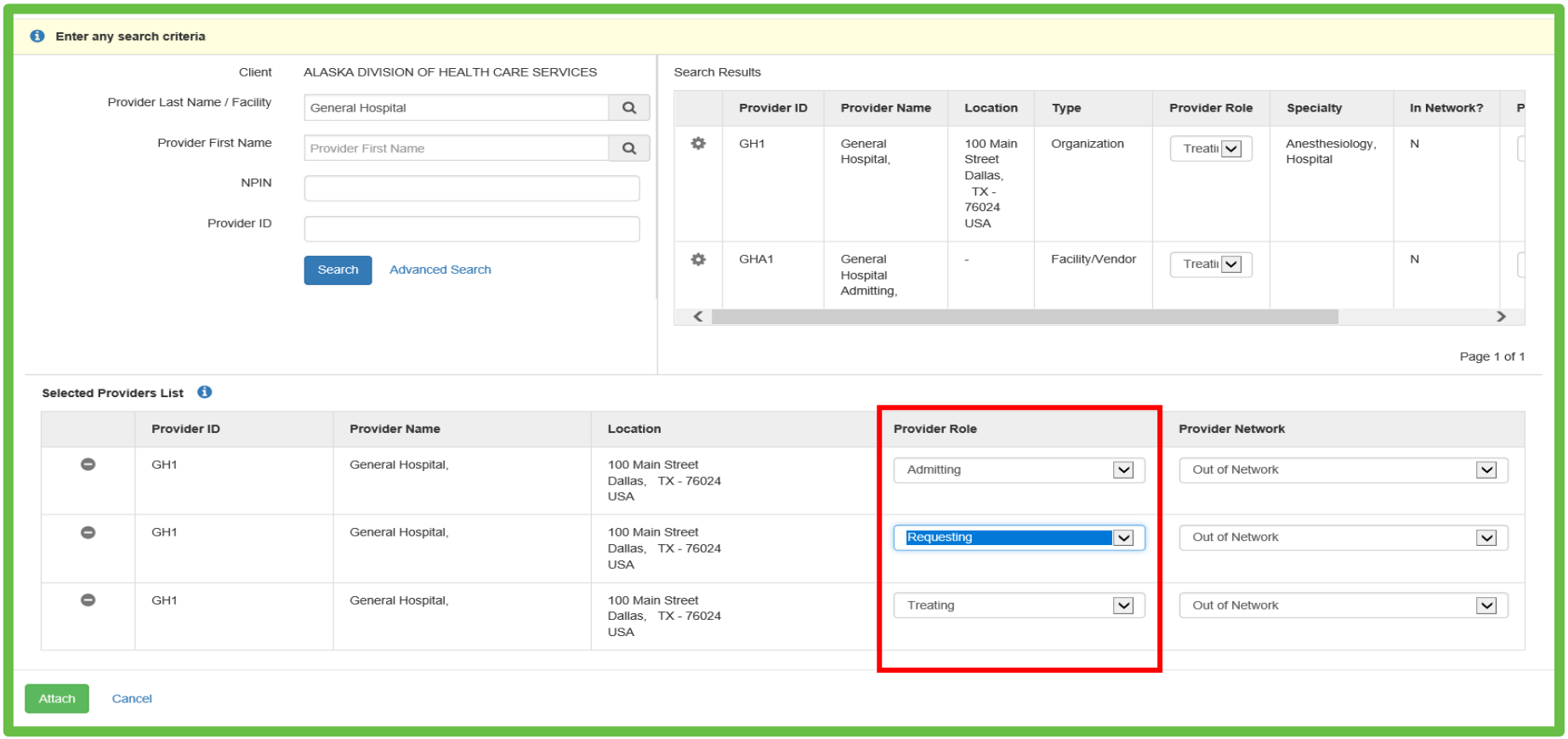
Working Steps to Submit a Request, continued

- Once you have selected the provider – click on the gear to select single attach or **multiple attach**

