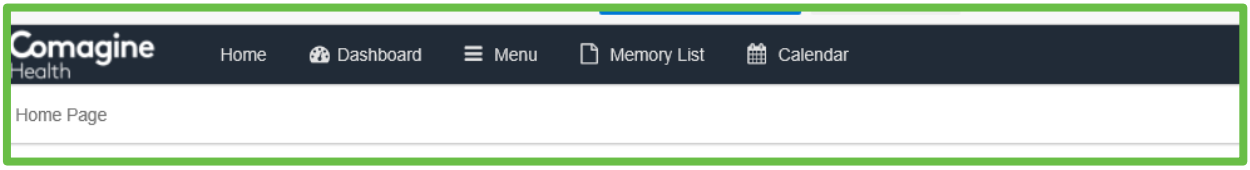
Quick Start Guide – Home Health Services Requests

District of Columbia, Department of Health Care Finance

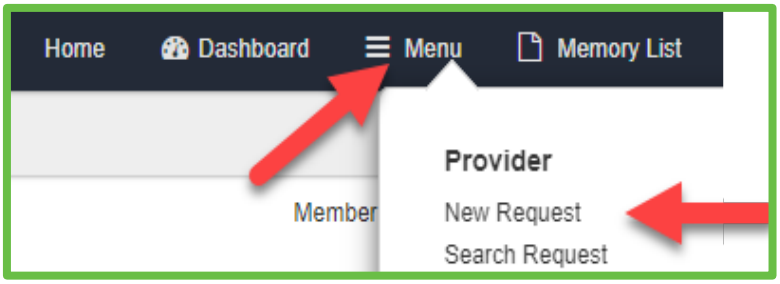
This is a Quick Start Guide for providers submitting a Home Health Prior Authorization Request via the Comagine Health Provider Portal (CHPP). No personal health information is used in this guide.

Steps

1) **Main View:**
   - A. **Home (Splash) Page** – Where Comagine Health posts provider announcements.
   - B. **Dashboard Menu (New Request or Search Request) –** Where work can be managed individually (through the **To Do** tab) or as a team (through **Team** tab).
   - C. **Menu** – To start a **New Request** or **Search** for a request.
   - D. **Memory List** – Keeps a running list of the episodes viewed so they can be found easily while in the CHPP. Should be cleared out at the end of each session.



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

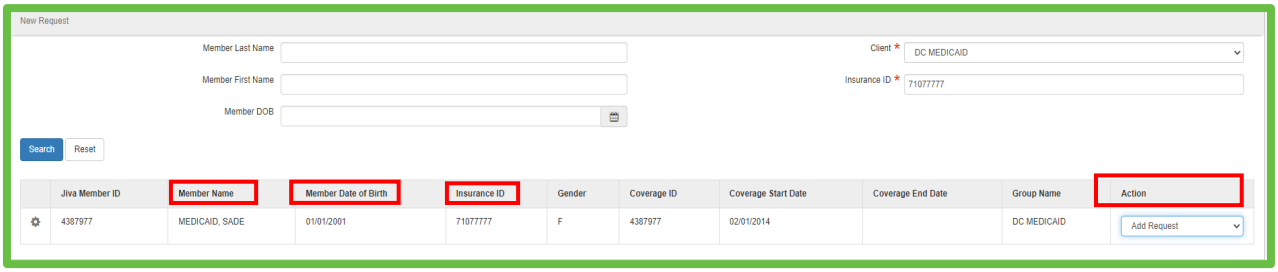


   - B. **Client:** Select **DC MEDICAID**.
   - C. **Insurance ID:** Enter **Medicaid ID Number**, which starts with 7.
   - D. Click on **Search**.

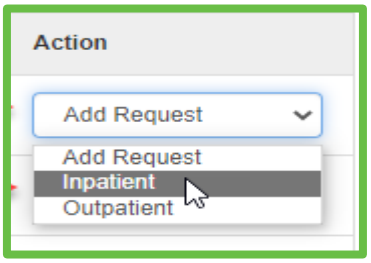


3) Medicaid Recipient Search:

A. Verify correct **member name**, **date of birth**, and Medicaid **insurance ID**.



4) Under **Action,** click where it says **Add Request** and select **Outpatient (OP)** from the drop-down menu.



