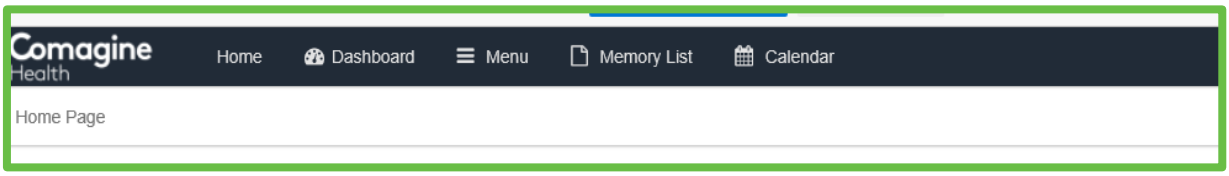
Quick Start Guide – Collaborative Care Model Service Requests

District of Columbia-Department of Health Care Finance

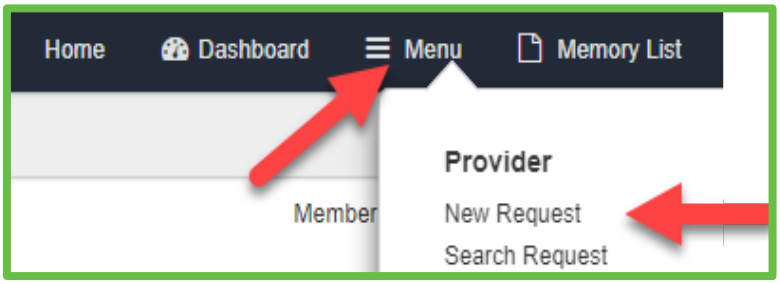
This is a Quick Start Guide for Providers submitting a prior authorization request for Collaborative Care Model (CoCM) via the Comagine Health Provider Portal (CHPP). No personal health information is used in this guide.

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**.

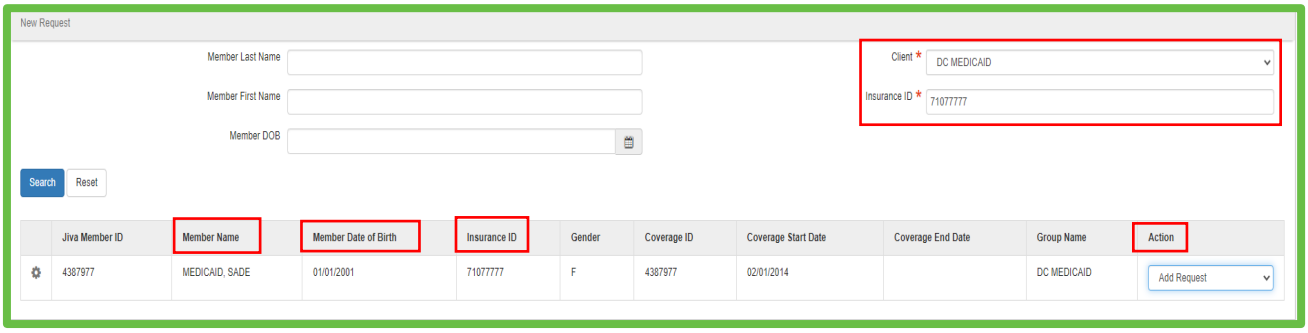


   - **B. Client:** Select **DC MEDICAID**.
   - **C. Insurance ID:** Enter the **Medicaid ID number**, starting with 7 and has nine digits.
   - **D.** Click on **Search.**

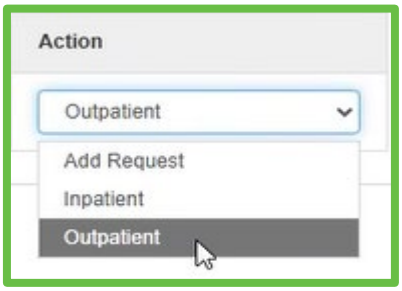


3) **Medicaid Recipient Search:**

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 asterisks, including the Treatment Class. For **Outpatient** requests, complete:

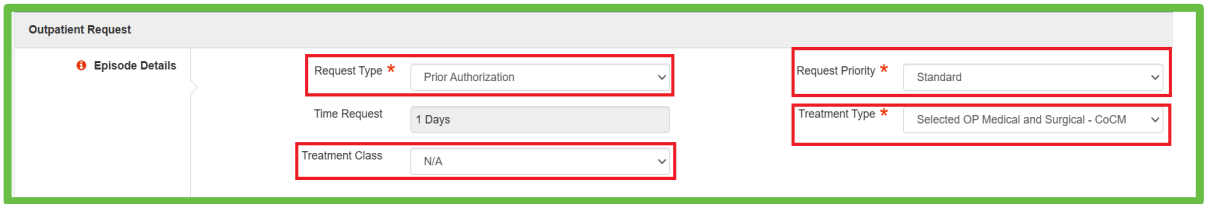
A. **Request Type***: Enter **Prior Authorization**.

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

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

D. **Request Priority***: Will auto-populate with **Standard**.

E. **Treatment Type***: Select **Selected OP Medical and Surgical – CoCM**.



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

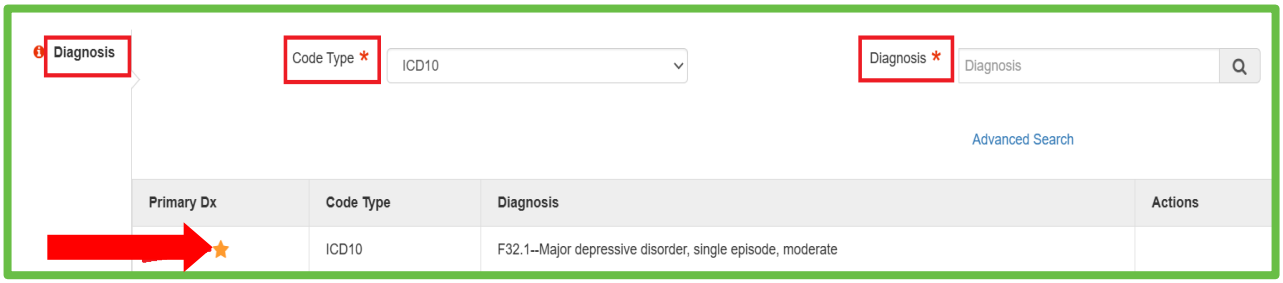
A. **Code Type***: **ICD10** will auto-populate.

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 can then be selected.

ii. Example: I67.9 will appear below and can be selected 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.

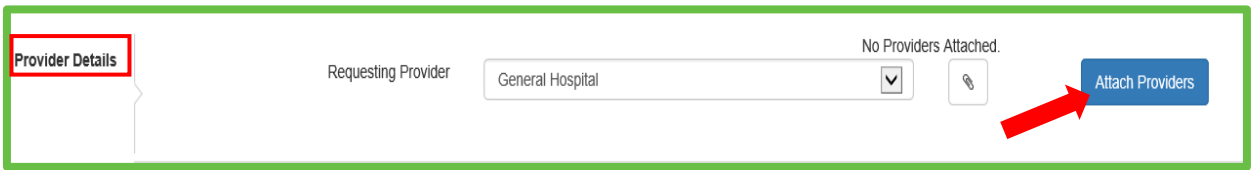


7) Fill out the **Provider Details** section:

A. To add your organization, click the paperclip icon beside the **Requesting Provider** drop-down underneath **Provider Details.**

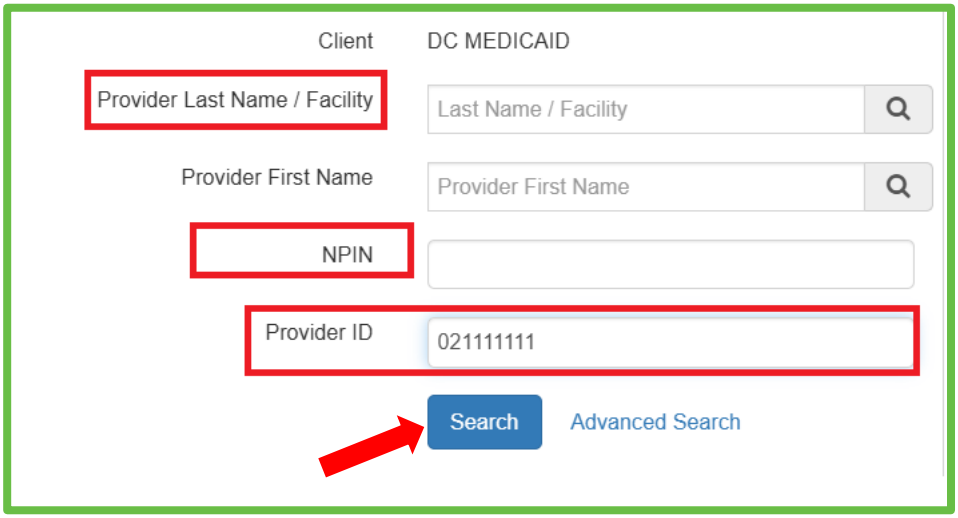
i. This entry is required for users to access the case via the CHPP and receive update on the status from Comagine Health.