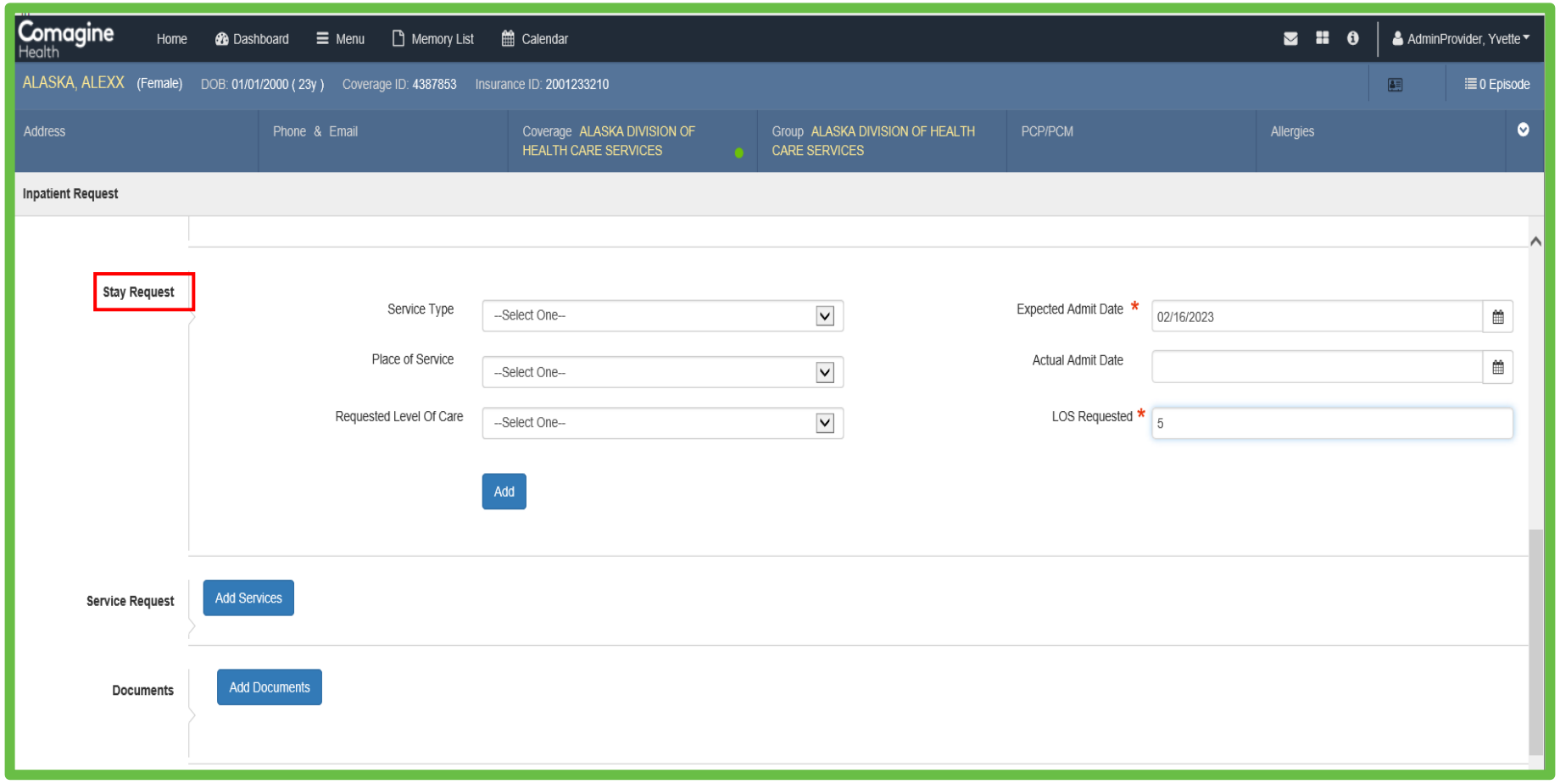


Working Steps to Submit a Request, continued

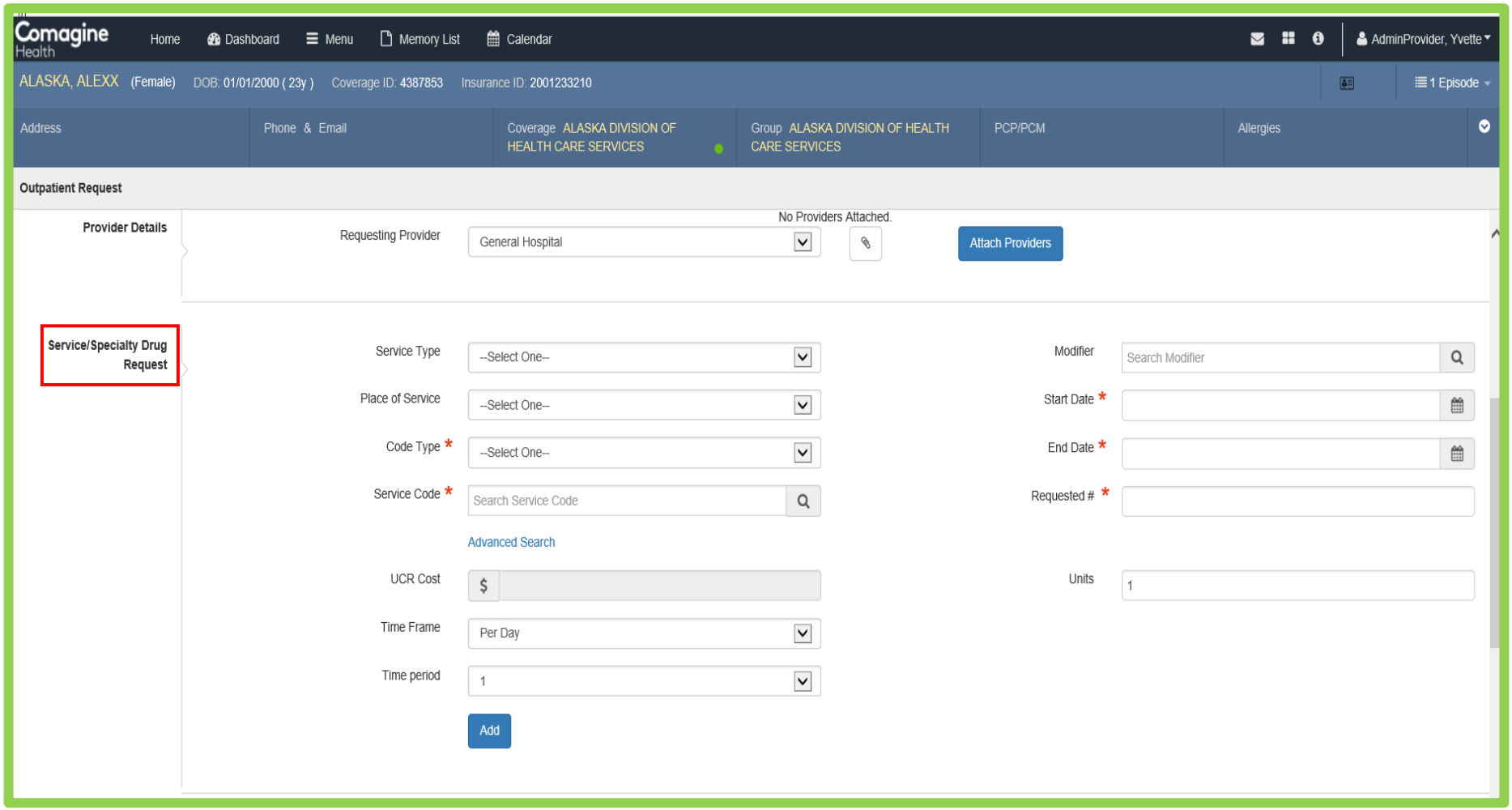
- Admitting, Treating, and Requesting provider must be attached