5) Fill out the **Episode Details** with the red asterisk, including the Treatment Class. For **Outpatient** Requests complete:

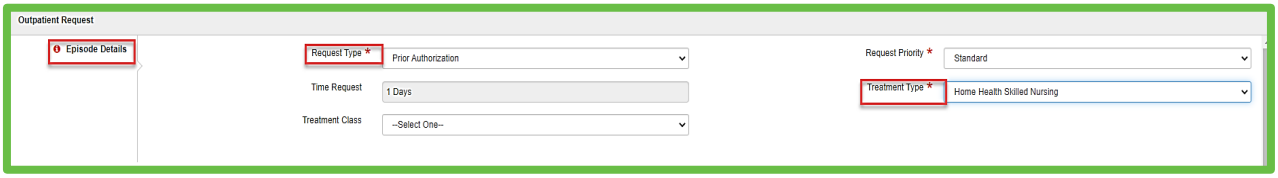
A. **Request Type***: Enter Prior Authorization or Retrospective.

B. **Time Request**: Does not need to be filled in, and automatically populates to 1 day.

C. **Treatment Class**: Select N/A (MUST be completed even though an asterisk is not present).

D. **Request Priority***: Non-Urgent will auto-populate.

E. **Treatment Type***: Select **Home Health Skilled Nursing Services, Home Health Aide Services, Home Health Occupational Services, Home Health Private Duty Nursing, Home Health Physical Therapy,** or **Home Health Speech Therapy**.



6) Fill out the **Diagnosis** Section:

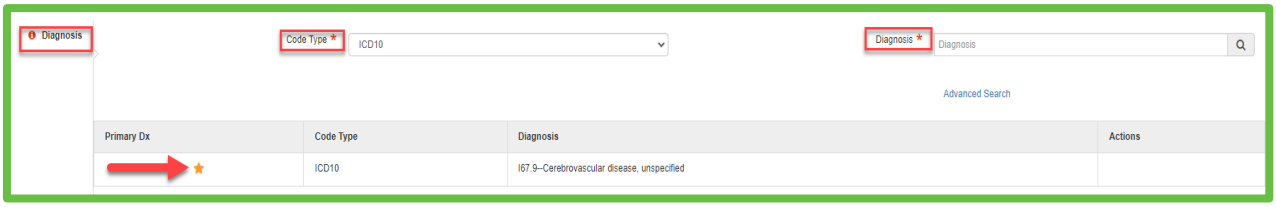
A. **Code Type***: ICD10 will auto-populate.

B. **Diagnosis***: Only enter one diagnosis at a time.

i. The diagnosis codes will appear in a drop-down menu as you start typing, and you can then select it.

ii. Example: I67.9 will appear below, and you select it by clicking on it.

iii. If there are multiple diagnoses, the primary diagnosis (Primary Dx) can be amended by selecting the **yellow star** on the **Primary Dx** line.

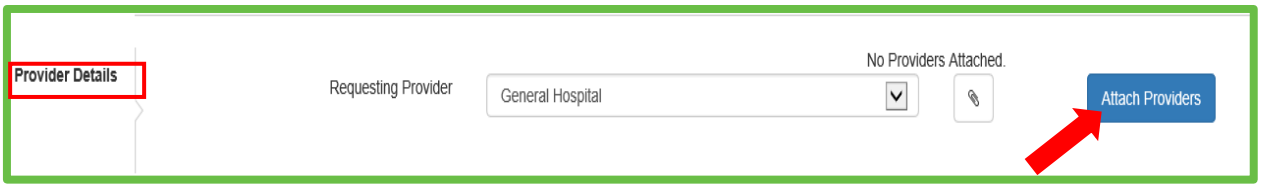


7) Fill out the **Provider Details** Section.

A. To add your Organization, click the **paperclip icon** beside the **Requesting Provider** dropdown underneath provider details.

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

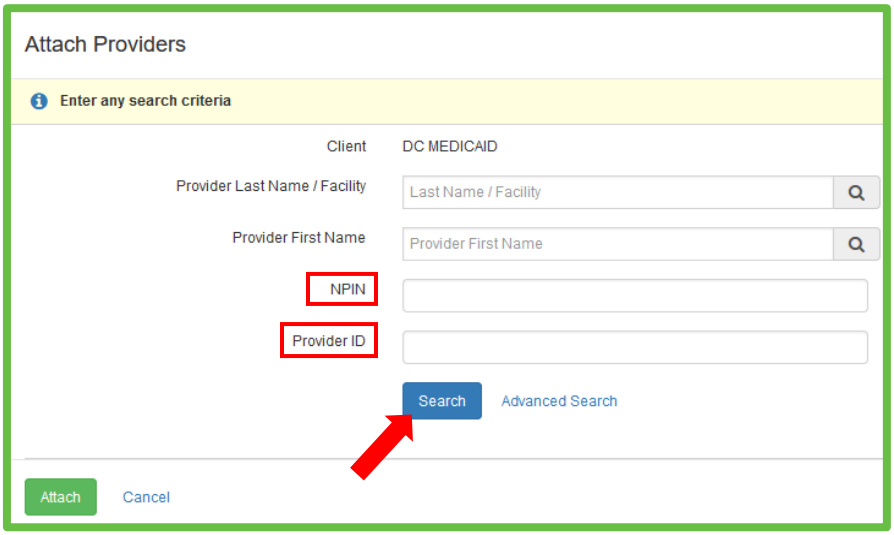
B. After adding your Organization, please select **Attach Providers** by clicking on the blue **Attach Providers** button to the right of the paperclip.



