Quick Start Guide – How to Submit Service Request for Uninsured Consumers

District of Columbia-Department of Health Care Finance

This is a Quick Start Guide for Providers submitting a request for uninsured consumers via the Comagine Health Provider Portal (CHPP). If the consumer has a DC Medicaid ID number, start at the beginning. If the consumer has never had Medicaid, skip to this section.

Once this process is completed, providers should **refer to the specific Quick Start Guide** corresponding to the **review type** they intend to submit.

The **Comagine Health Approval Letter** should be **submitted to DBH for payment processing.**

No personal health information is used in this guide.

Submitting with a Medicaid ID

This section is for Providers submitting a request for uninsured consumers who have a DC Medicaid ID number. This applies to consumers:

- With inactive Medicaid
  or
- Qualified Medicare Beneficiaries (QMB) with program codes 050Q or 010Q.

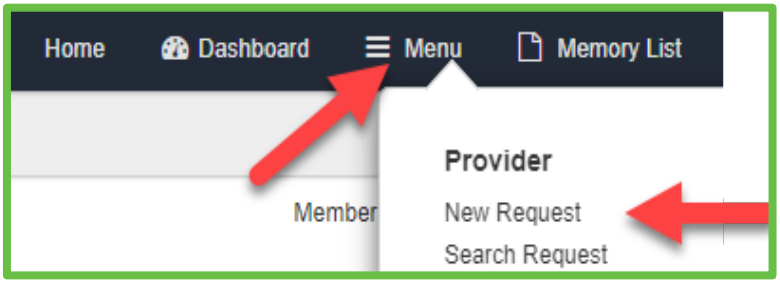
Steps

1) Use the DBH Local Dollar Eligibility form to obtain the consumer's **IPC ID number**.

2) Sign into the CHPP.

3) From the **Main View:**

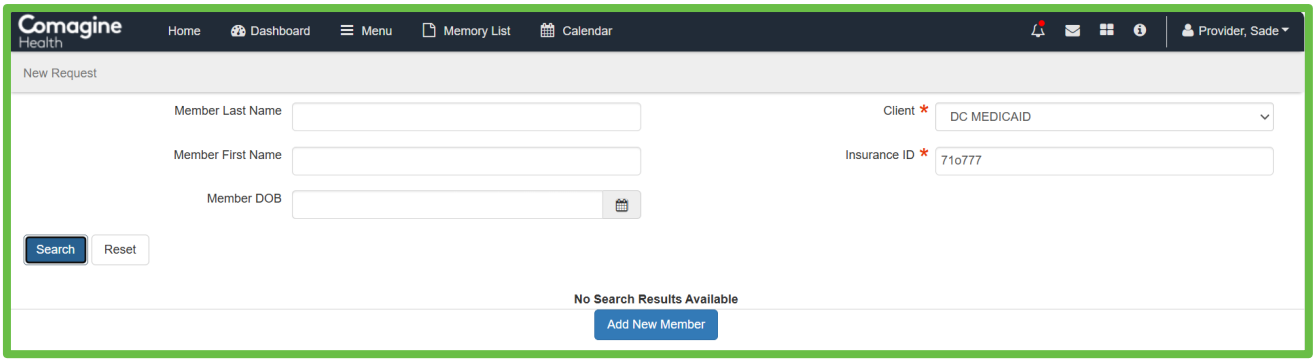
A. Click **Menu** – **Search Request.**



A. **Client:** Select **DC MEDICAID**.
B. **Insurance ID:** Enter the **Medicaid ID number**, starting with 7 and has nine digits.
C. Click on **Search.**

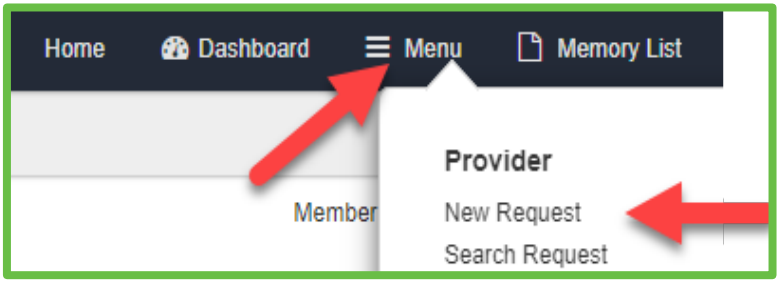


4) If there are search results found, proceed to Step 7. If you search and there are **No Results Available**, then contact the Comagine Health DC office at **1-800-251-8890** and **request the uninsured consumer to be added as a member in the CHPP**. Comagine Health Staff will need the consumer's **IPC ID number** along with their **DC Medicaid ID number** and demographic information. You will be asked to **wait approximately 30 minutes** before proceeding to Step 5.