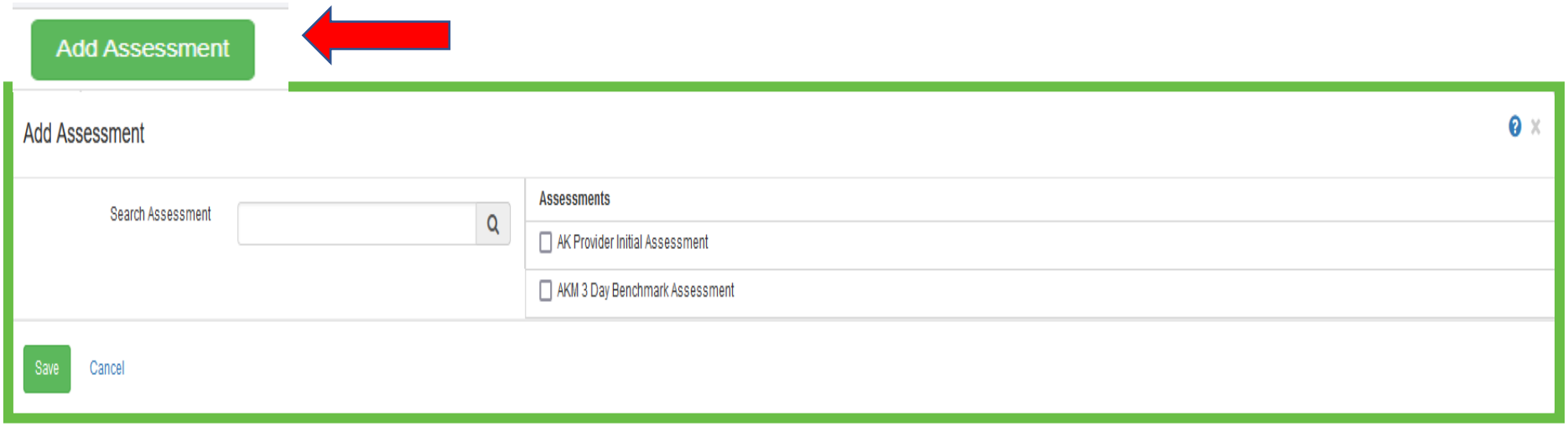
Stay Request must be completed for Inpatient Services



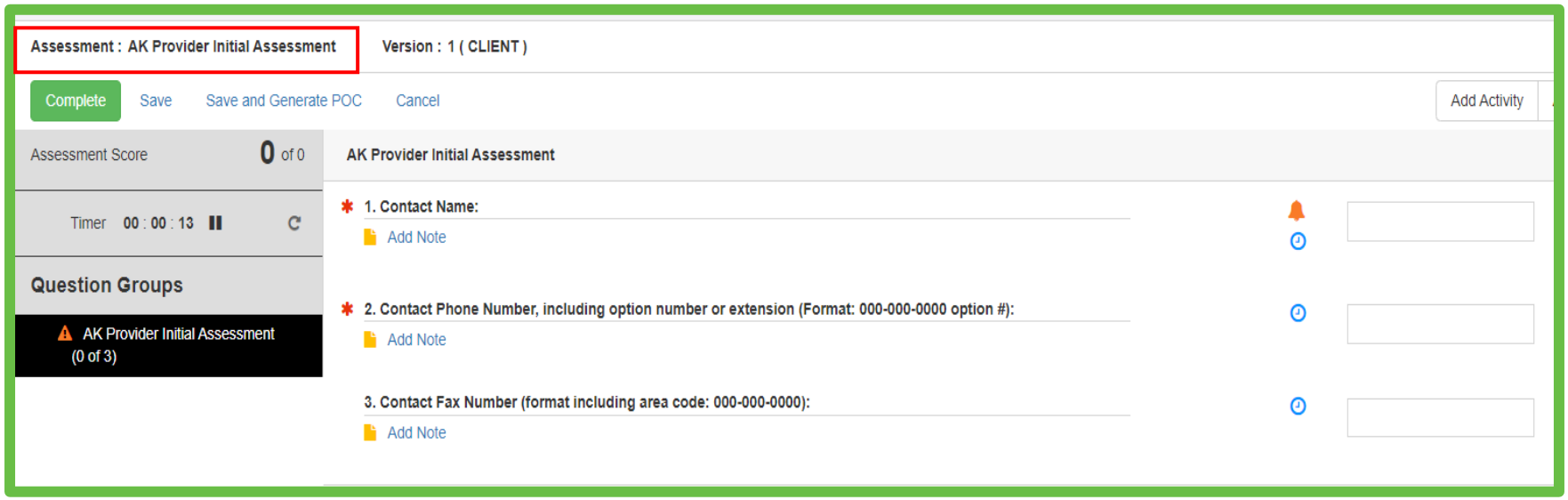
Service Requests must be added for Outpatient Services