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 agency name under **Provider Last Name/Facility**, or **NPIN**, or DC Medicaid **Provider ID**.

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

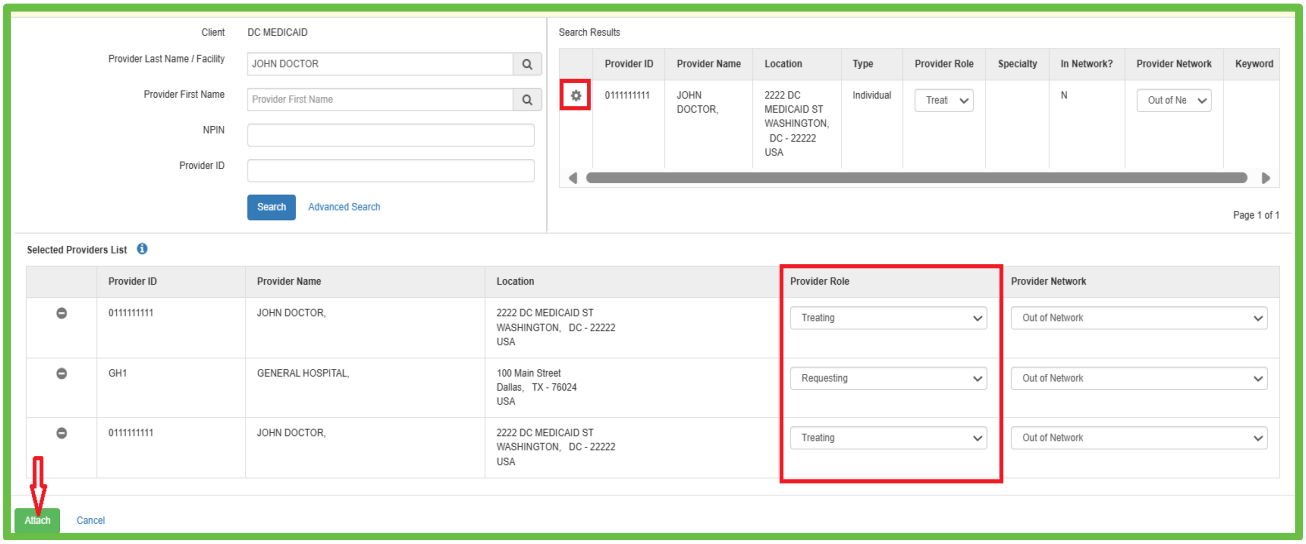


E. Click on the **gear ( )** under search results and choose **Multiple Attach**.

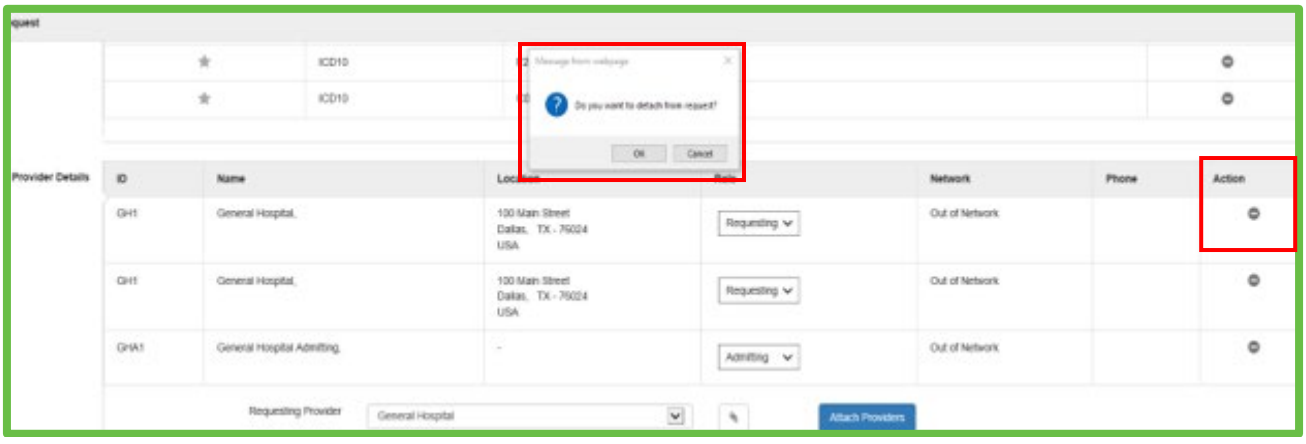
i. The list of the providers will appear under **Selected Provider's List**.
ii. When all entries are selected and you are ready to attach, select **Attach** at bottom left of the screen.
iii. If you prefer selecting **Single Attach** instead of **Multiple Attach**, this will allow you to attach one provider at a time. You will have to recomplete step C- forward for any additional entries.

F. Select each **provider role** from the drop-down menu. They will appear under **Provider Details**.