5) Log into the CHPP again.

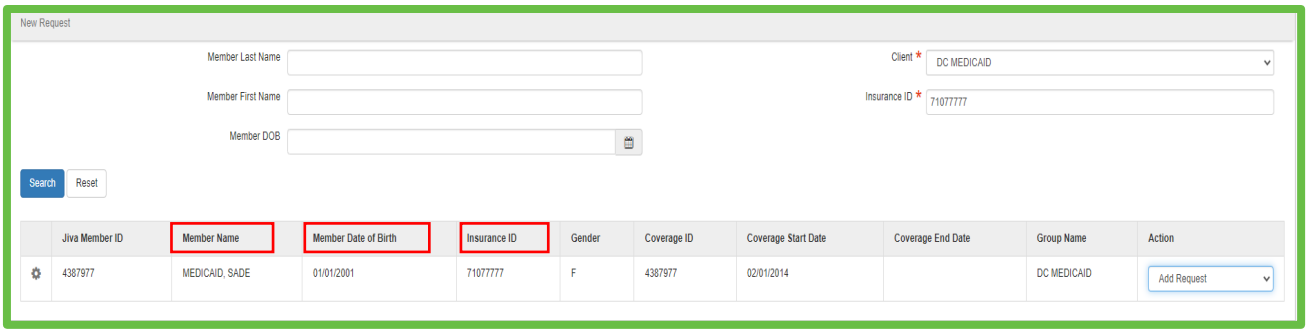
6) From the **Main View:**
A. Click **Menu** – **Search Request.**



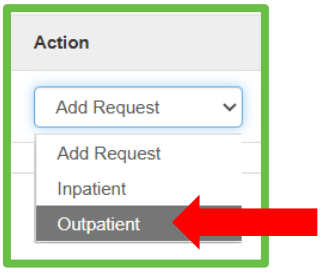
D. **Client:** Select **DC MEDICAID**.
E. **Insurance ID:** Enter the **Medicaid ID number**, starting with 7 and has nine digits.
F. Click on **Search.**



7) **Medicaid Recipient Search:**
   A. Verify **correct member name**, **date of birth,** and **Insurance ID**.



8) Under **Action**, click where it says **Add Request** and select **Outpatient** from the drop-down menu. From this point, proceed with submitting your request by utilizing the Quick Start Guide for the correct type of review you are submitting.



9) The **local eligibility approval letter** or **email from Provider Connect** must be uploaded with the request as proof of eligibility. Proof of eligibility documentation must include the **consumer's name**, **IPC number**, and the **eligibility start and end date**.

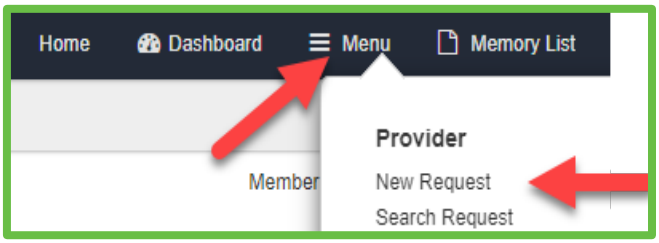
10) Finish by submitting your request utilizing the appropriate Quick Start Guide for the type of review you are submitting.

Submitting Without a Medicaid ID

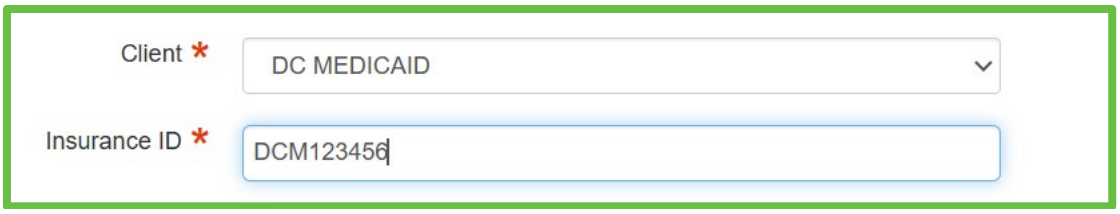
This section is for Providers submitting a request for uninsured consumers who have received an individual's Incedo Provider-Connect (IPC) ID number from the Department of Behavioral Health (DBH). This applies to consumers who have never had a Medicaid ID number.

