Quick Start Guide (QSG) – Diagnosis Related Group (DRG) Facility

Inpatient Acute Psychiatric Review Requests

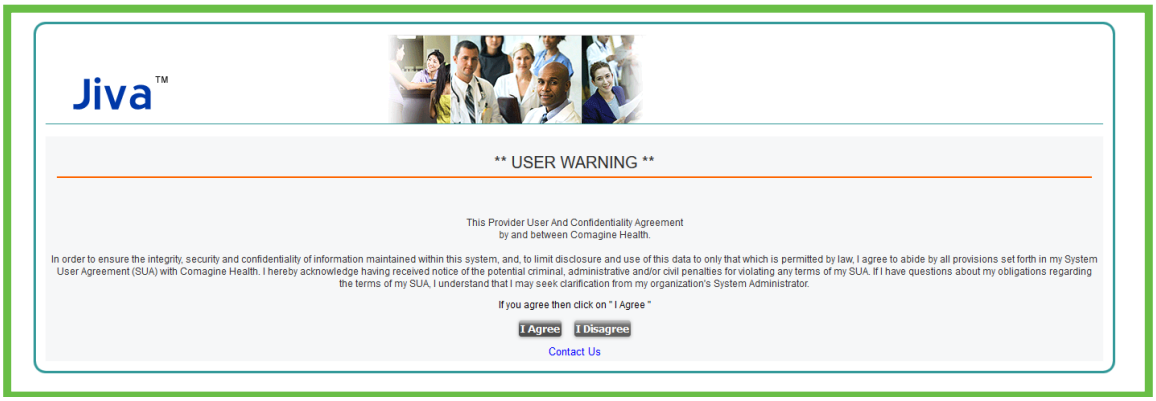
Revised March 2024

Purpose:

A quick start guide for submitting inpatient (IP) DRG authorization requests via the Comagine Health Provider Portal (CHPP).

Provider portal Log In

A. Enter current UserID and password
B. Compatible with Chrome, Edge, and Firefox. I.E. mode not required

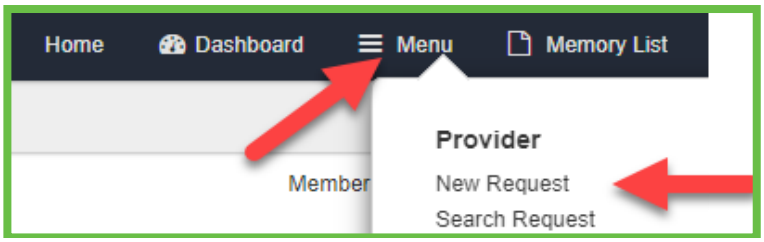


Main View:

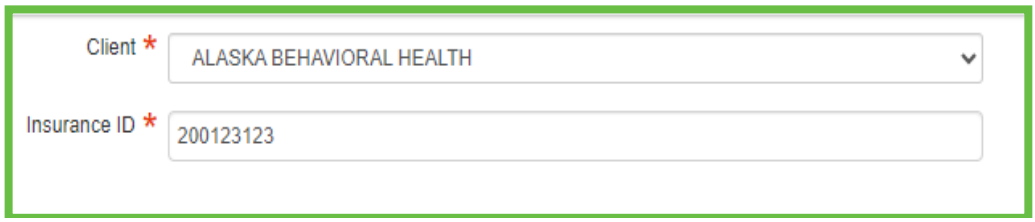
A. Home (Splash) Page- where Comagine Health posts provider announcements
B. Dashboard - where work can be managed Individually (To Do tab) or as a Team
C. Menu- to start New Request or Search Request
D. Memory List – Holds ten screenshots
E. Menu- to start New Request or Search Request
F. Memory List – Holds ten screenshots

Procedure:

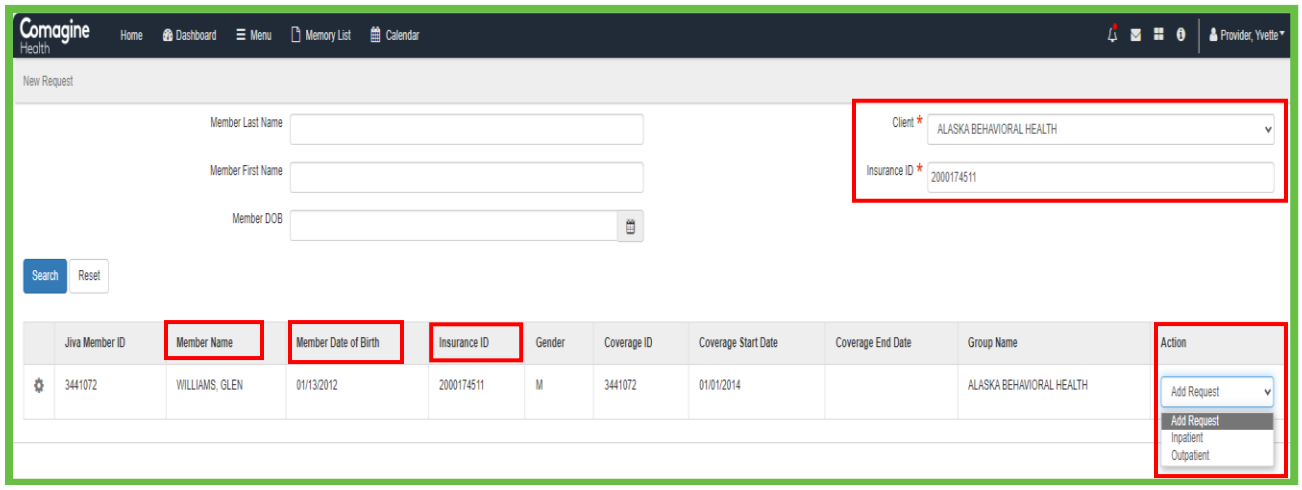
1) Submit a **New Request**
   - Click on Menu and select New Request



