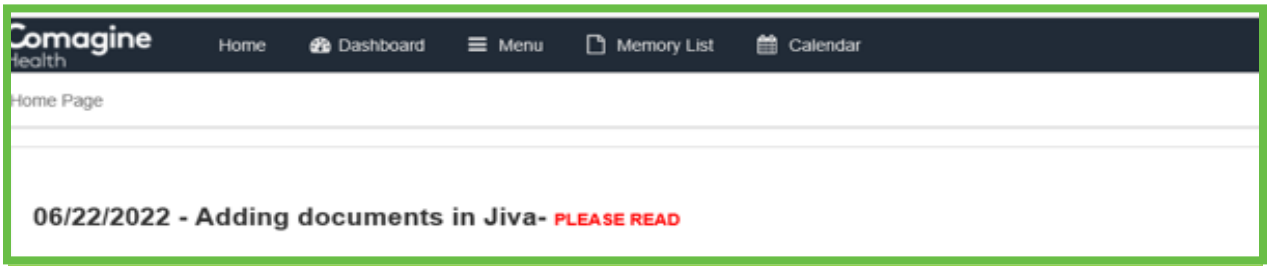
Quick Start Guide (QSG) – Inpatient Requests

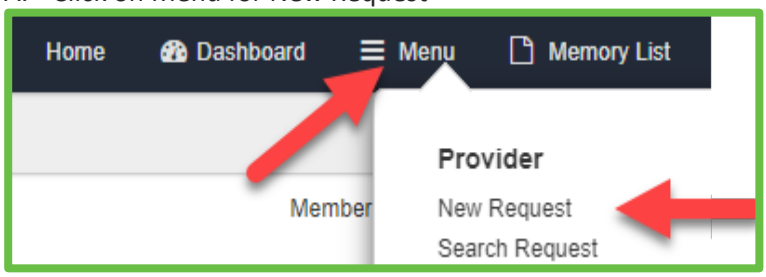
Alaska Medicaid - Division of Health Care Services

QSG for Providers submitting inpatient (IP) authorization requests via the Comagine Health Provider Portal (CHPP).

1) **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



2) Submit a **New Request**:
   A. Click on Menu for New Request

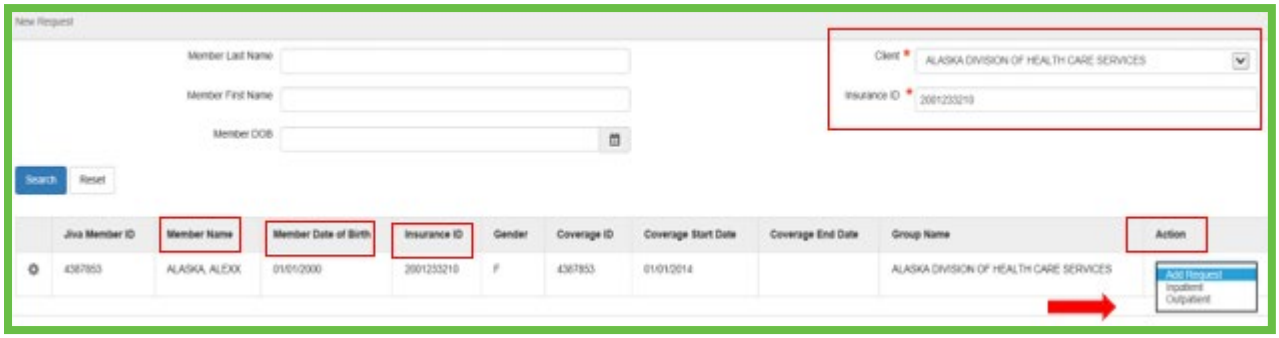


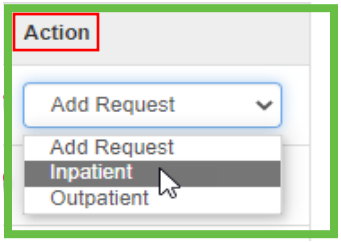
   B. Under Client: Select ALASKA DIVISION OF HEALTH CARE SERVICES
   C. Under Insurance ID: Enter Medicaid number starting with 200 or 060
   D. Click on Search



3) Medicaid Recipient Search:

A. Verify correct member name, date of birth and insurance ID.
B. Under Action, select Add Request from the dropdown menu.
C. Select Inpatient (IP)

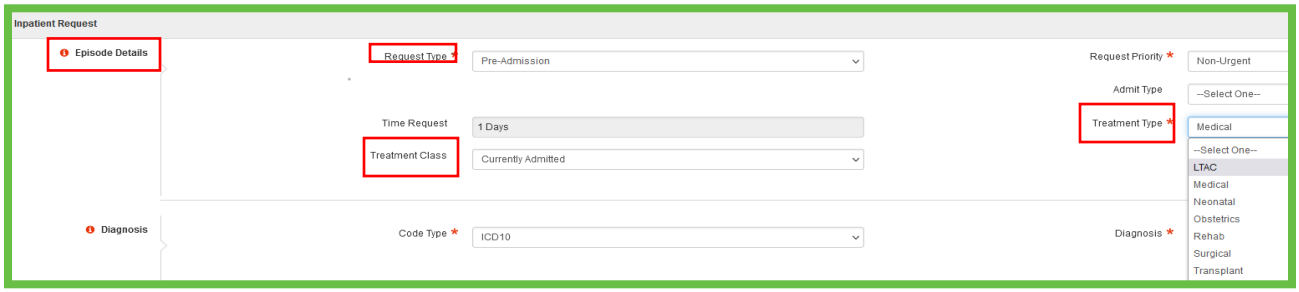




4) **Episode Details**: Complete the required fields with the red asterisk. Please also complete the Treatment Class field, even though there is no asterisk, it is a required field.
For **Inpatient** Requests:

A. **Request Type***: Pre-Admission or Retrospective
B. Time Request: Leave blank
C. **Treatment Class** (MUST be completed even though an asterisk is not present): Select Currently Admitted, Discharged (Retros only), Future Admission or N/A
D. **Request Priority***: Non-Urgent will auto-populate
   i. Tip: If you need to expedite your request, please submit the request as "non-urgent," and include all relevant codes and clinical information required for the review. Once submitted, call Comagine Health to request an expedite.
E. **Treatment Type***: Select LTAC, Medical, Neonatal, Obstetrics, Rehab, Surgical, or Transplant

Inpatient Request View:



5) **Diagnosis:** Complete this section.

A. **Code Type***: ICD10 will Auto-populate.
B. **Diagnosis***: Enter one diagnosis at a time

i. The diagnosis codes will appear in a drop-down menu as you start typing. Choose the correct option. Example: C25.4 will appear once you click its entry on the drop-down.

ii. Primary DX can be amended by selecting the yellow star on the primary DX line.



6) Provider Details: Complete this section.

A. Three entries with matching provider roles are still required.

i. Facility/vendor – Admitting (the facility where services are taking place).

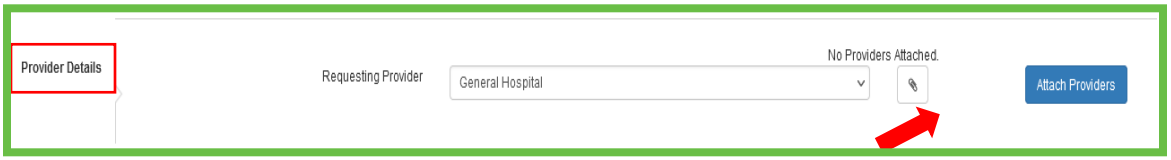
ii. Individual – Treating (the attending physician).

iii. Organization – Requesting (the Organization entry allows Portal users to view and enter cases online).

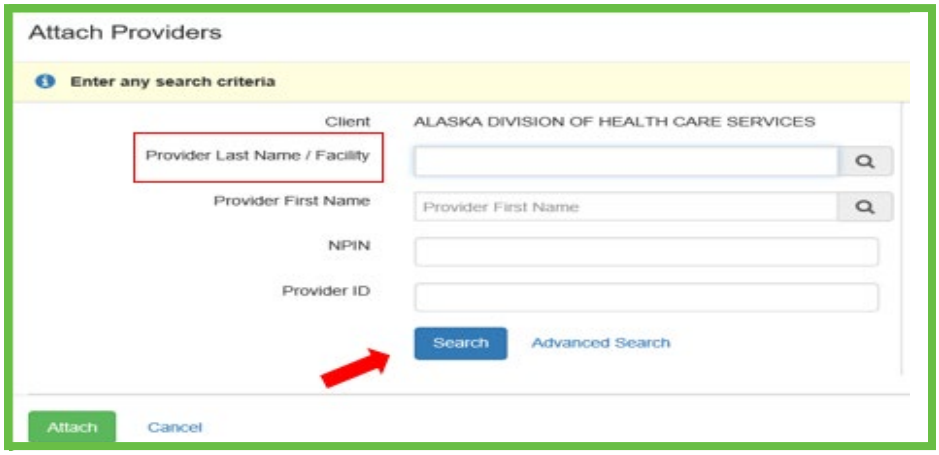
B. To add your Organization, click the paperclip beside the "Requesting Provider" dropdown underneath provider details.

i. This entry is required for users to access the case via the Portal and receive updates on status from Comagine Health.

C. After adding your Organization, please select **Attach Providers** by clicking on the blue **Attach Providers** button to the right of the paperclip.