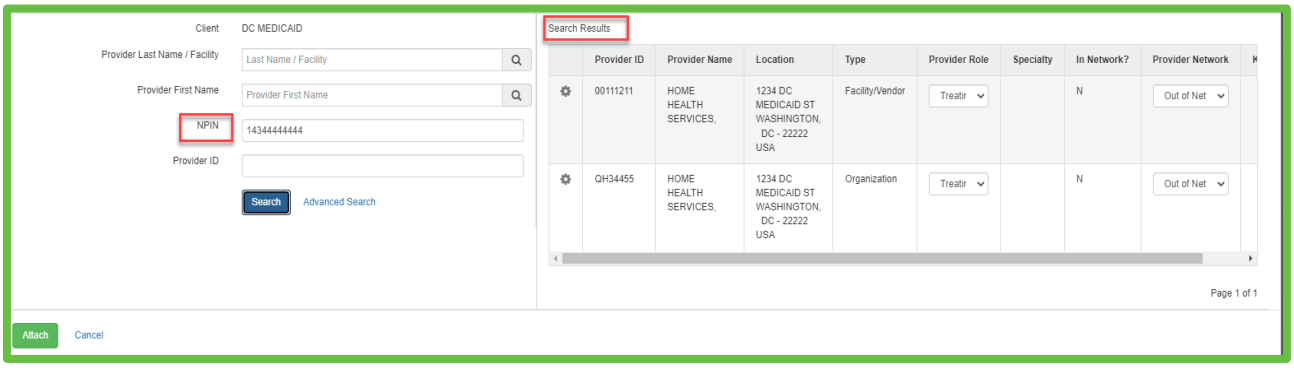
C. Once selected, you will see the screen below. You can do a basic **Search** or **Advanced Search** for Providers. Enter the DC Medicaid **Provider ID** that starts with a 0, or the National Provider Identification Number (**NPIN**), and click **Search**.

i. For facility/vendors and Individual selections, searching for the Medicaid **Provider ID** or the **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.



D. Click **Search**. The search results for the agency will appear on the right.



E. 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.

- **i.** Facility/vendor is always paired with **Admitting**.
- **ii.** Individual is always paired with **Treating**.
- **iii.** Organization is always paired with **Requesting**.

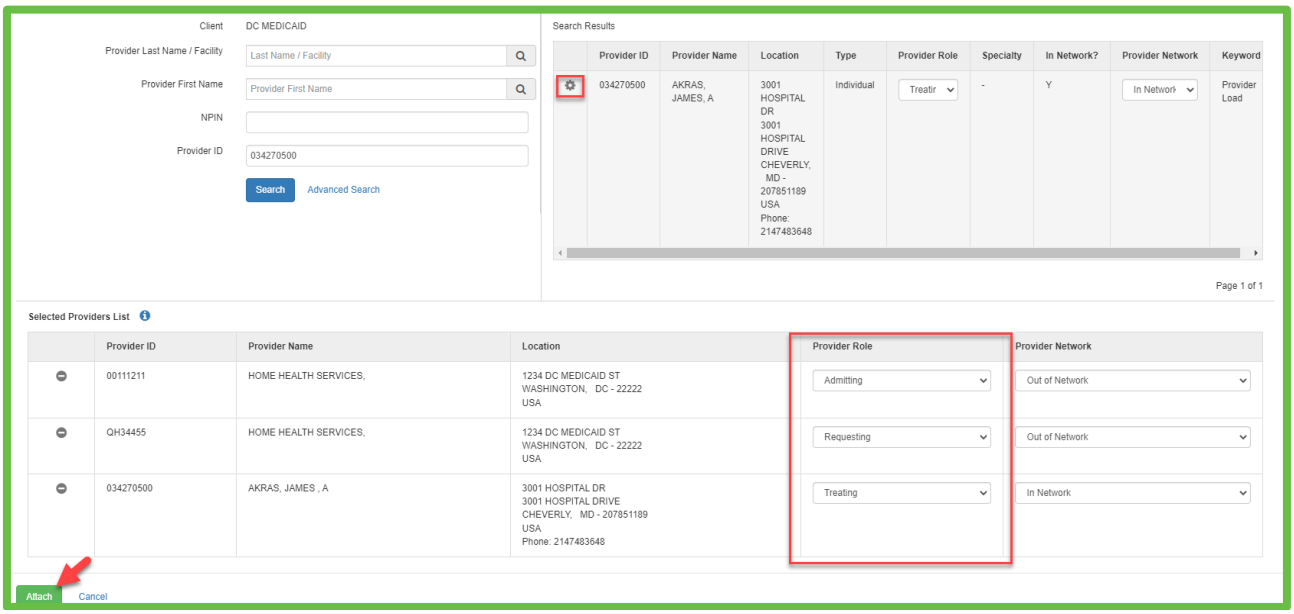
F. Click on the **gear ( )** under search results and chose **Multiple Attach.**