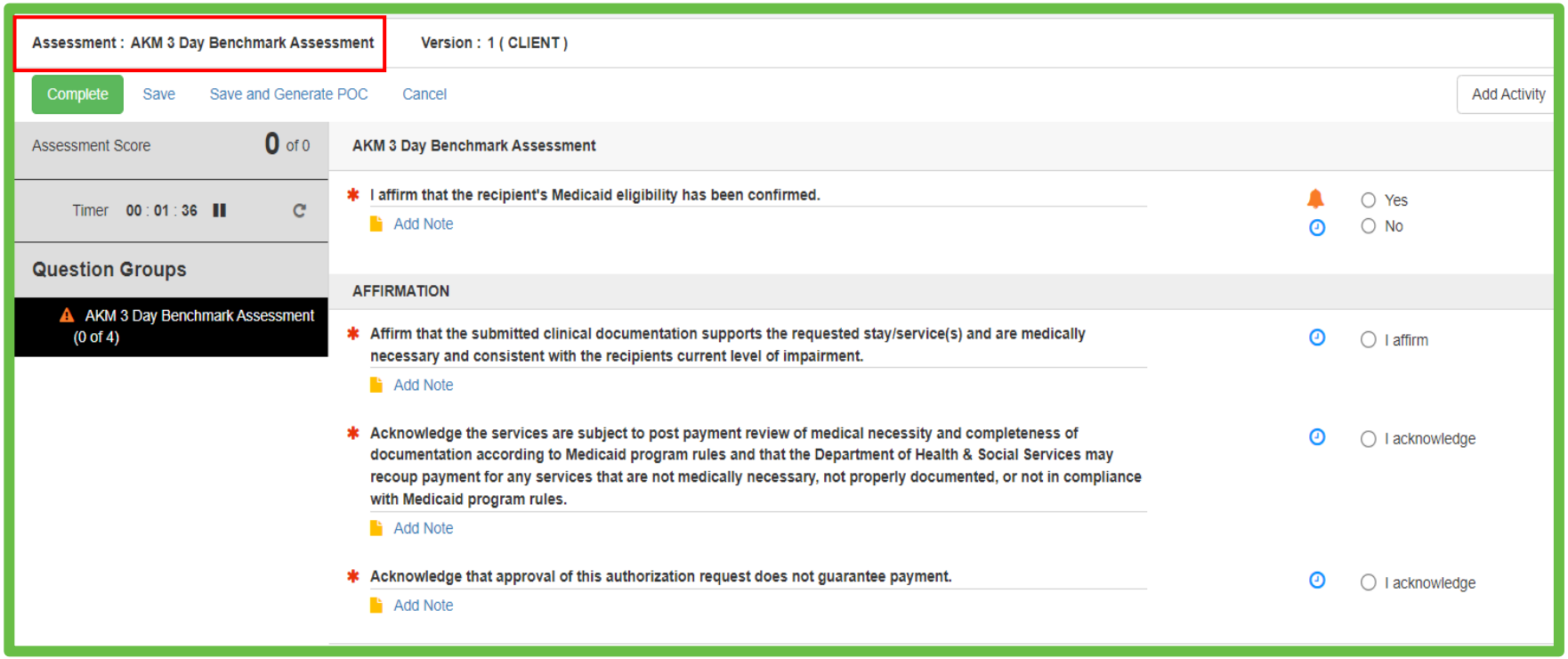
Assessments



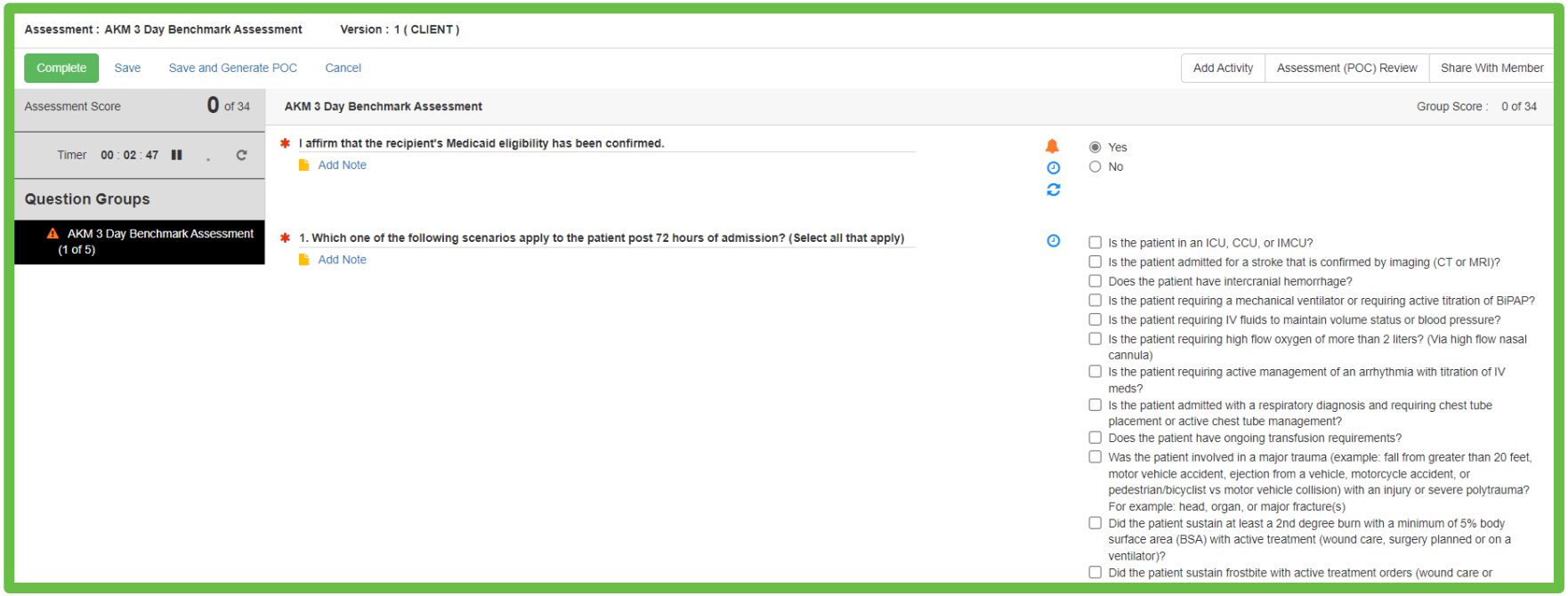
AK Provider Initial Assessment



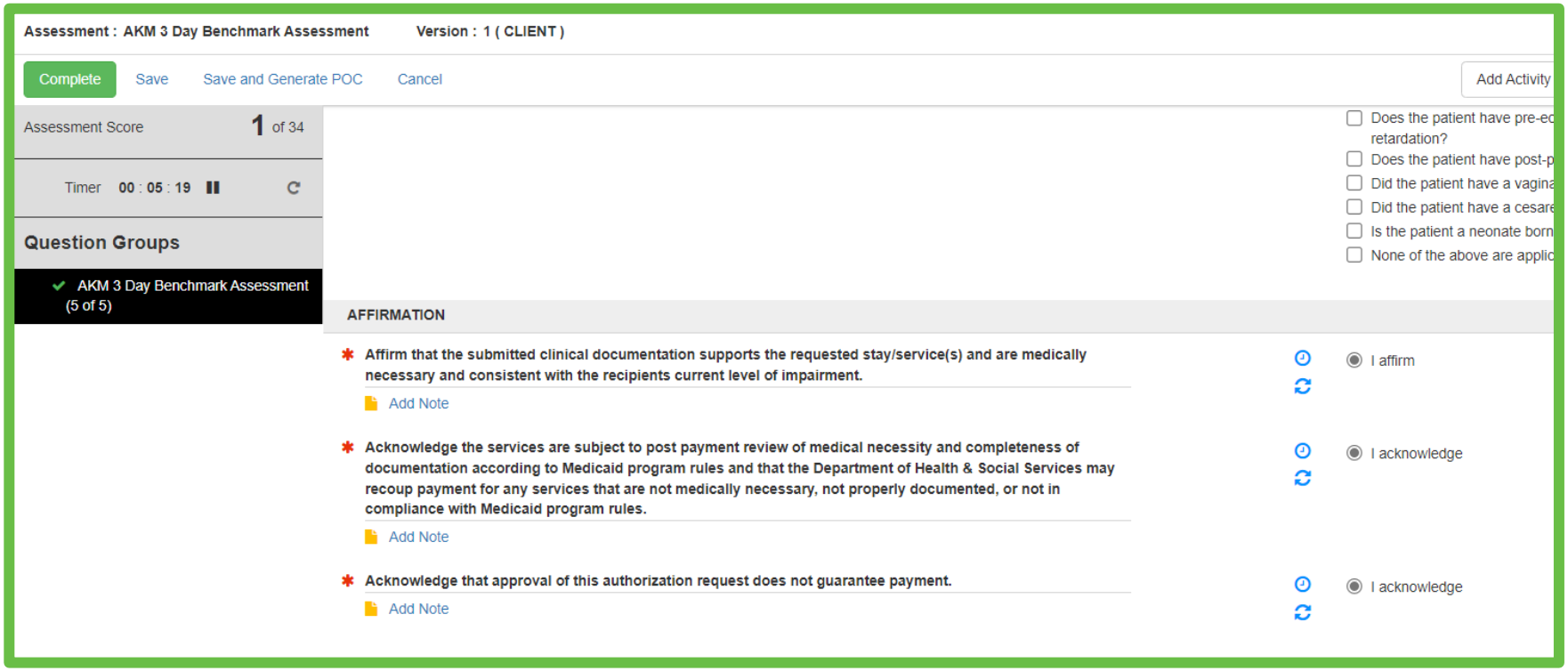
Alaska Medicaid Three Day Benchmark Assessment