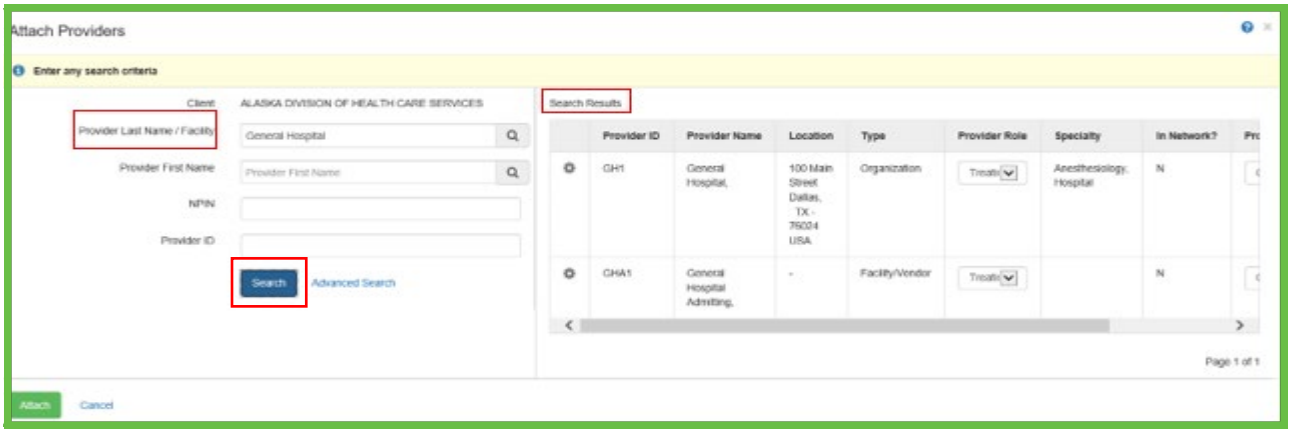
D. Once selected, you will see a search screen allowing a basic **Search** or **Advanced Search**



E. Enter the agency name, NPIN or Provider ID under **Provider Last Name/Facility**, **NPIN or Provider ID**

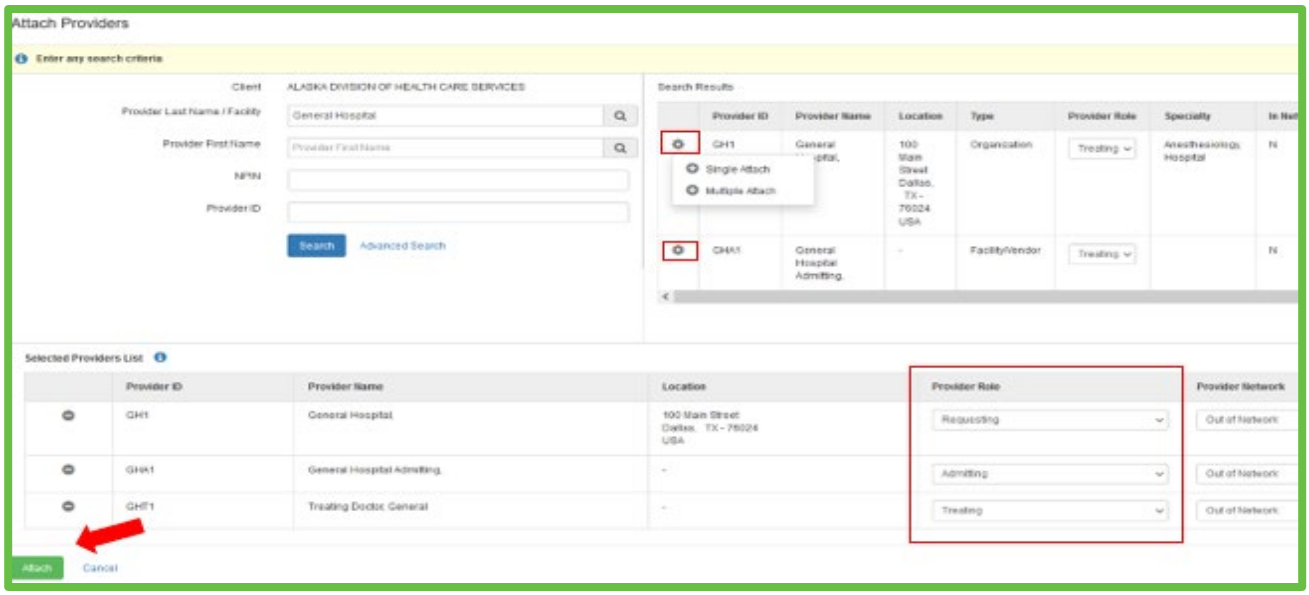
i. Tip: For facility/vendors and Individual selections, searching for the Medicaid Provider ID or the National Provider Identification Number (NPIN) may help narrow requests versus searching by last name.
ii. An errant search will trigger you to call Comagine Health for assistance. You may do so or attempt your search again using different parameters.
iii. Any providers without entries in the CHPP will need to be manually added by Comagine Health staff. Please call Comagine Health to add a new or missing Alaska Medicaid provider.