- **i.** The entry will remain there while you complete additional searches to complete your entries.
- **ii.** When all entries are selected and you are ready to attach, select **Attach** at bottom left of the screen.
- **iii.** 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.

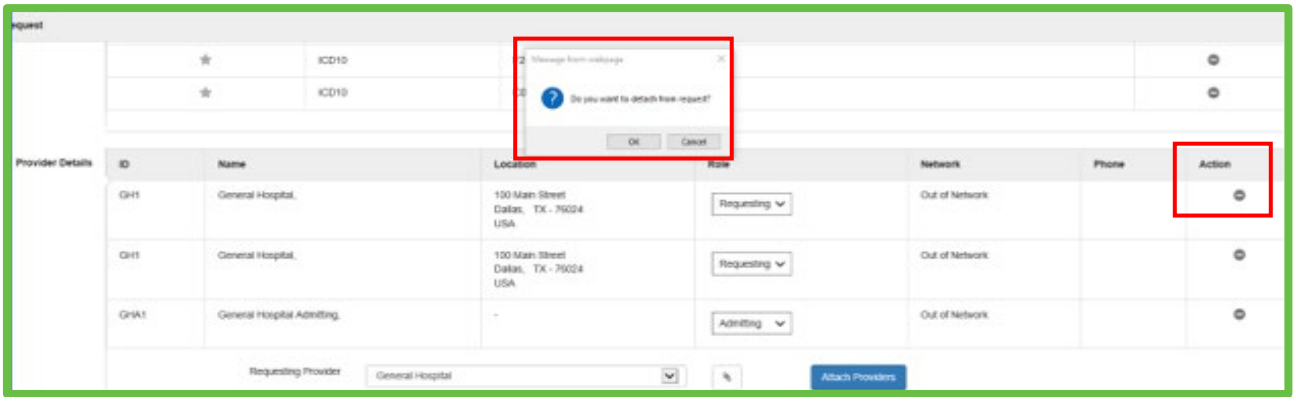
G. Select each **provider role** from the drop-down. They will appear under **Provider Details.**

- **i.** **Admitting**: PA is issued to, also the servicing provider on the 719A.
- **ii.** **Treating**: The prescribing provider who also signs the 719A.
- **iii.** **Requesting**: Ensure QH ID is selected; this allows access to the episode.

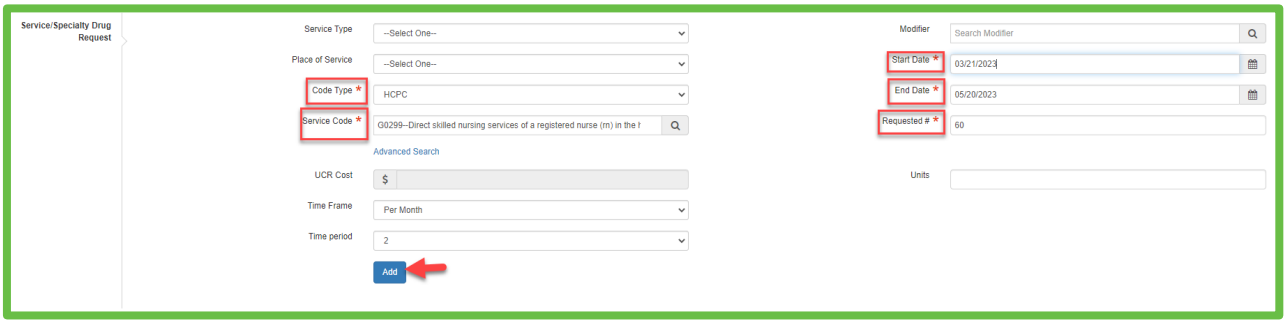
H. Once all providers have been selected then click on the green **Attach** button to save all providers.