2) **Complete the fields with the red asterisk (*)**
   - Under Client: Select ALASKA BEHAVIORAL HEALTH
   - Under Insurance ID: Enter Medicaid number starting with 200 or 060
   - The Reference ID or Episode ID can also be entered to narrow the search



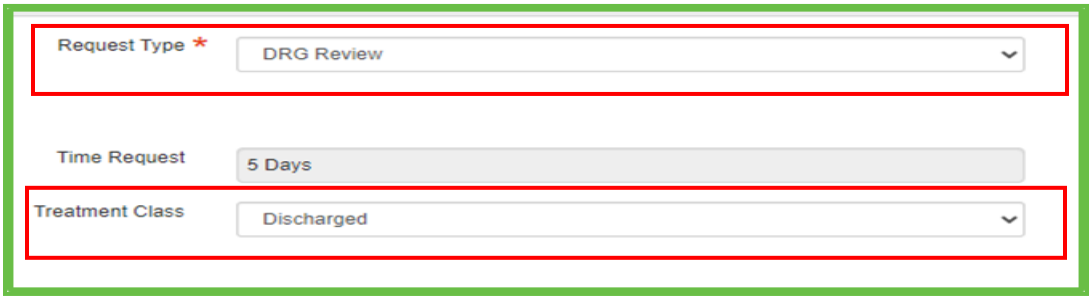
3) **Action**
   - Verify correct member name, date of birth and insurance ID
   - Select Add Request
   - Select Inpatient (IP)



4) **Episode Details-** Complete the fields with the red asterisk (*) including the Treatment Class.

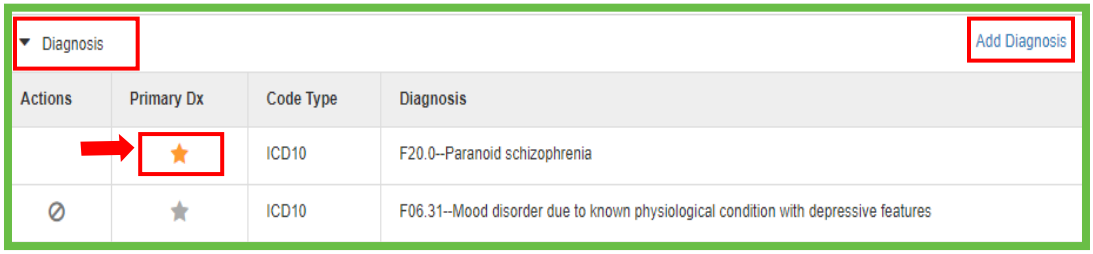
For Inpatient Acute Psychiatric DRG Review Requests complete:

- **Request Type***: Select DRG Review from dropdown **(*DRG Review*** will be available in dropdown 05/03/24)
- Time Request: Does not need to be filled in.
- **Treatment Class**: Select **Discharged** (MUST be completed even though an asterisk is not present)
- **Request Priority***: Non-Urgent will auto-populate.
- **Treatment Type**: Psychiatric



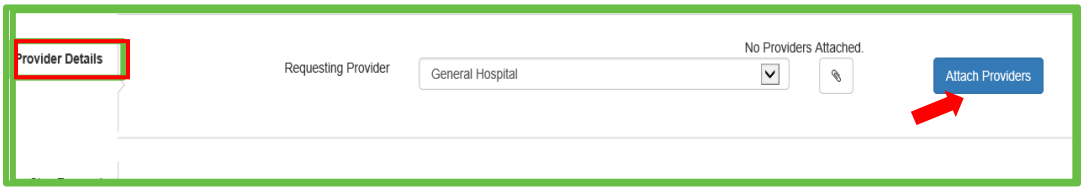
5) Fill out the **Diagnosis** Section

- Code Type: ICD10 will Auto-populate
- Diagnosis: *Only Enter one diagnosis at a time. The Primary dx should be what it is at discharge.
  - The diagnosis codes will appear in a drop-down menu as you start typing, you can then select it
  - Example: F20.0 will appear below once you select it by clicking on it
  - Primary DX can be amended by selecting the yellow star on the primary DX line