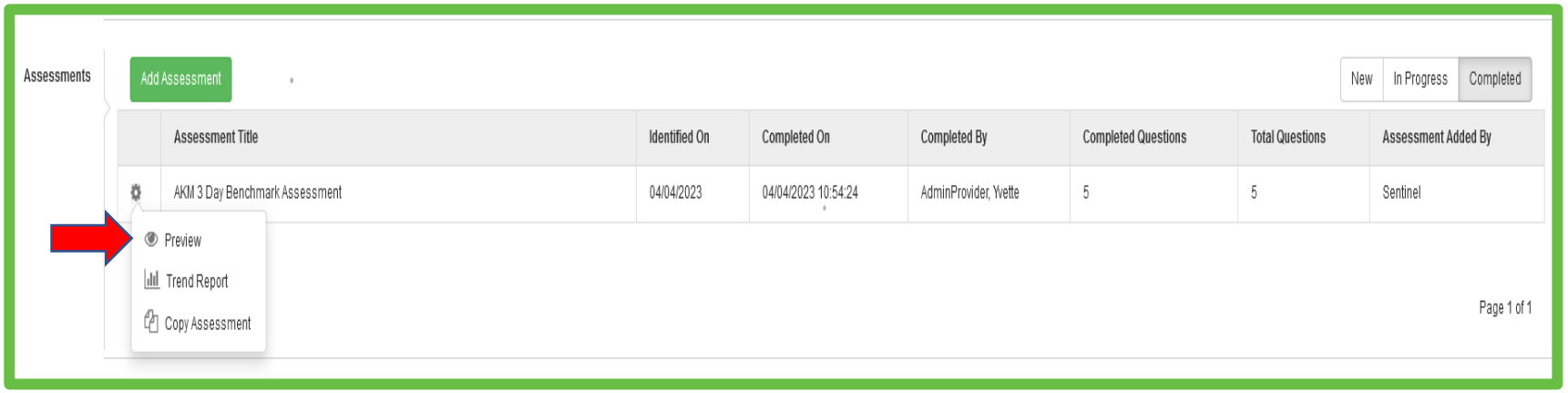
Alaska Medicaid Three Day Benchmark Assessment, continued



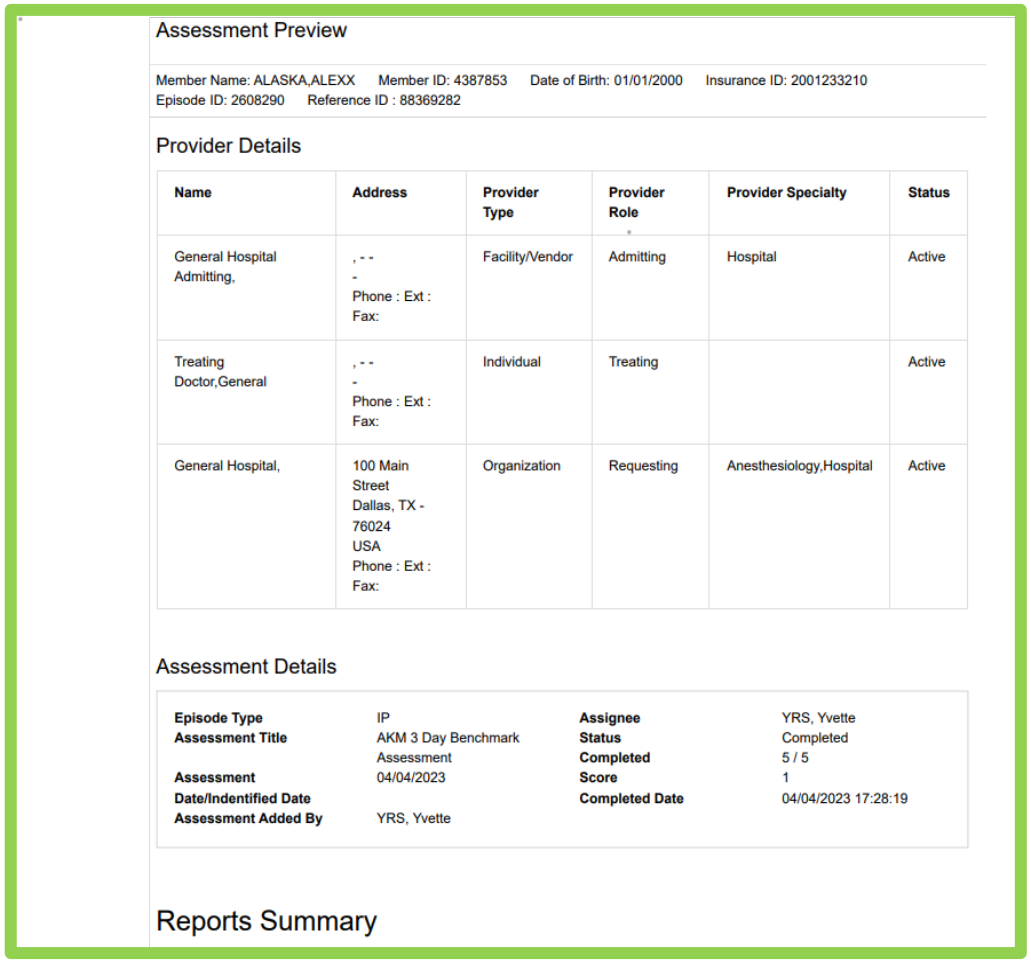
Affirmation and Acknowledgement



Preview Assessment



Assessment Preview



Assessment Preview

Member Name: ALASKA,ALEXX Member ID: 4387853 Date of Birth: 01/01/2000 Insurance ID: 2001233210
Episode ID: 2608290 Reference ID : 88369282