F. Click Search. Search results will appear on the right side of the search screen.

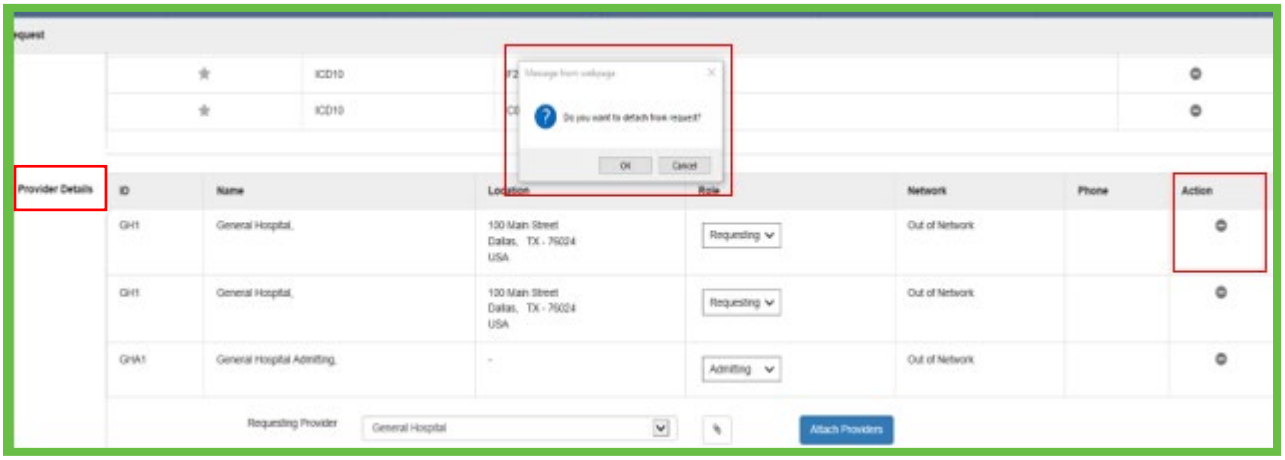


G. Each provider entry must be paired with a specific **provider role** selected from the drop-down contained inside the Provider Role column within the search result itself. Tip: Please disregard the "Provider Network" drop-down. It is a deactivated field for Alaska- Division of Health Care Services.
i. Facility/vendor is always paired with Admitting.
ii. Individual is always paired with Treating.
iii. Organization is always paired with Requesting.

H. Click on the **gear icon ( )** under search results and choose **Multiple Attach**
i. The list of providers will appear **under Selected Provider's List**
ii. The entry will remain there while you complete additional searches to complete your entries.
iii. When all entries are selected and you are ready to attach, select Attach from the bottom left of the screen.
iv. If you prefer selecting Single Attach instead of Multiple Attach, this will allow you to attach one provider at a time. You will have to recomplete step C-forward for any additional entries.
v. Once all providers have been selected, click the green **Attach** button to save all providers.



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



7) Stay Request: Complete the required red asterisk (*) fields for Inpatient (IP) admits only.

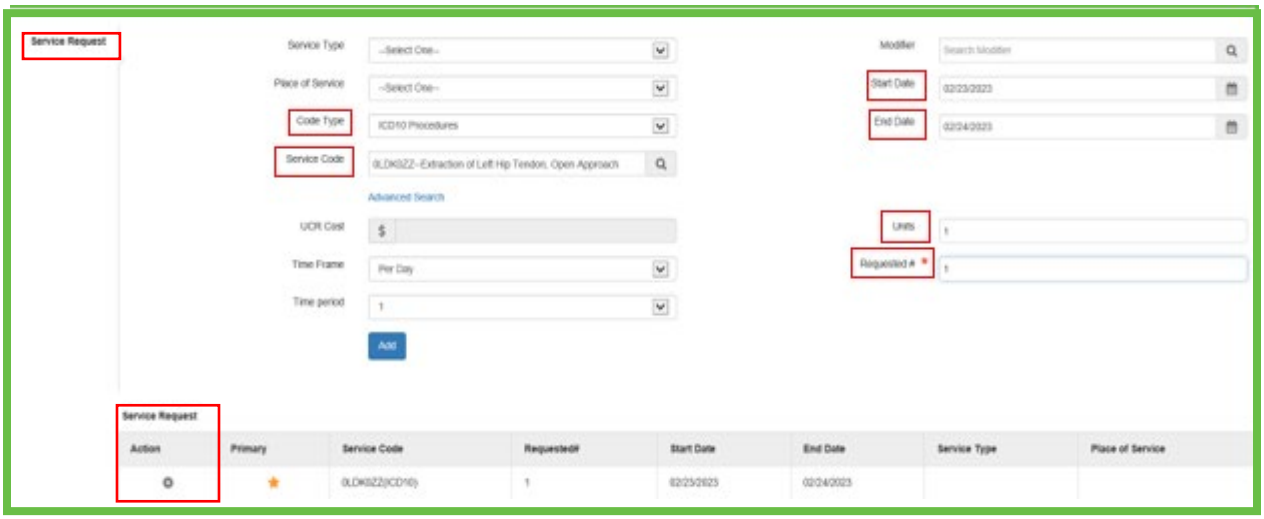
A. Service Type: Leave blank
B. Place of Services: Leave blank
C. Requested Level of Care: Select Acute Medical/Surgical, Rehab or N/A (May be useful)
D. **Expected Admit Date***: Enter Date
E. **Actual Admit Date**: Enter Date (if already admitted)
F. **LOS (length of stay) Requested** *: Enter number of days requested. For example, 5 days for an acute level request and seven for an LTAC/Rehabilitation request.
G. Click the blue Add button.
H. To edit a Stay Request, click on the Gear under Action. A new screen will open for edits.
I. To remove a Stay Request, a box will open to confirm you want to remove it, click OK to remove.