i. **Admitting**: COCM Facility whom the PA is issued to. Also, the Servicing Provider on 719A
ii. **Treating**: The treating provider. Also Prescribing Provider on the 719A
iii. **Requesting**: Ensure ID is selected; this allows access to the episode.

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



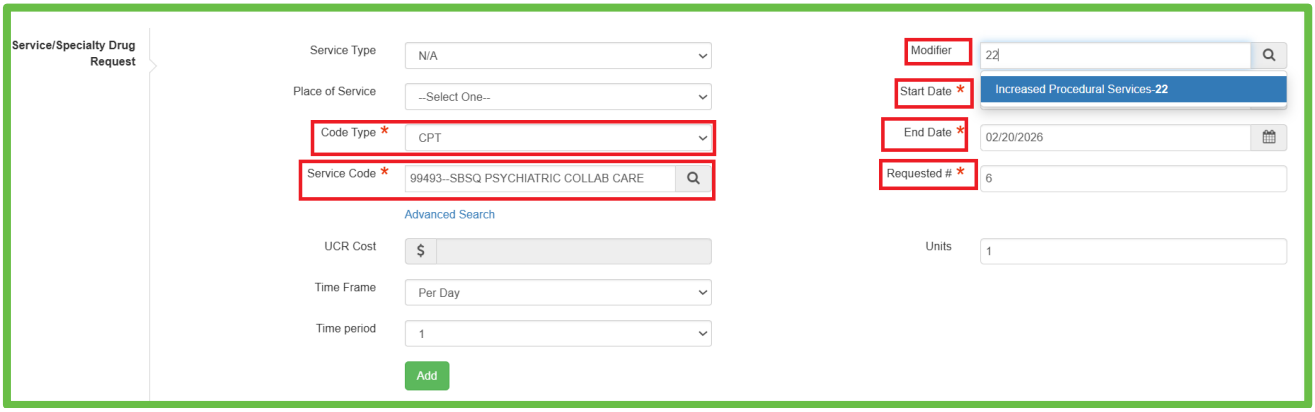
H. If a provider is selected in error, click the icon under **Action** to detach the provider. A pop-up message will ask "Do you want to detach from request?" Click **OK.**



8) Service/Specialty Drug Request (OP only), enter the following information:

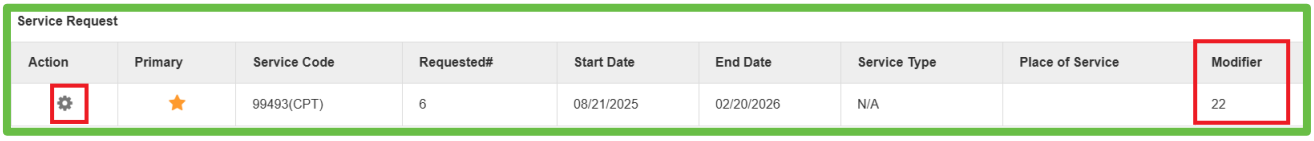
A. Service Type: Defaults to N/A.
B. Place of Service: Leave blank.
C. Code Type*: Select appropriate code type (CPT).