Provider Details

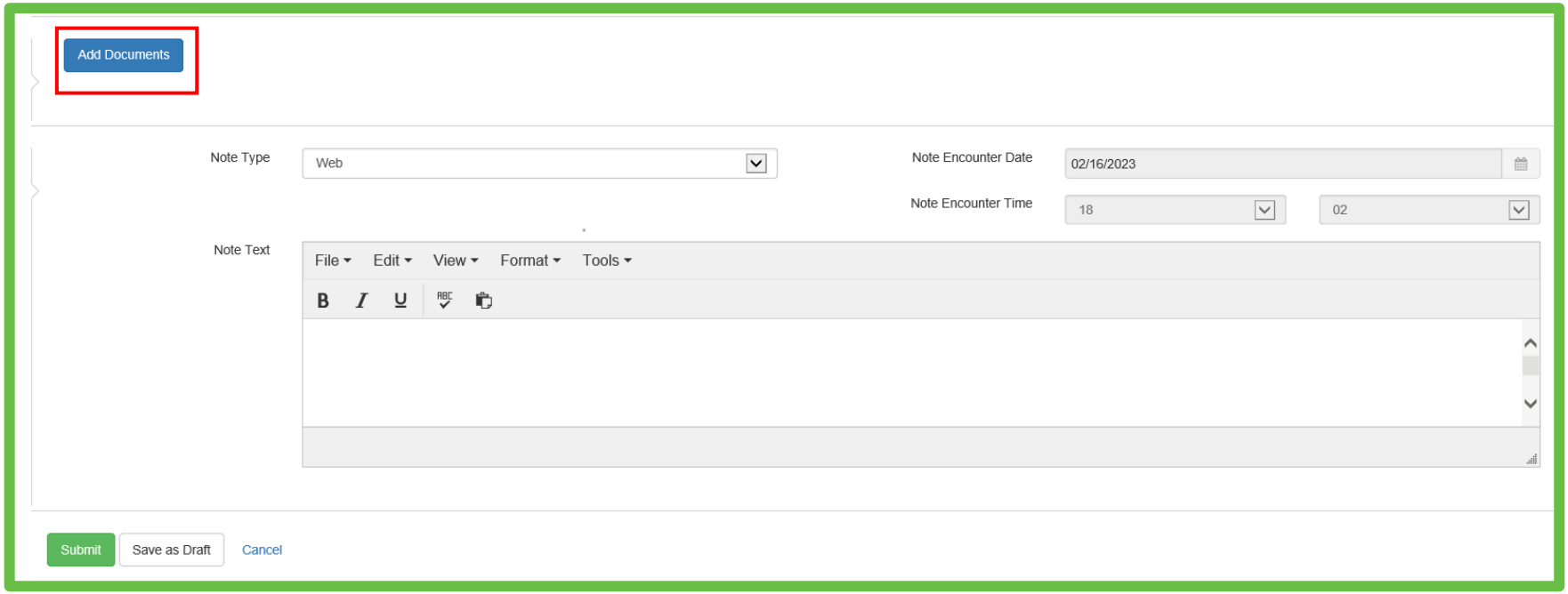
Name	Address	Provider Type	Provider Role	Provider Specialty	Status
General Hospital Admitting,	, - - - Phone : Ext : Fax:	Facility/Vendor	Admitting	Hospital	Active
Treating Doctor,General	, - - - Phone : Ext : Fax:	Individual	Treating		Active
General Hospital,	100 Main Street Dallas, TX - 76024 USA Phone : Ext : Fax:	Organization	Requesting	Anesthesiology,Hospital	Active