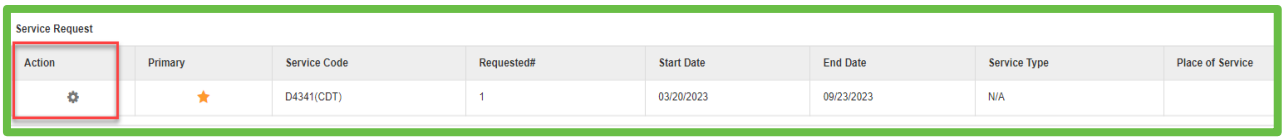
I. If a provider is selected in error, click the icon under **Action** to detach the provider; a pop-up message will ask, "Do you want to detach from request?" Click **OK**.



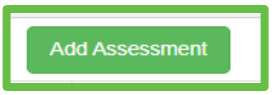
8) **Service/Specialty Drug Request** (OP only):
   A. **Service Type:** Leave blank.
   B. **Place of Service**: Leave blank.
   C. **Code Type***: Select appropriate code type (CPT).
   D. **Service Code***: Enter code or search for code, select code by clicking from drop-down box.
   E. **Time Frame**: Auto-populates to *per day.*
   F. **Time Period**: Leave blank.
   G. **Modifier:** Leave blank.
   H. **Start Date***: Enter MM/DD/YYYY or select from calendar.
   I. **End Date***: Auto-populates and can be modified up to 60 days for Home Health requests.
   J. **Requested #***: Enter number requested.
   K. **Units**: Auto-populates to 1 and can be adjusted, must match requested number.
   L. Click on the blue **Add** button.



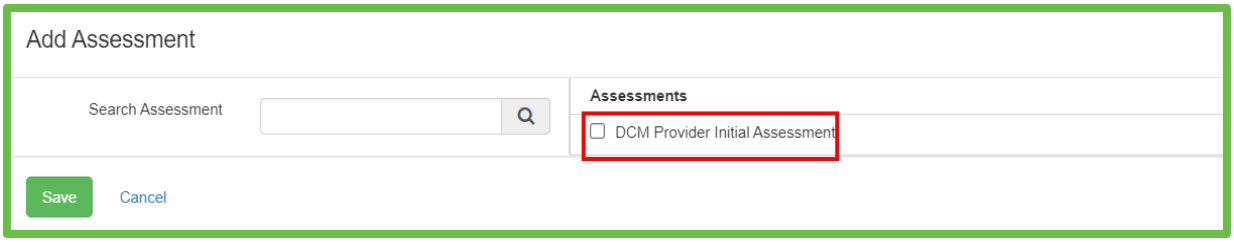
9) **Outpatient (OP) Service Request** view:
   A. To edit a service request, click on the **Gear** under **Action**. A new screen will open for edits.
   B. To remove a service request, a box will open to confirm you want to remove, **click OK** to remove.



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



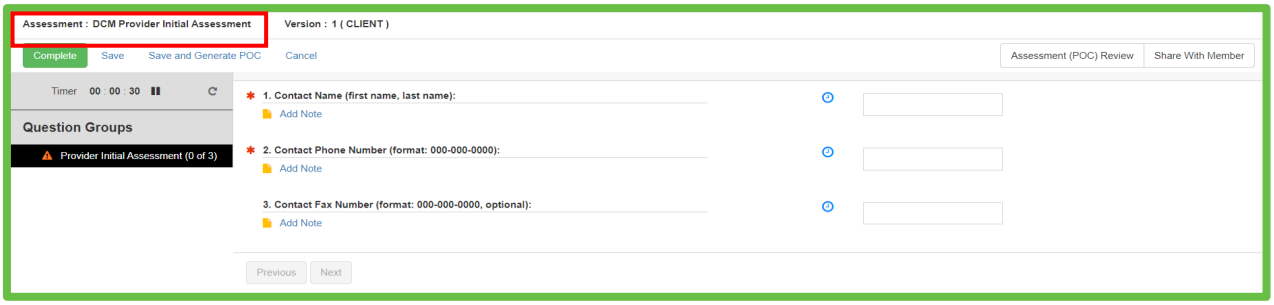
A. Select and complete the **DCM Provider Initial Assessment.**



i. There are three questions in the **DCM Provider Initial Assessment.**

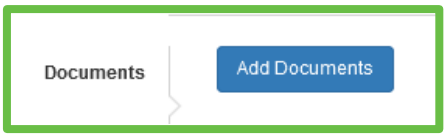
ii. Enter **Contact Name**, **Contact Phone Number**, and **Contact Fax**.

iii. **Always** select **Complete** when finished with an assessment and not just **Save**.