6) Fill out the **Provider Details** Section

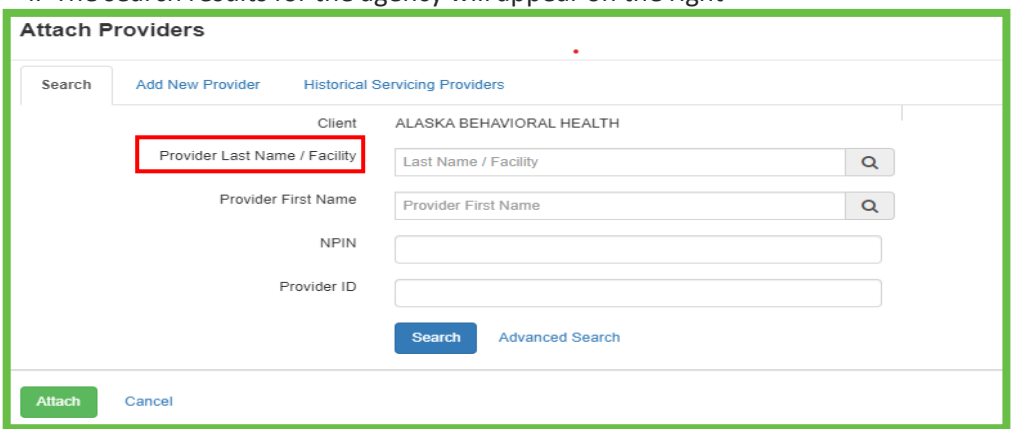
A. Select **Attach Providers** by clicking on the blue **Attach Providers** button.



B. Once selected, you will see the screen below

C. You can do a basic **Search** or **Advanced Search** for Providers

D. Enter the agency name under Provider Last Name/Facility, or Provider ID and select search
   i. The search results for the agency will appear on the right



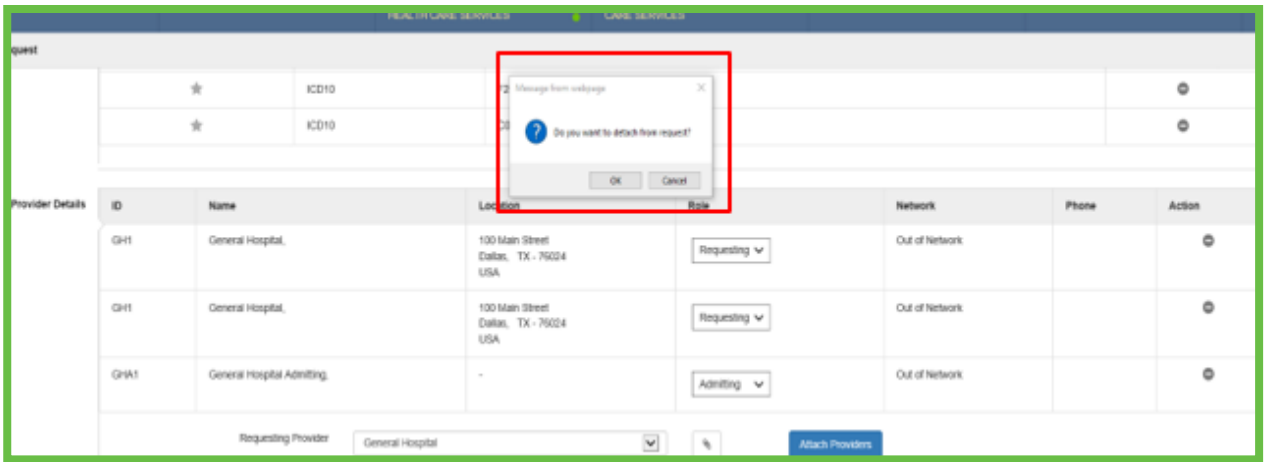
E. Click on the **gear ( )** under search results and chose **Multiple Attach**
   i. The list of the providers will appear **under Selected Provider's List**
   ii. Single Attach will allow you to attach one provider at a time and auto saves for you
   iii. Once all providers have been selected then click on green **Attach** button to save all providers

F. Select each **provider role** from the drop-down
   i. Admitting
   ii. Treating
   iii. Requesting *Ensure QH ID is selected; this allows access to the episode*

G. The providers will appear under **Provider Details.** Each episode requires;
   i. Admitting
   ii. Treating
   iii. Requesting



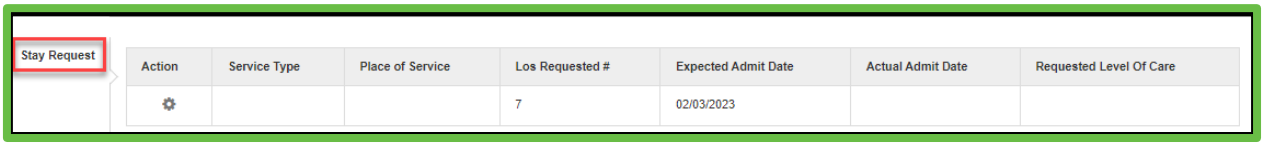
H. If a provider is selected in error; **click the icon under Action** to detach the provider; a pop-up message will ask "Do you want to detach from request?" Click **OK**