D. **Service Code***: Enter code or search for code; select code by clicking from drop-down box. For provider use code **99493** and/or **99494**.
E. **Time Frame:** Auto-populates to *per day*; change to **Per Month**.
F. **Time Period:** Input **6** – this will help the system automate the six-month period.
G. **Modifier: 22**.
H. **Start Date***: Enter MM/DD/YYYY or select from calendar.
I. **End Date***: Auto-populates and can be modified based on request days.
J. **Requested #***: Enter the number of months you are requesting – enter **6**.
K. **Units**: Auto-populates to 1.
L. Click on the green **Add** button.

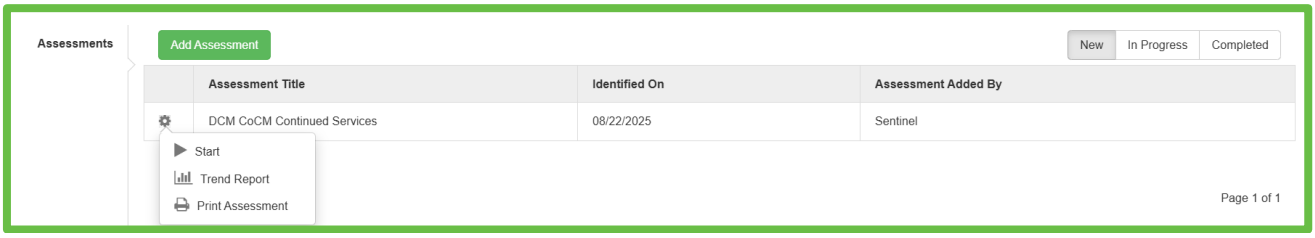


9) OP **Service Request** view:

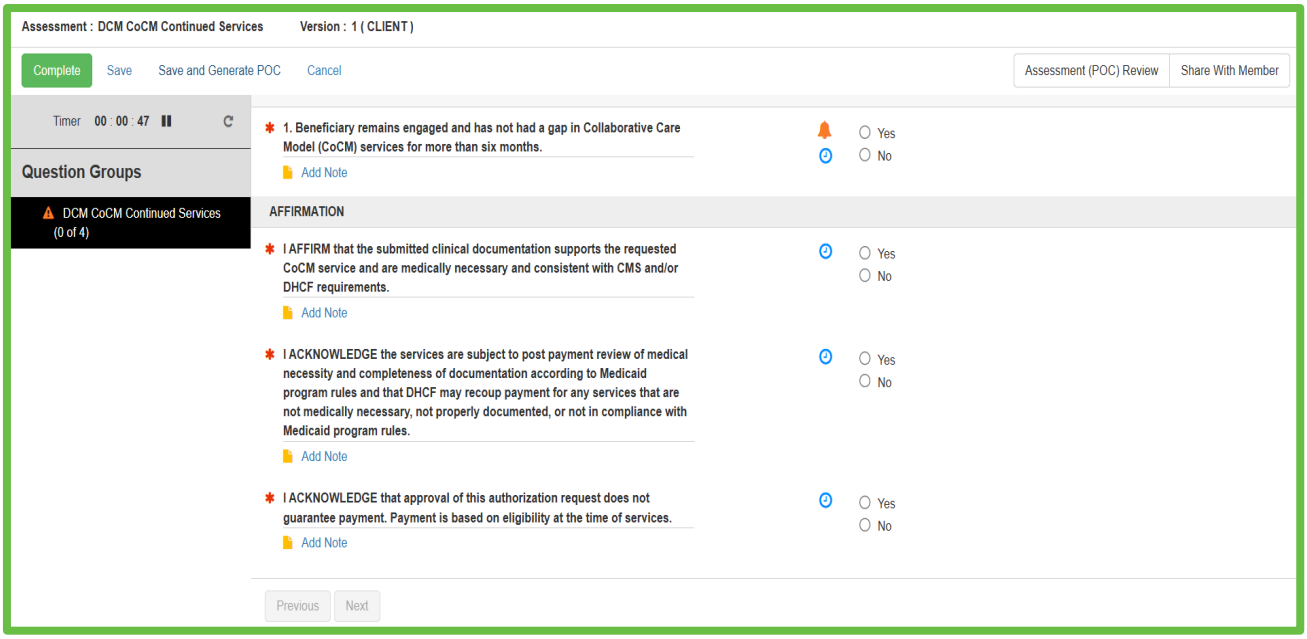
A. To edit a service request, click on the **Gear** under **Action**. A new screen will open for edits.
B. To remove a service request, a box will open to confirm removal. Click **OK** to remove.