Assessment Details

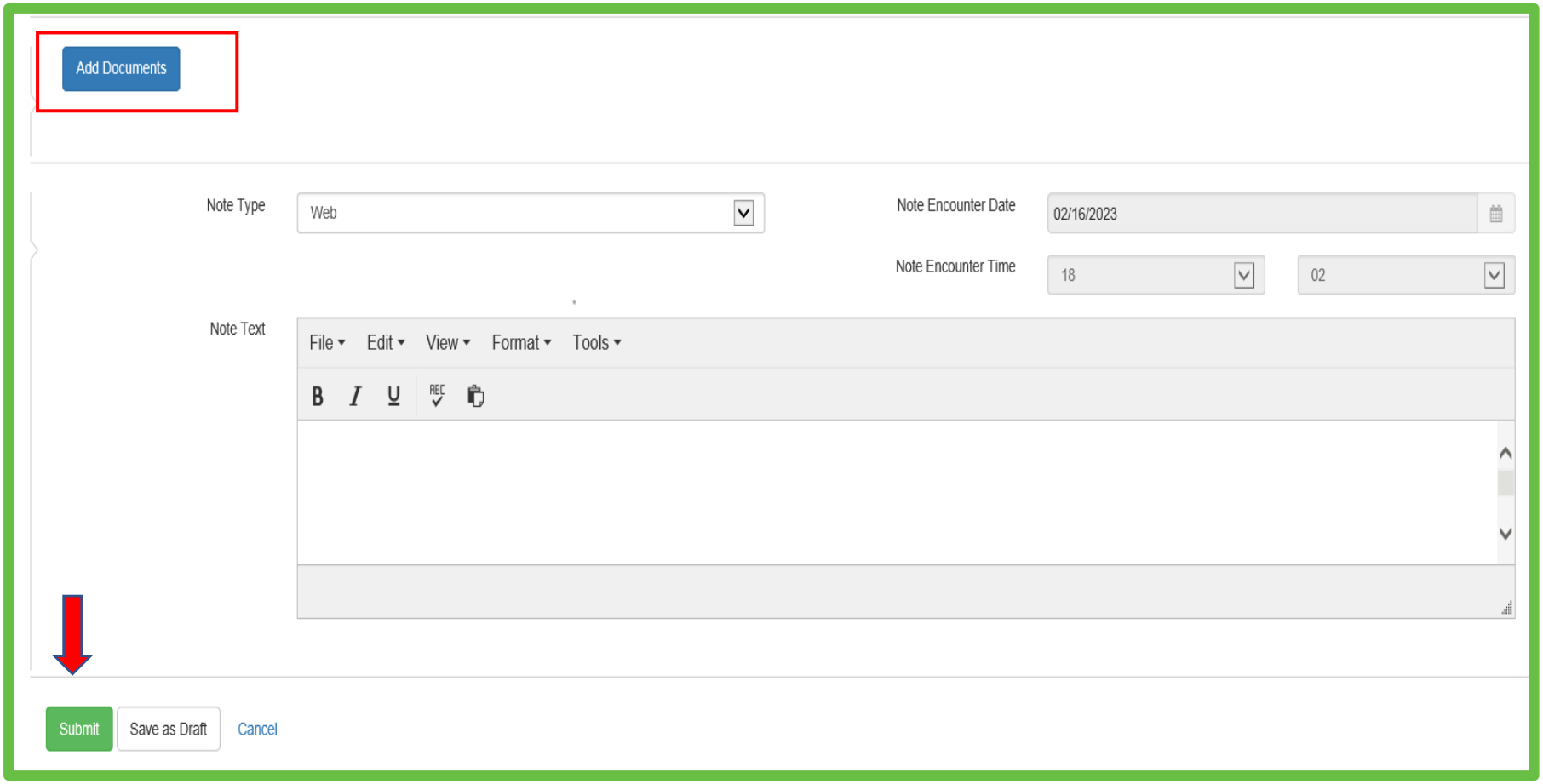
Episode Type	IP	**Assignee**	YRS, Yvette
Assessment Title	AKM 3 Day Benchmark Assessment	**Status**	Completed
		Completed	5 / 5
Assessment Date/Indentified Date	04/04/2023	**Score**	1
		Completed Date	04/04/2023 17:28:19
Assessment Added By	YRS, Yvette		

Reports Summary

Documents


Add Documents
Note Type
Web
Note Encounter Date
02/16/2023
Note Encounter Time
18
02
Note Text
File
Edit
View
Format
Tools
Submit
Save as Draft
Cancel

How to Submit or Save as Draft



What to Submit with a Request

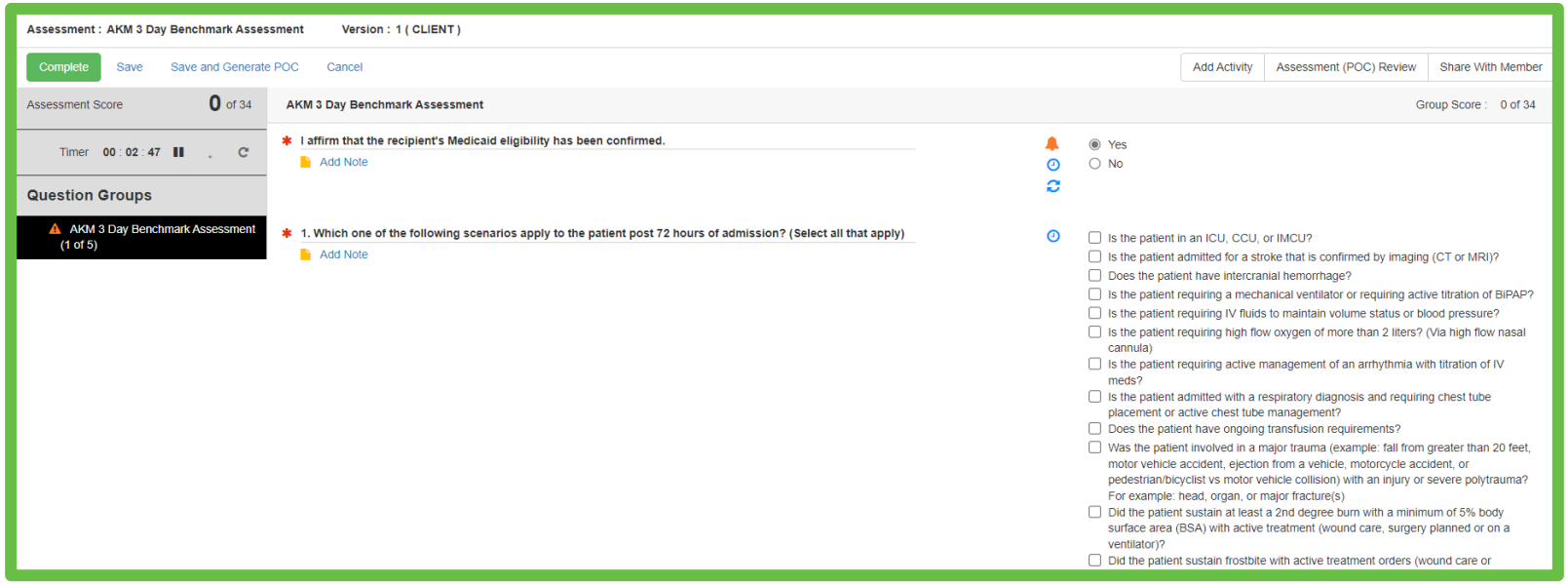
Comagine Health

Utilization Management

- Review for medical necessity, appropriateness of treatment(s) and select procedures
- Utilize evidence-based criteria and organizational policies
  - 2022 InterQual® criteria begins June 5th, 2023
  - Organizational policies
    - Developed by a multidisciplinary team (Physicians, Clinicians, Clinical reviewers, Directors)
    - Support local and contractual expectations
- Screen for Case Management (CM) referral

Acute Inpatient Prior Authorizations

- Timeframes
  - Admissions exceeding the three-day benchmark
  - All codes included on the Alaska Medicaid PA List
- Request details
  - Initial IP requests require an assessment to be completed with supportive clinical details