7) **Stay Request** Section for Inpatient (IP) admits only**:**

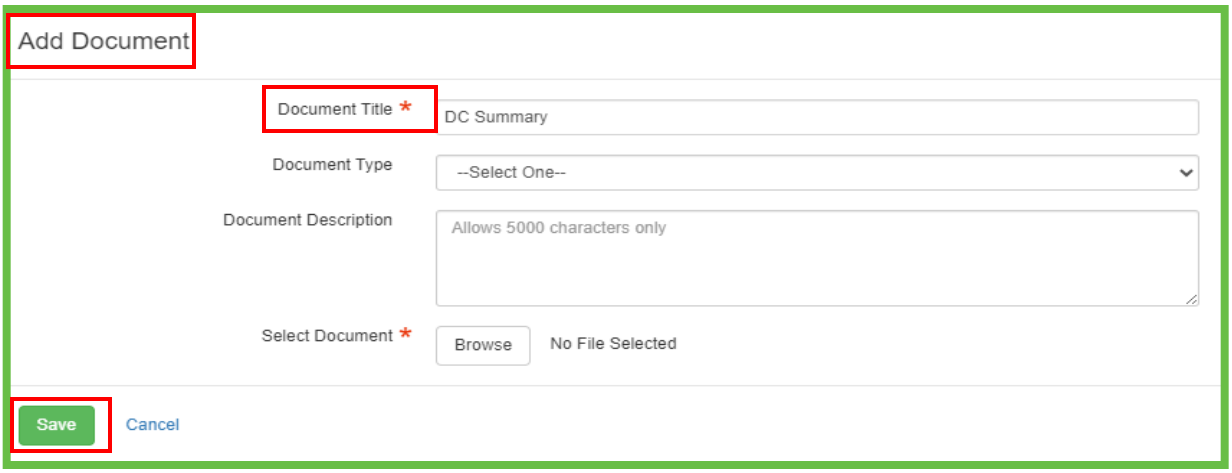
A. Service Type: Leave blank
B. Place of Services: Leave blank
C. Requested Level of Care: Leave blank
D. **Expected Admit Date***: Enter Date
E. **Actual Admit Date**: Enter Date
F. **LOS Requested** *: Enter number of days requested.





8) **Documents** Section <u>– documentation requirements include the discharge summary with an overview of what took place while inpatient and the progress made as well as discharge date and diagnosis.</u>

A. Click on blue Add **Documents** button
B. Document Title: Enter name of the document
C. Select Document: optional to select
D. Document Description: Leave Blank
E. Select document by clicking browse button
F. New window opens to select document
G. Select green **Add** button

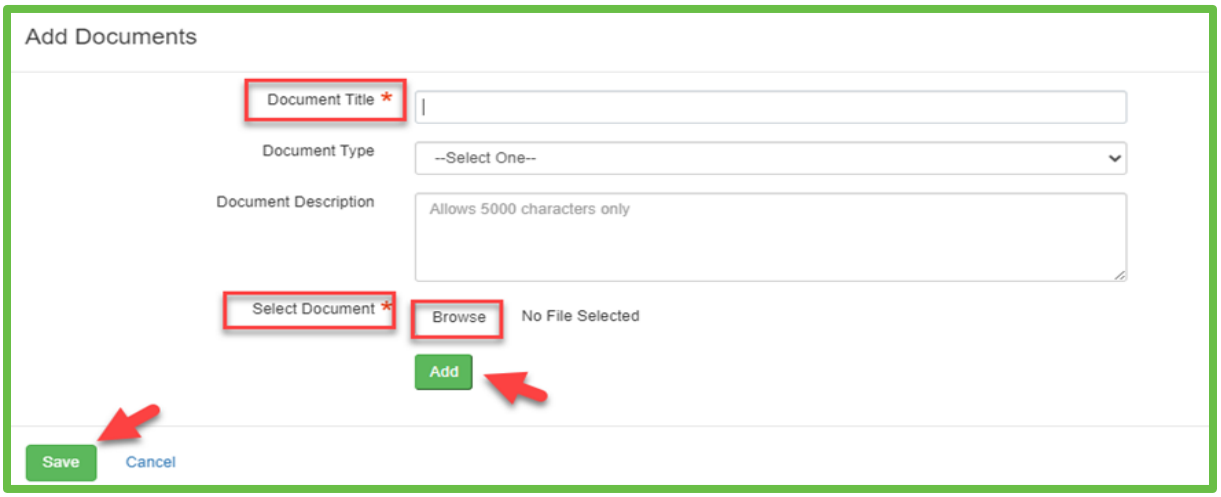


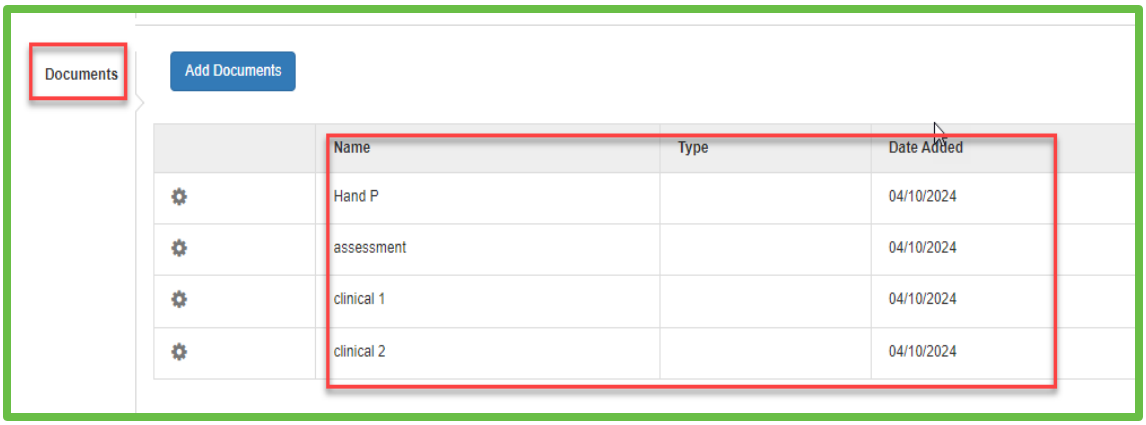
Steps to upload documents - If multiple documents repeat each step:

A. Choose the Browse button next to Select Document *
B. A window will pop up from your personal folder on your computer
C. Select the document you want to attach
D. Click Open
E. Select **Add**
F. Once all documents have been uploaded
G. Select **Save**

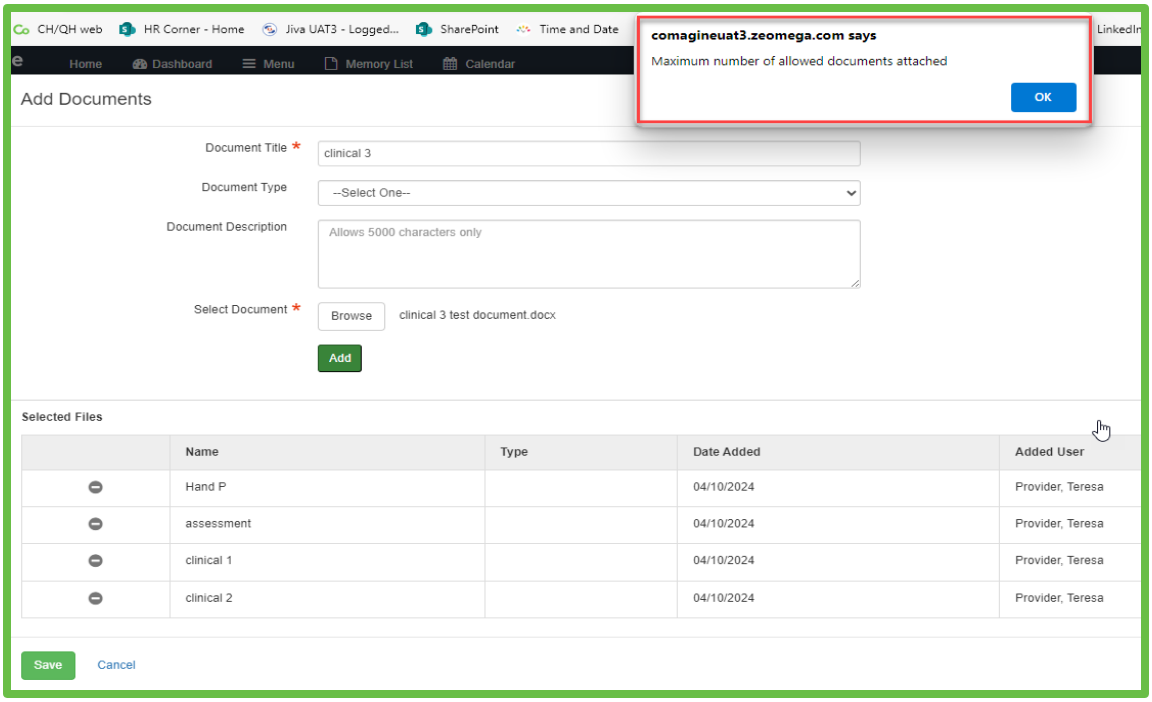


- If the number of uploaded documents exceeds 4- an error message will appear
- The maximum number of allowed documents attached is 4.
- If you need to add more than 4 documents, the process will be provided on Step 14- only after the
- episode is submitted to Comagine Health

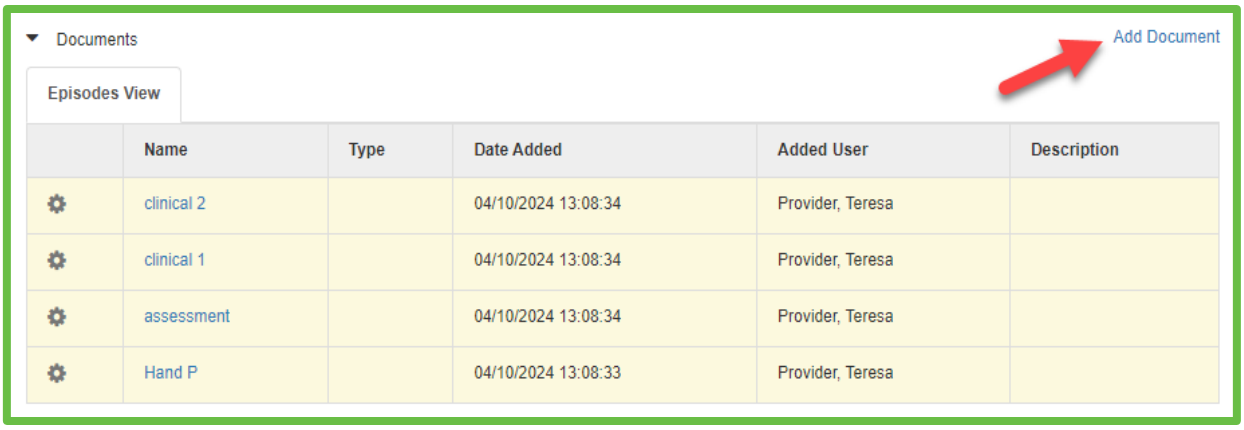




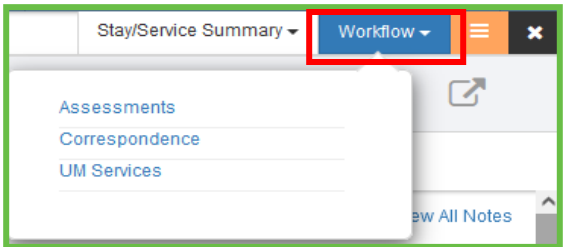
- This alert will show if you attempt to add more than 4 documents.