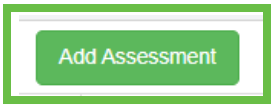


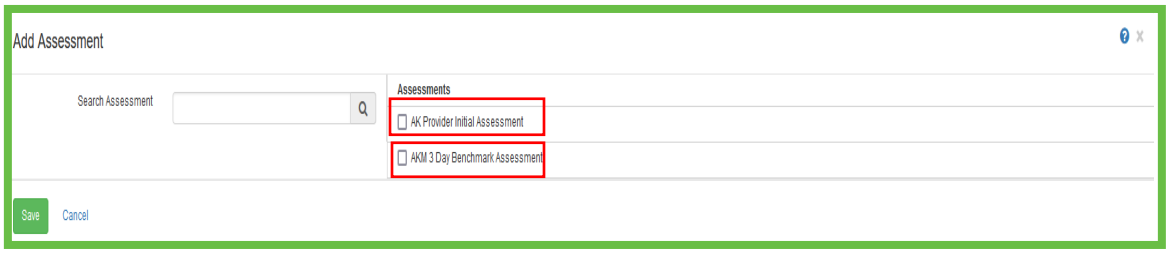
8) Service Request Section (for Inpatient (IP) Surgical requests only): Complete the required red asterisk (*) fields.

A. Service Type: Leave blank
B. Place of Service: Leave blank
C. **Code Type***: Select ICD-10 Procedures
D. **Service Code***: Enter code or select search button (magnifying glass) to find code
   i. Codes will auto-populate in a dropdown. Continue typing code until the correct code is listed and then select it with your mouse cursor.
E. Time Frame: Auto-populates to Per Day
F. Time Period: Auto-populates to 1
G. Modifier: Leave blank
H. **Start Date***: Enter date
I. **End Date***: Auto-populates and can be adjusted
J. **Units**: Enter units to match Requested # *
K. **Requested #***: Enter number requested (this should match the units above)
   i. Tip: This is separate from the length of stay. If a patient stays three days in the hospital after a single lumbar surgery, you select 3 days in the length of stay area but select only the number “1” in the Requested # area, representing one surgical unit.
L. Click on the Add button
M. To edit a Stay Request, click on the Gear under Action. A new screen will open for edits.
N. To remove a Stay Request, a box will open to confirm you want to remove it, click OK to remove.

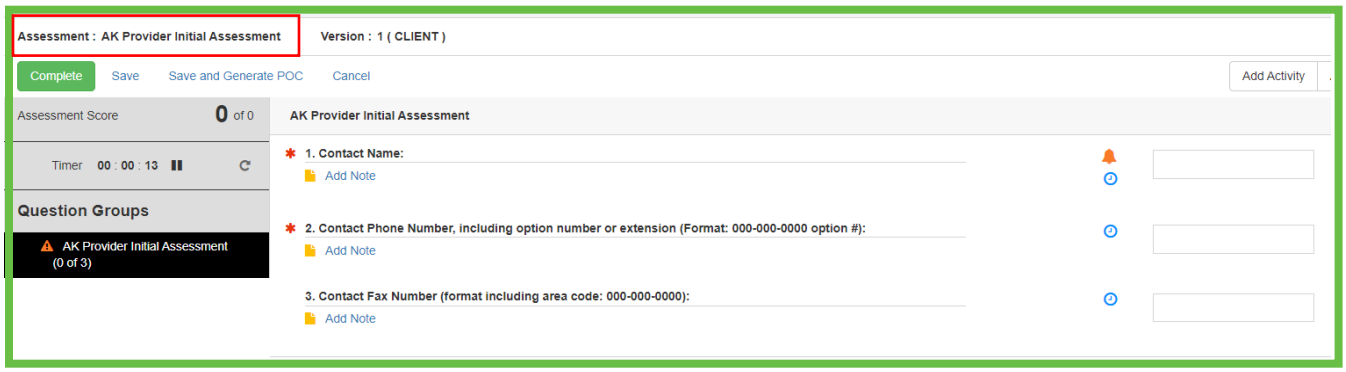


9) Add Assessments- Click on the Add Assessment tab.



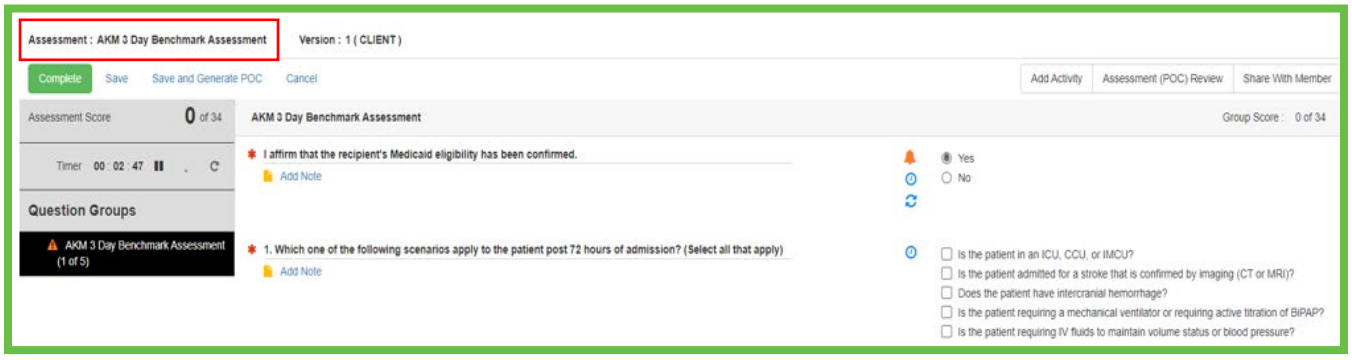


A. Select and complete the **AK Provider Initial Assessment.**
   i. There are three questions in the **AK Provider Initial Assessment**
   ii. Enter Contact Name, Contact Phone Number and Contact Fax.
   iii. **<u>Always</u>** select "Complete" when finished with an assessment and not just "Save."