10) Under **Assessments**:

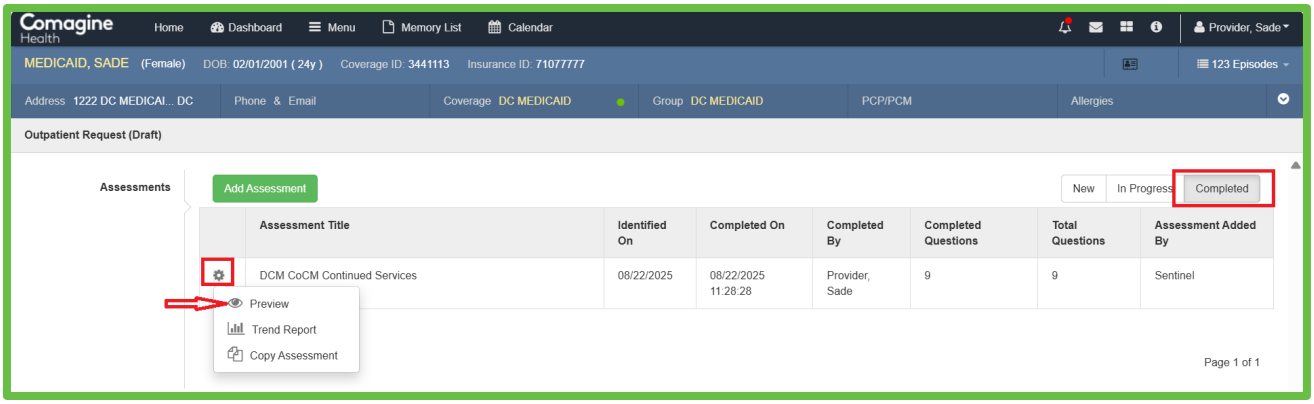


A. Select and complete the **DCM CoCM Continued Services.** This is mandatory to save and submit.
   i. Click the **Gear** next to the assessment and click **Start.**
   ii. Complete the assessment questions.
   iii. Always select the green **Complete** when finished with an assessment and not just **Save**.



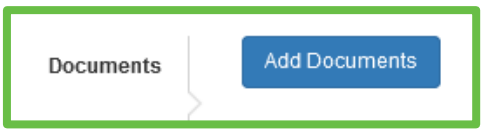
B. To preview the assessment, click on the **Gear** and select **Preview**.

C. The tab on the right side also needs to be selected – to either **Completed** or **In Progress**.



11) In the **Documents** section:

A. Click on the blue **Add Documents** button. The required documentation for CoCM is listed at the end of this document.



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

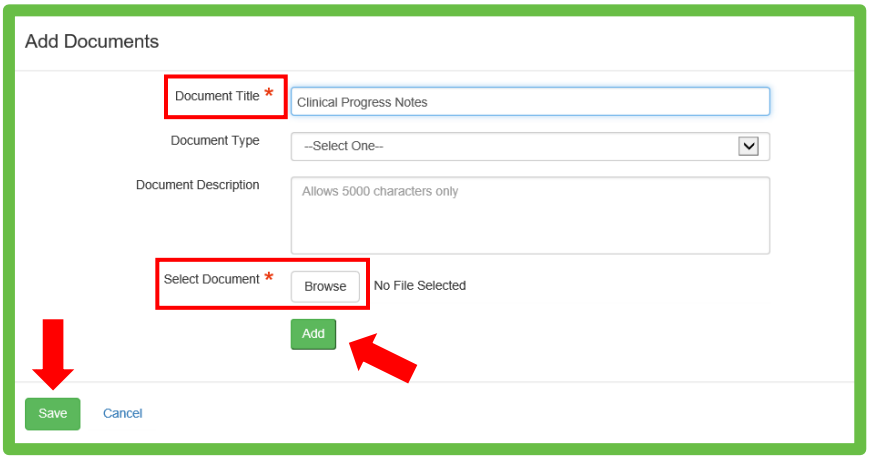
C. **Document Type and Description:** Can be left blank.