Concurrent Review

- Timeframe
  - Follow next review date (NRD) information in request
- Request details
  - Targeted clinical for NRD
  - Facility confinement reaches the review date and discharge (DC) is unlikely or unknown
  - Changes in clinical presentation
  - Discharge date

Retrospective Reviews

- Timeframe
  - After services rendered
  - After discharge of IP services
  - Within timely filing status
- Review details
  - Split bill authorizations
  - Urgent requests
  - Allows for timely Case Management (CM) referrals
  - Entire chart is not to be submitted

Imaging Requests

- Timeframe
  - Valid for up to four months from the requested date of service
  - Provider can set the timeframe on each request up to four months
- Assessments
  - Assessment and trigger assessments completed with details
  - Fillable assessment form on Comagine.org

Imaging Request Details

- Repeat IMG details
- Multiple IMG procedures allowed on one PA request if scheduled for the same date of service (DOS)
- One IMG request per assessment questionnaire
- If additional IMG is completed on DOS, a new retrospective review request is required

Imaging Request Details, continued

- Clinical information for all requested studies *must* be submitted in order to complete the review
- Correctly completed IMG questionnaires do not require any additional information or documentation
- Additional clinical documentation may be submitted via the CHPP

Imaging Assessment Example

Assessment Details

Episode Type	OP	**Assignee**	Admin, Yvette
Assessment Title	AK Imaging	**Status**	Completed
Assessment Date/Indentified Date	04/06/2023	**Completed**	17 / 17
Assessment Added By	Admin, Yvette	**Completed Date**	04/06/2023 13:57:28

Reports Summary

Additional Questions

Questions	Answers
• I affirm that the recipient's Medicaid eligibility has been confirmed.	• Yes
• 1. Is the imaging procedure being requested, for a work-related injury?	• No
• 2. Is the imaging procedure for an injury?	• Yes • 04/03/2023
• 3. What imaging procedure is being requested? (select ONE)	• MRI
• 4. Imaging procedure being requested to assess: (select ONE)	• 73721
• 5. Part of body to be imaged: (select ONE)	• Knee • Knee - Right
• 6. Reason for the requested imaging procedure: (include follow-up, pre/postop, accident, rule out dx, differential dx, etc.)	• accident.
• 7. Previous Care completed: (select all that apply)	• HEP (Home Exercise Program) • Physical/Occupational Therapy
• Date therapy was completed:	• 04/05/2023
• What body part and how many weeks duration?	• leg x 6 wks.
• Was therapy effective in reducing your symptoms?	• No

Imaging Trigger Assessment Example

Assessment Details

Episode Type	OP	**Assignee**
Assessment Title	AKM Imaging Assessment B	**Status**
Assessment Date/Indentified Date	04/06/2023	**Completed**
Assessment Added By	Admin, Yvette	**Score**
		Completed Date

Reports Summary

Additional Questions

Questions	Answers
• 1. Has the patient presented with new or changing symptoms or findings?	• Yes
• 2. Is the requested imaging for diagnosis?	• Yes
• 3. Is the requested imaging procedure required for treatment planning?	• Yes
• Affirm that the submitted clinical documentation supports the requested stay/service(s) and are medically necessary and consistent with the recipients current level of impairment.	• I affirm
• Acknowledge the services are subject to post payment review of medical necessity and completeness of documentation according to Medicaid program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules.	• I acknowledge
• Acknowledge that approval of this authorization request does not guarantee payment.	• I acknowledge

Surgical Requests

- Timeframe
  - Valid for 4 months once decisioned and approved
- Request Details
  - No assessment needed
  - Detailed surgical plan required with all requests
  - Staged surgeries on same admission vs separate admissions
  - Observation vs IP status
  - Code changes and adjustments post surgery with operative report

Transplant Requests

- Timeframe
  - Valid for 6 months on OP auths once decisioned and approved
  - You must resubmit a new request with updated clinical if the transplant has not occurred

- Request Details
  - No assessment needed
  - Outpatient (OP) auth for waitlist using a CPT code
  - Inpatient (IP) auth for actual transplants using an ICD-10 code

LTACH and Rehab Requests

- Timeframes
  - Admissions are valid for 7 days from approval to admit
  - Follow next review date (NRD) information for length of approval
- Request details
  - No assessment needed in Jiva
  - Clinical within 1-2 days of request
  - Targeted clinical for review

Helpful Information for Request Submissions

- Submit targeted clinical information with date, current interventions, changes in plan of care, expected length of stay (LOS) and discharge date
- Entire chart is not required for any request
- Word documents, PDFs and JPGs are acceptable attachment formats
  - Image format files (.tif) are not accepted
- Prevent decertification due to insufficient clinical information by responding to web requests for additional information

Appeals and Options Following Non-Certification

All options	Details and information
Doctor-to-Doctor (DTD) consultations	• DTD is offered at the time of denial • Does not affect appeal rights • Also called a Peer-to-Peer consult • Request within 60 days of notice letter
Additional Information (previously called additional information in lieu of a DTD)	• Does not affect appeal rights or the right for a DTD • For denials based on lack of information • Request within 60 days of notice letter

Appeals

Options	Details and Information
Expedited Appeal	• ONLY in a case involving urgent care • Person must be inpatient (IP) status • Provider to submit request via the provider portal • Decision within 72 hours • Entire record is not to be submitted
Standard Appeal	• Submit via the CHPP (preferred) • Are completed internally and externally (peer matched) • Must decision within 30 days • Entire record is not to be submitted

Utilization Management & Case Management Integration

- Most CM referrals are initiated from UM reviews
  - Medically complex patients
  - Support the DC plan
  - Long acute inpatient stays
- Potential non-certifications are referred to CM



Comagine Health Website
Provider Resources and Education

1. Go to http://www.comagine.org
2. Select Programs
3. Then select Alaska Medicaid- Health Care Services
4. Provider Resources and Education are accessible



Comagine Health Contact Information

Utilization Review

Toll-free phone
(800) 783-9207

Toll-free fax
(800) 826-3630



Utilization Review Hours

6:30 am to 5:00 pm Alaska Time
Monday through Friday

Utilization Management Questions



Thank you!

Please complete the Survey Monkey after this presentation:
https://www.surveymonkey.com/r/NFFJMHB

You will be entered into a drawing for a gift certificate.

Comagine Health