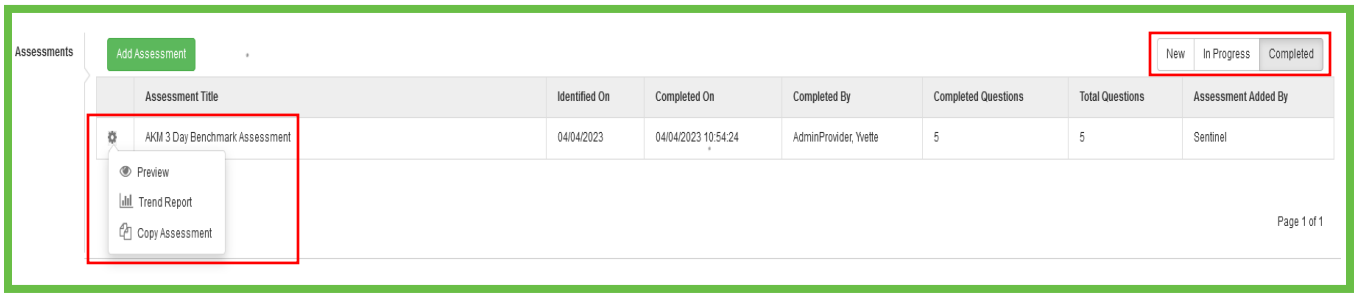


B. Initial inpatient (IP) requests (medical pre-admissions) require an additional assessment (supportive clinical details are also required)
   i. Tip 1: LTAC, Rehab, OB, Neonate admissions and Medical retrospective requests do not require a 3 Day Benchmark Assessment.

ii. Tip 2: All Medical pre-admission requests should have a completed 3 Day Benchmark Assessment, including cases submitted on a day-one basis due to having a hotlist diagnosis or being an inpatient transfer.
iii. Complete the 3 Day Benchmark Assessment and remember: **always** select "Complete" when finished with your assessment and not just Save.



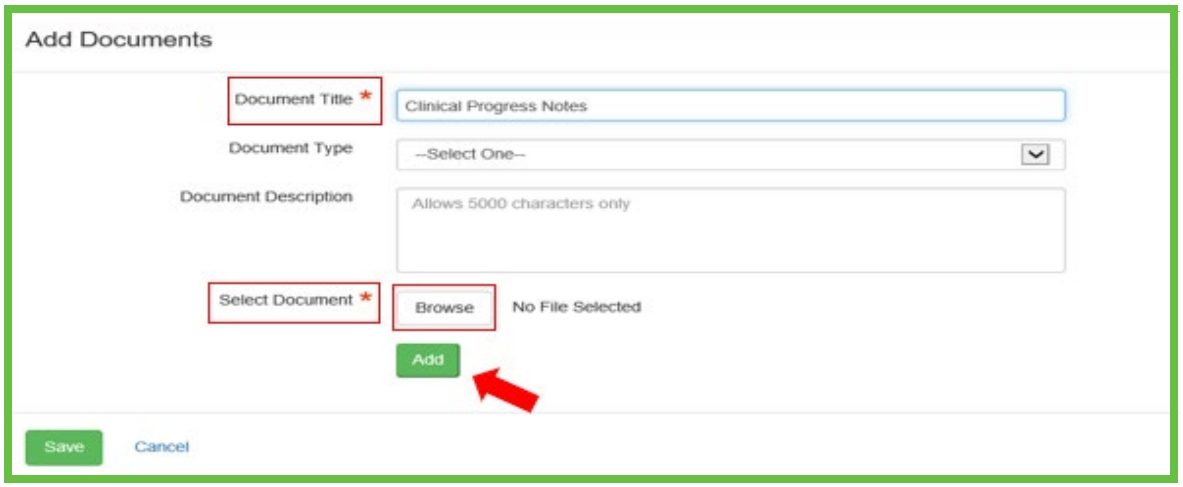
C. If you want to review your work, select the completed or in progress tab then click on the gear icon next to the completed or in progress assessment that you want to preview.