Steps

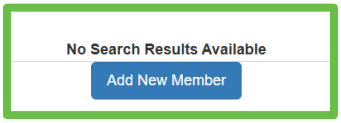
1) Use the DBH Local Dollar Eligibility form to obtain the **individual's IPC ID number**.
2) Sign into the CHPP.
3) From the **Main View:**
   - **A.** Click **Menu** – **Search Request.**



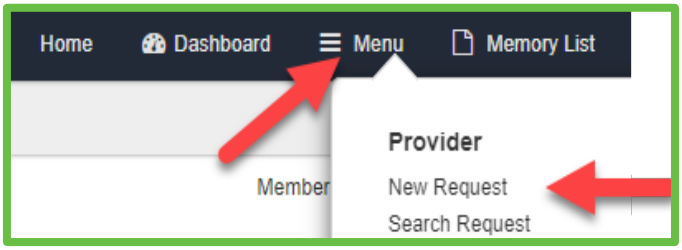
   - **G. Client:** Select **DC MEDICAID**.
   - **H. Insurance ID:** Enter the IPC number starting with "DCM" (example: DCM 123456).
   - **I.** Click on **Search.**



4) If there are search results found, proceed to Step 7. If you search and there are **No Results Available**, then contact the Comagine Health DC office at **1-800-251-8890** and **request the uninsured consumer to be added as a member in the CHPP**. Comagine Health Staff will need the consumer's IPC ID number along with their demographic information and you will be provided with an Insurance ID that starts with "DCM". Proceed to Step 5.



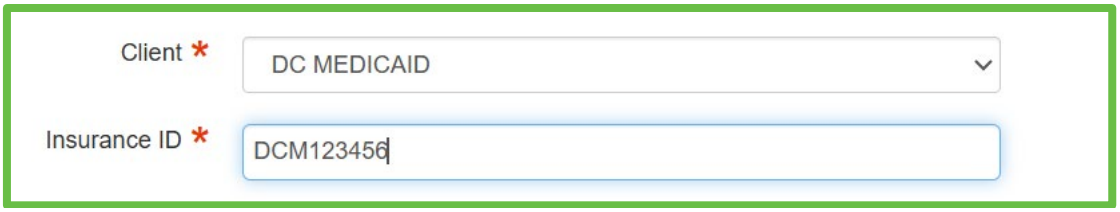
5) Log into the CHPP again.
6) **Submit a New Request:**
   - **J.** Click on **Menu** for **New Request**.



K. **Client:** Select **DC MEDICAID**.

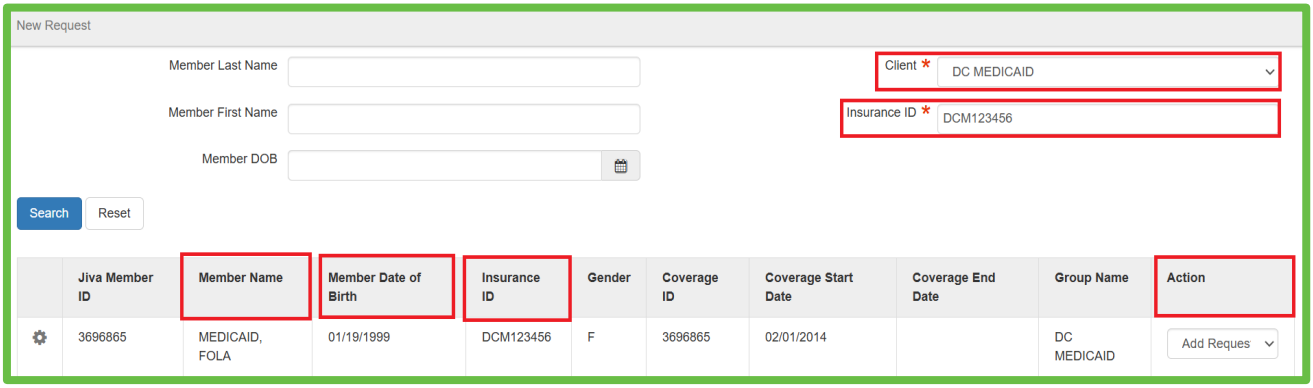
L. **Insurance ID:** Enter the **IPC Insurance ID number** you were given, starting with "DCM".

M. Click on **Search.**

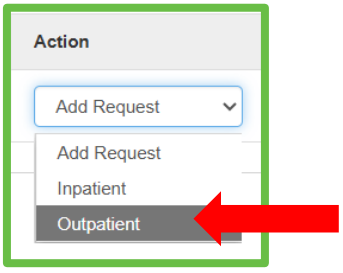


7) Medicaid Recipient Search:

B. Verify **correct member name**, **date of birth,** and **Insurance ID** (the DCM number).



8) Under **Action**, click where it says **Add Request** and select **Outpatient** from the drop-down menu. From this point, proceed with submitting your request by utilizing the Quick Start Guide for the correct type of review you are submitting.



9) The **local eligibility approval letter** or **email from Provider Connect** must be uploaded with the request as proof of eligibility. Proof of eligibility documentation must include the **consumer's name**, **IPC number**, and the **eligibility start and end date**.

10) Finish by submitting your request utilizing the appropriate Quick Start Guide for the type of review you are submitting.

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