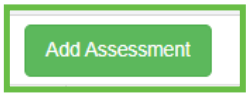
- If you need to submit additional documents, you may locate your episode by visiting your memory list at the top of the screen, or by completing a search clicking Menu and then Search Request.
- Select the episode you were working on in the Memory List or search for the Reference ID in the Search Request.
- Click on Add Document and follow steps above.



9) Click on **Workflow** then select Assessments from dropdown menu.

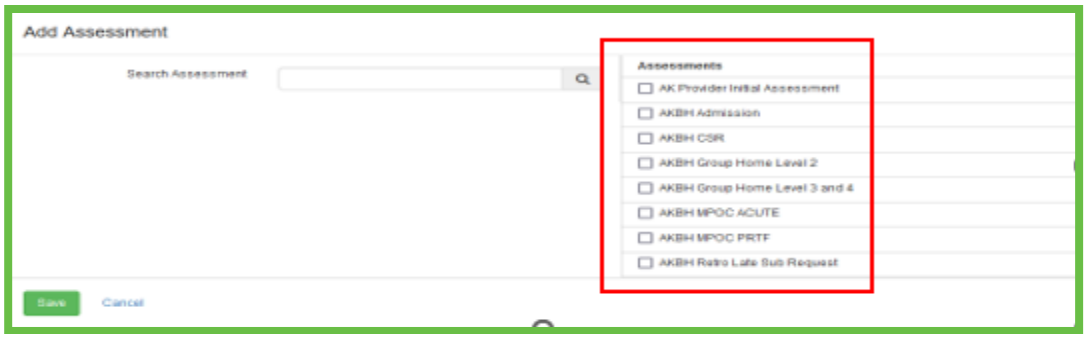


Assessments - Click on the Add Assessment tab.

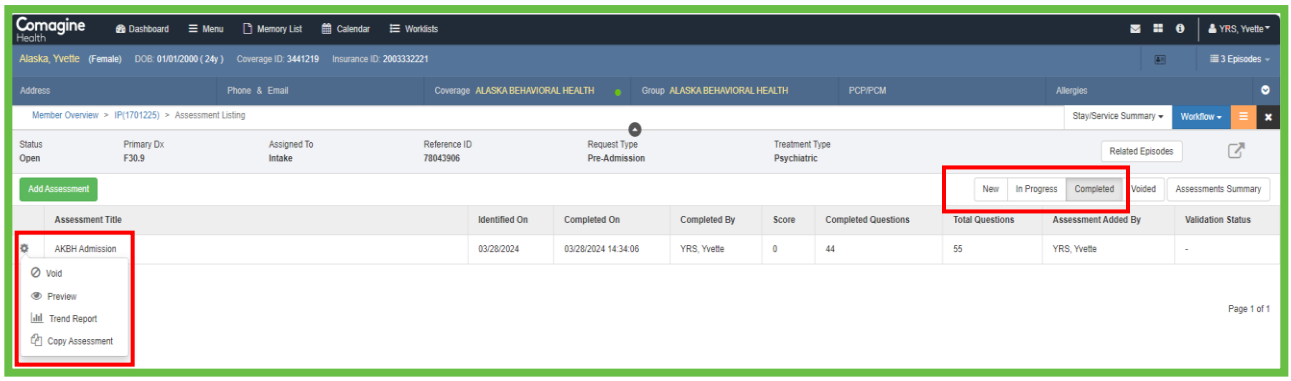


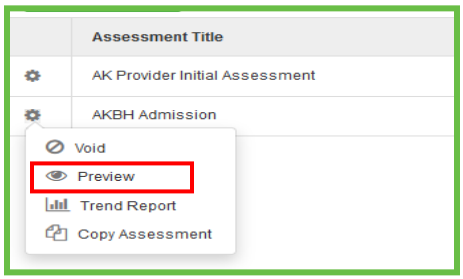
A. There have been no changes to the assessments or assessment requirements, with the exception of the DRG facility requirements.

B. The **AK Provider Initial Assessment** (contact form) is required as well as;
   i. Initial inpatient (IP) requests require the **AKBH Admission Assessment** with supportive clinical details.
   ii. Second (extension) requests require **the MPOC Acute or Residential Assessment**, as appropriate.
   iii. Third (Continued Stay Review) extension requests and all subsequent requests require the **AKBH CSR Assessment.**
   iv. DRG Inpatient Acute Psychiatric admissions require the **AKBH Admission Assessment** as well as attaching the required discharge documentation noted in step 8.
   v. Retrospective reviews require the **AKBH Retro Late Submission Request Assessment.**