11) Add Documents Section:

A. Click on the blue **Add Documents** button.



B. **Document Title***: Enter the name of the document being uploaded.

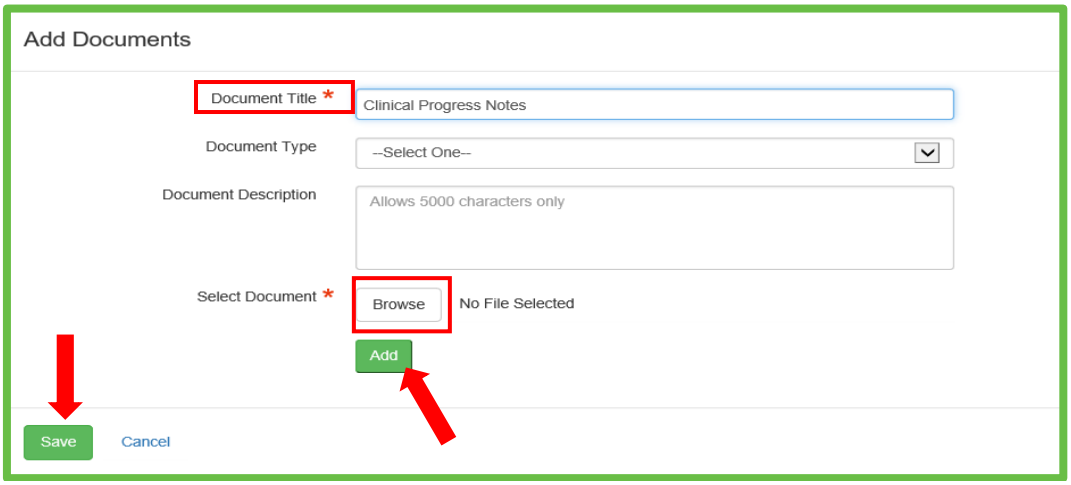
C. **Document Type and Description:** Can be left blank.

D. **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.

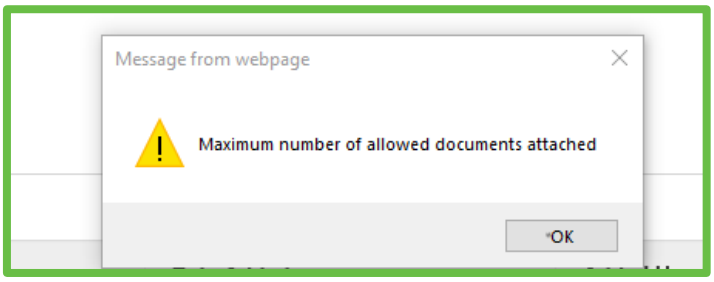
E. Once you have selected the document to be added, click the green **Add** button.



F. If you have multiple documents, please complete step A through E for each document.

G. Once all documents have been uploaded, select **Save**.

H. The maximum number of allowed documents attached is four (4). If the number of uploaded documents exceeds four an error message will appear (see below). Click **OK**. If you need to add more than this, you may either combine documents into one attachment, or attach additional documents after the request has been submitted. The process for this is outlined below in Step 15.



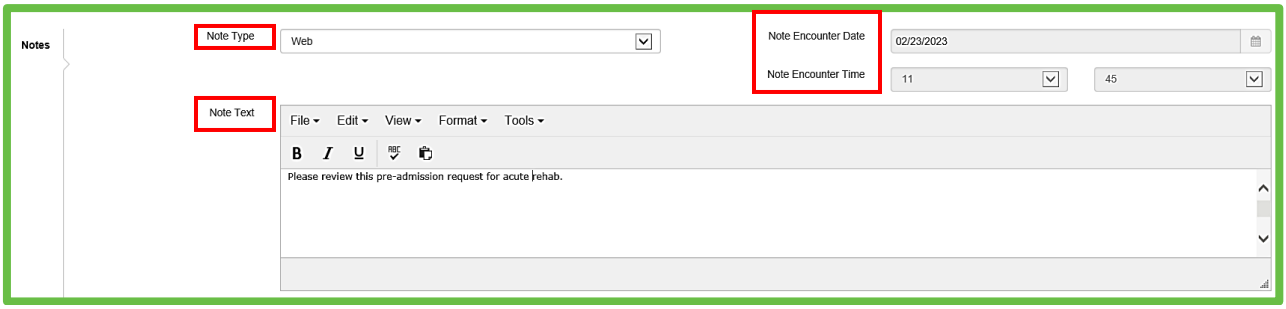
12) Under the **Notes** Section, enter the following information:

A. **Note Type**: Auto-populates to Web.

B. **Note Text**: Add notes according to the request (i.e., additional information submitted).

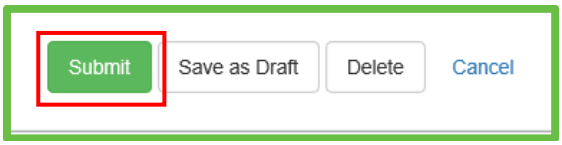
C. **Note Encounter Date** and **Note Encounter Time**: Will auto-populate the date and time.

D. Click **Save.**



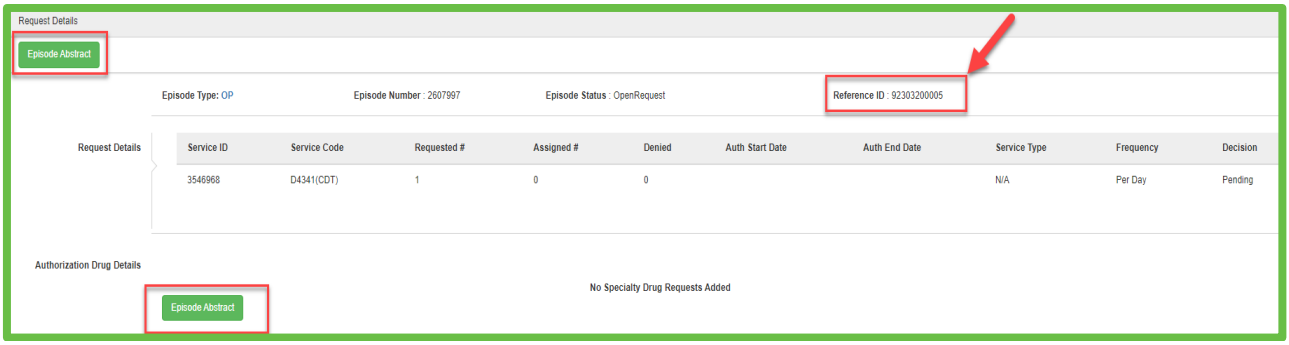
13) Submit, save, or delete:

- **A. Submit**: Episode will be submitted to Comagine Health. Review to ensure your entered information is correct and click **Submit**. It will ask you to confirm – click **OK**.
- **B. Save as Draft**: Episode will not be submitted to Comagine Health but will be saved as draft for later to edit.
- **C. Delete**: The request will be deleted.

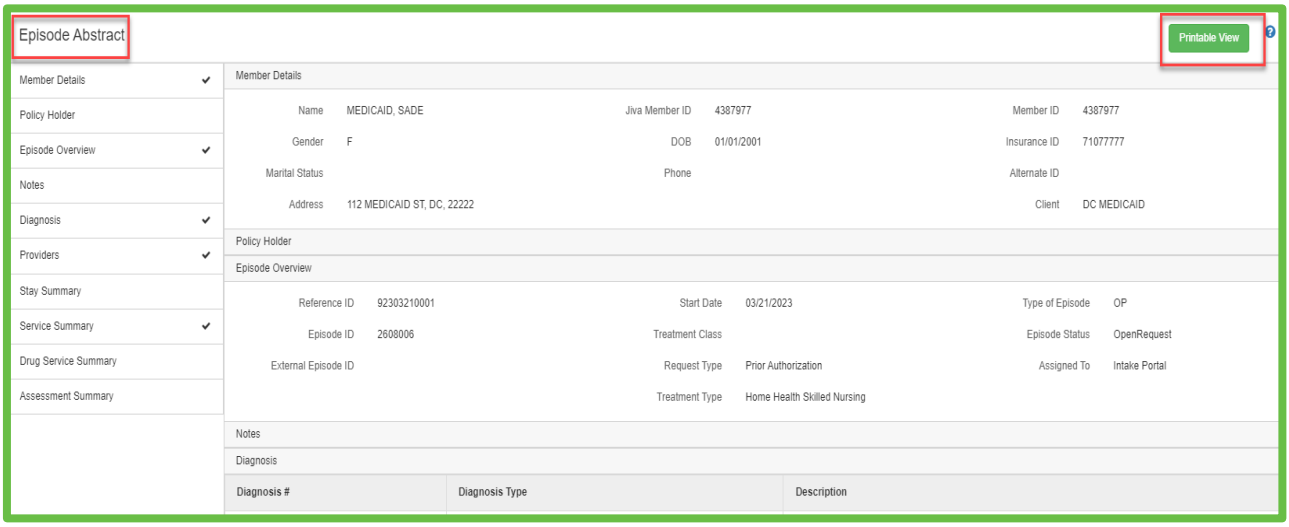


14) Make a note of the CHPP **Reference ID** number for your records to locate the episode faster.