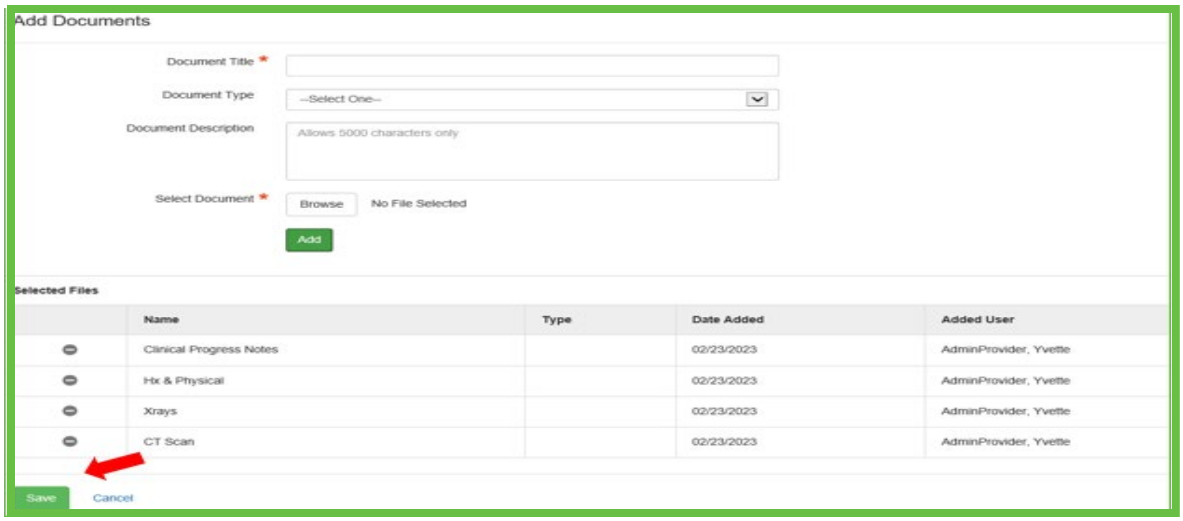


10) Add Documents Section:

A. Click on blue **Add Documents** button.
B. Document Title*: Enter the name of the document being uploaded.
C. Select Document*: Choose "Browse" and locate your document to upload.
   i. Tip: Please only use PDF or DOC files.
   ii. Tip 2: TIFF files will not be accepted and Comagine Health will ask for clinicals to be resubmitted in either PDF or DOC format.
D. Document Description: Leave Blank
E. Once you have selected the document to be added, click green **Add** button.
F. If you have multiple documents, please complete step A through E for each document.
   i. Tip: The maximum number of documents allowable in an upload session is four. If you need to add more than four, you will have to enter the case after submission and finish uploading. (See Step 14).







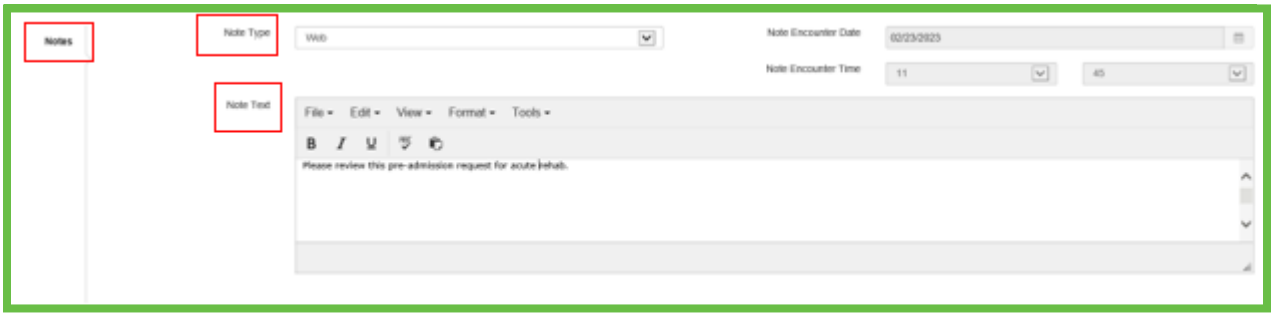
11) Notes Section:

A. Note Type: Auto-populates to **Web.** Do not change this selection.

B. Note Text: Add notes according to the request, i.e., Additional information submitted.

C. Note Encounter: Auto-populates the date.

D. Note Encounter Time: Auto-populates the time.

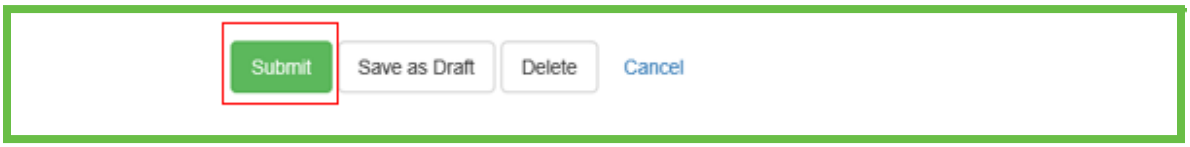


12) Submit review, **Save as Draft**, or **Delete:**

A. **Submit**: Episode will be submitted to Comagine Health.

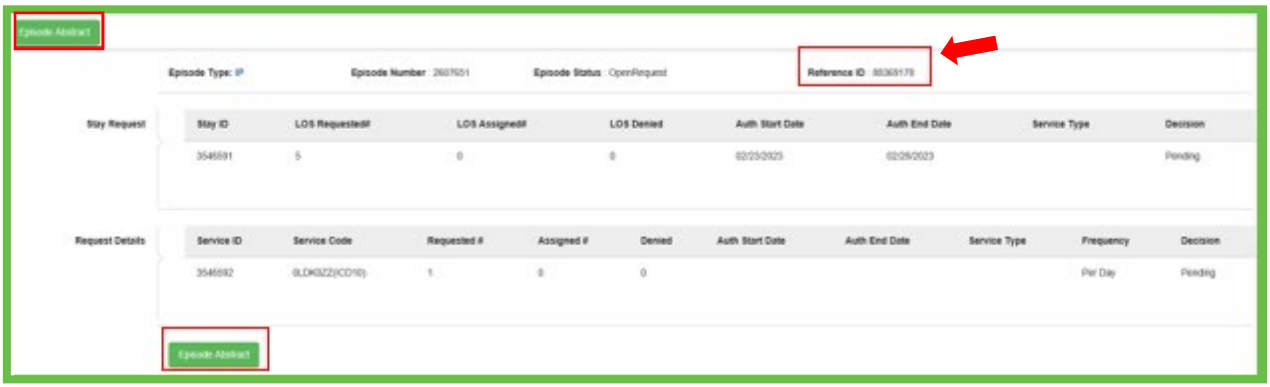
B. **Save as Draft**: Episode will not submit to Comagine Health; but will be saved for later to edit.

C. **Delete**: The request will be deleted.



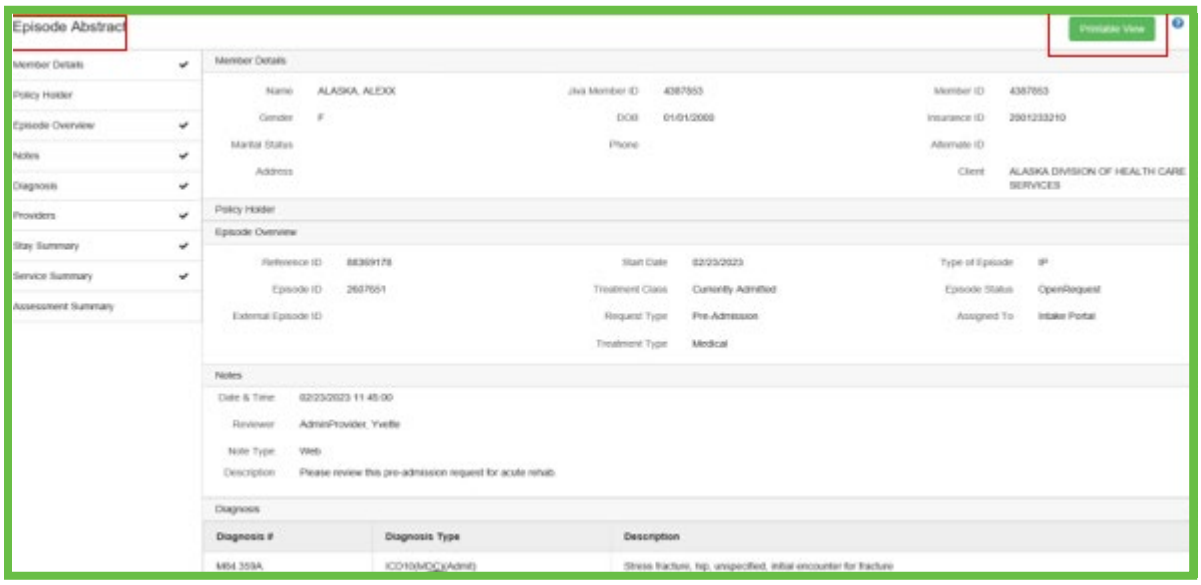
13) Make a note of the CHPP Reference ID number for your records to locate the episode faster.

A. Tip: Reference ID will become your approval number if case is approved.



B. Selecting Episode Abstract allows you to review what was submitted in read-only format. Edits are not allowed in the Abstract.

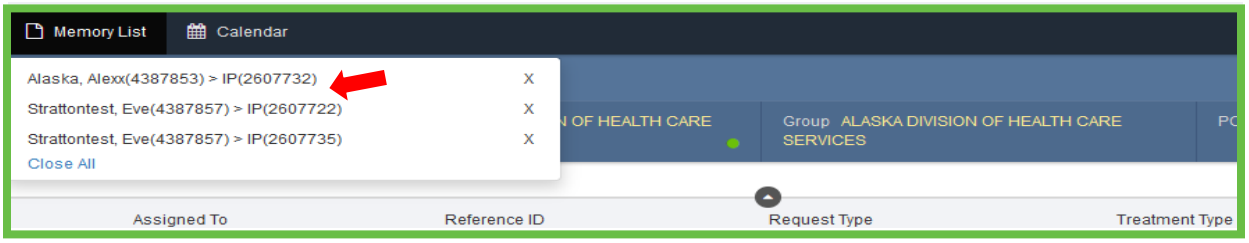
C. You can print by selecting Printable View button in the top right corner.



14) 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 by clicking Menu and then Search Request.

A. Select the episode you were working on in the Memory List or search for the Reference ID in the Search Request.

B. Click on Add Document and follow Step 10 *Add Documents* (above)



C. **Always go to Memory List and close out of Episodes**. This will ensure Comagine Health, and the consultants, have access to review your submission.
D. Click on the "X" next to the episode or click "Close All" to clear the Memory list.



If you need further assistance:

CHPP TECHNICAL ASSISTANCE: 1-888-240-0437

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