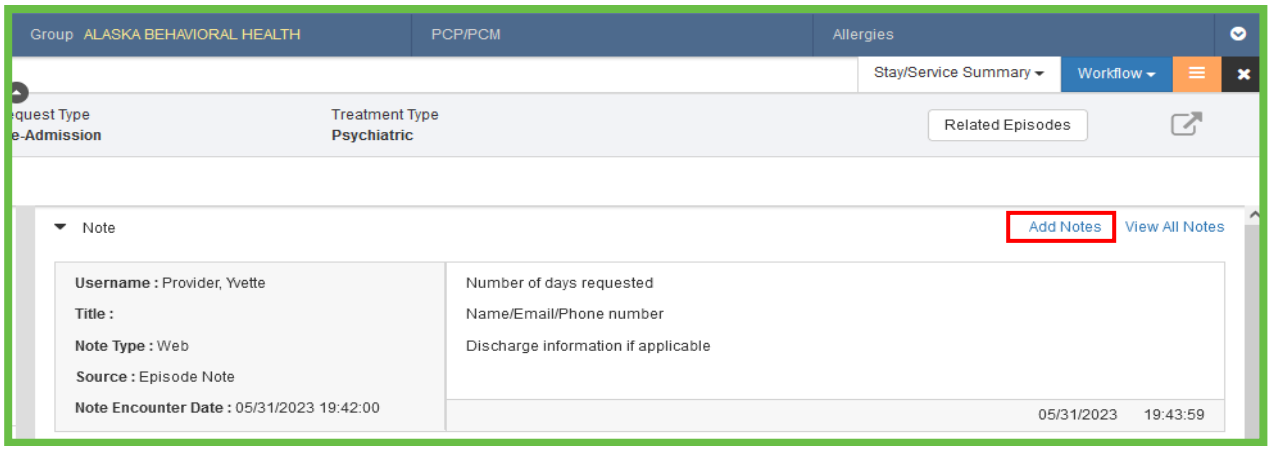
C. If you want to review your work, select the completed or in progress tab then click on the gear icon next to the completed or in progress assessment that you want to preview.

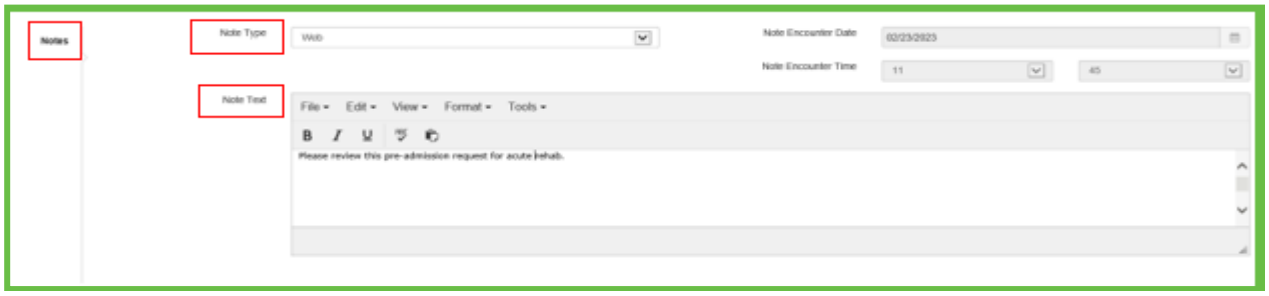




10) Notes Section

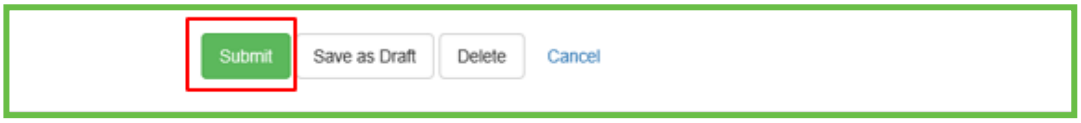
A. Note Type: Select **Web**
B. Note Text: Add notes according to the request, i.e., add number of days requested, your name and phone number and email address
C. Add discharge date, discharge disposition and follow up appointments as applicable
D. Note Encounter Date: Auto-Populates the date
E. Note Encounter Time: Auto-populates the time
F. **Save**



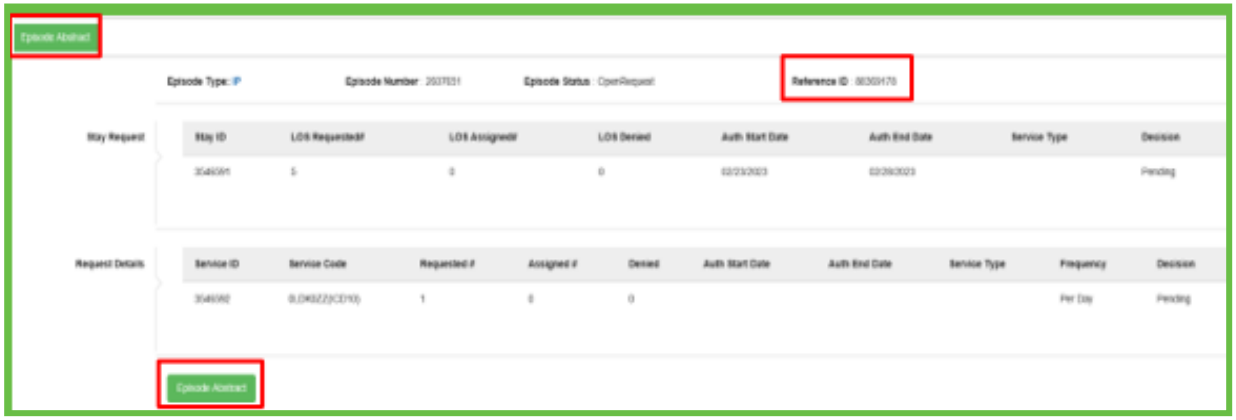


11) Submit- Review and select SUBMIT request – it will ask you to confirm.