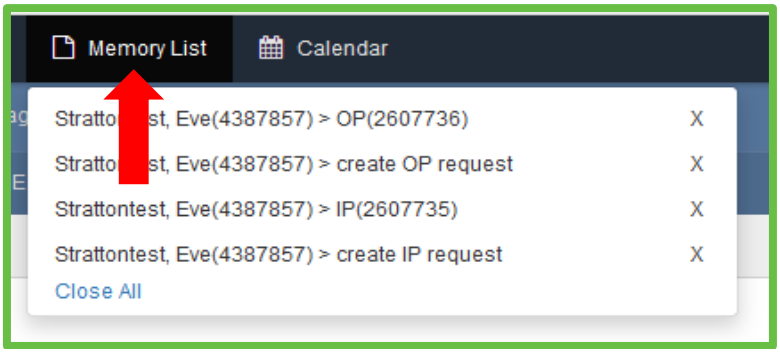
- **A.** Selecting **Episode Abstract** here allows you to review what was submitted; however, you cannot edit from here.



- **B.** You can print by selecting **Printable View** button in the top right corner.

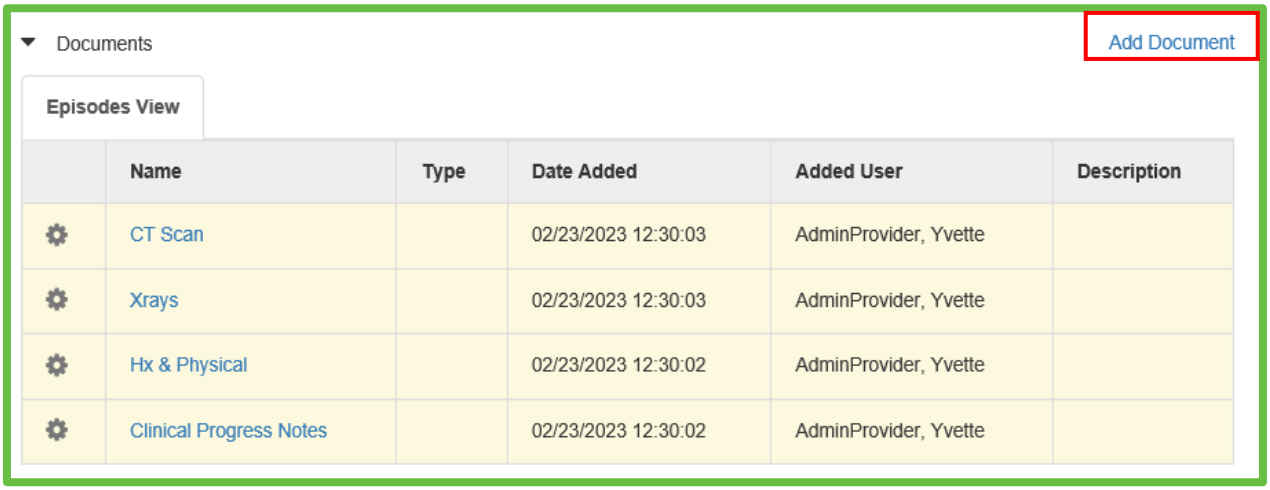


15) If you need to submit additional documents, go to the **Memory List** at the top of the screen. Select the episode you were working on in the **Memory List.**



A. Either 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 11 above to add additional documents.



16) Always go to the Memory List and close out of all episodes. This will ensure Comagine Health has access to review the submission. Click on the **x** next to the episodes or click **Close All** to clear the Memory List.



Required Documents for Home Health Service Reviews

- A completed 719A form
- Plan of care

For CHPP TECHNICAL ASSISTANCE: 1-800-251-8890
CHPP LOG-ON LINK: https://comaginepp.zeomega.com

Review/Revision History

Version Number	Date Reviewed/ Revised	Description of Changes	Author
0.1	3/21/2023	Initial	Folasade Akinkuowo