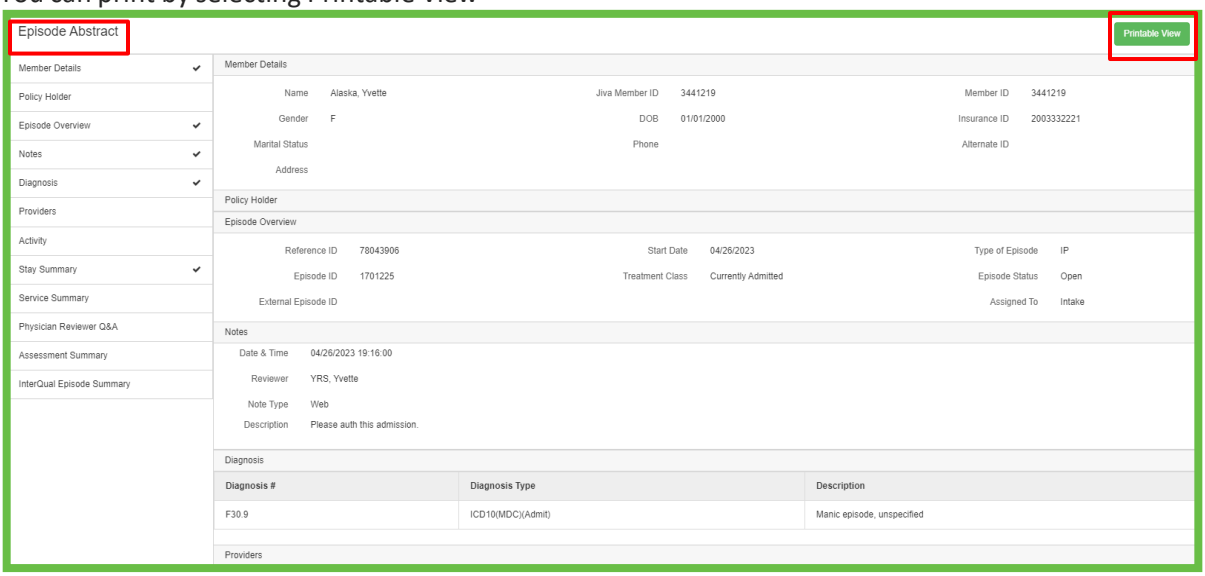
A. Submit: Episode will be submitted to Comagine Health
B. Save as Draft: Episode will not submit to Comagine Health; but will be saved for later to edit
C. Delete: The request will be deleted



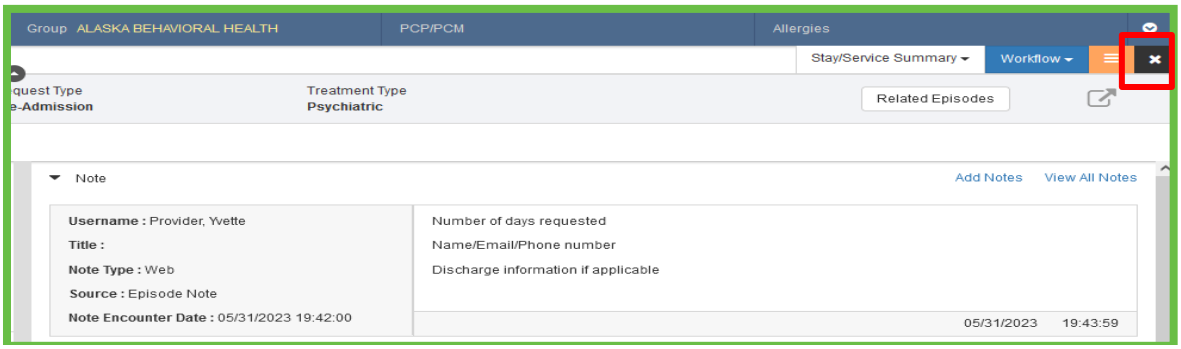
12) Make a note of the CHPP Reference ID number for your records to locate the episode faster



A. Selecting Episode Abstract allows you to review what was submitted, however you cannot edit
B. You can print by selecting Printable View

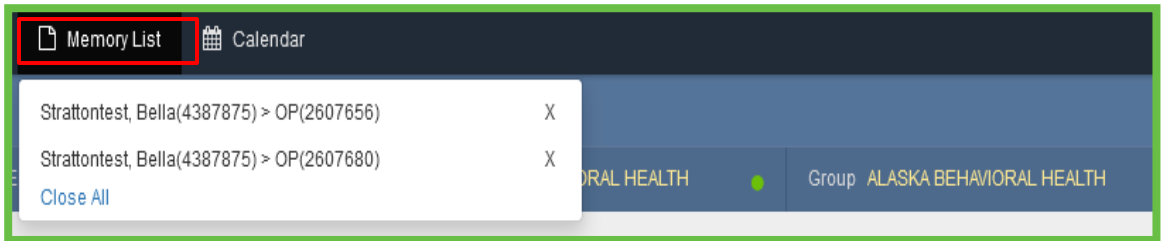


13) Click on the X tab in the right corner to close the episode when you have completed your request.



14) Always go to Memory List and close out of Episodes. This will ensure Comagine Health, and the consultants, have access to review your submission.

A. Click on the "X" next to the episode or click "Close All" to clear the Memory list.



If you need further assistance contact:

CHPP TECHNICAL ASSISTANCE: (877) 200-9046 or (907) 550-7620

CHPP LOG-ON LINK: **https://comaginepp.zeomega.com**