D. **Select Document***: Choose **Browse** and locate your document to upload.

i. Tip: Please only use PDF or Tiff files.

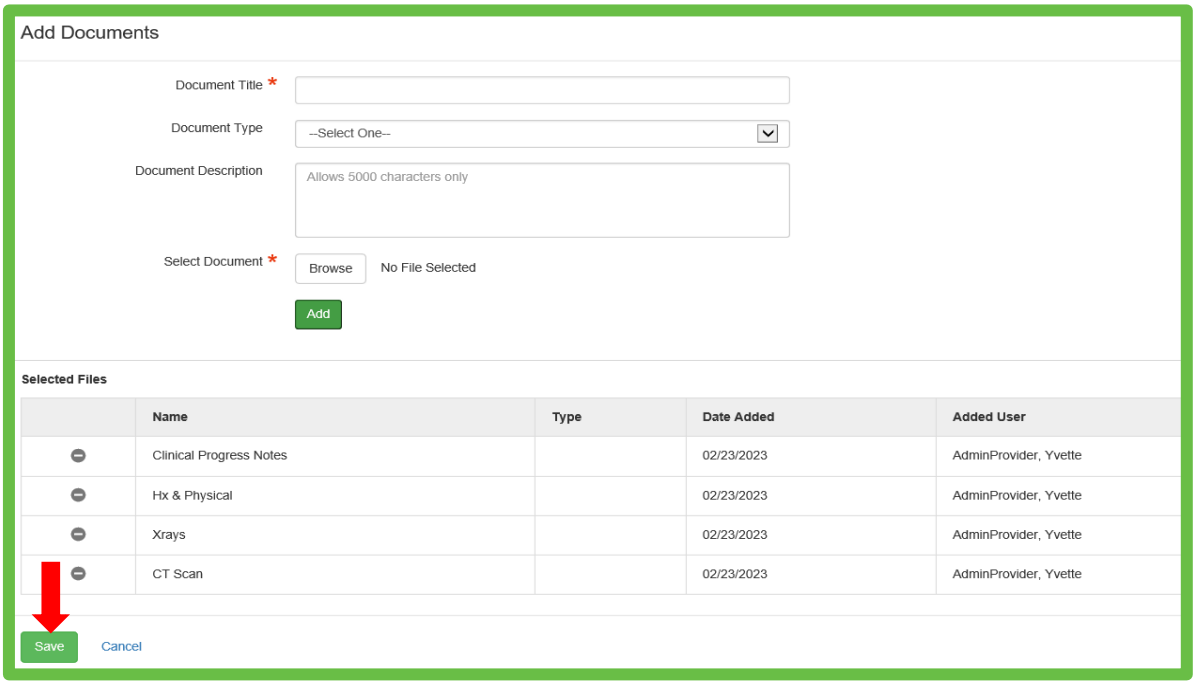
ii. Tip 2: DOC files will not be accepted and Comagine Health will ask for clinicals to be resubmitted in either PDF, JPEG or Tiff format.

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

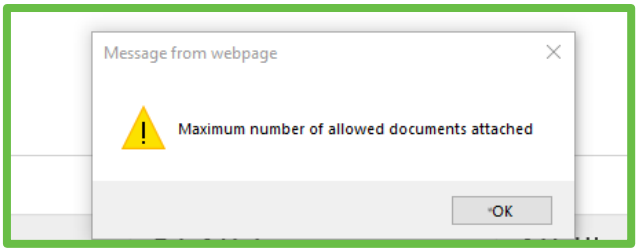


F. If you have multiple documents, please complete steps A through E for each document.

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

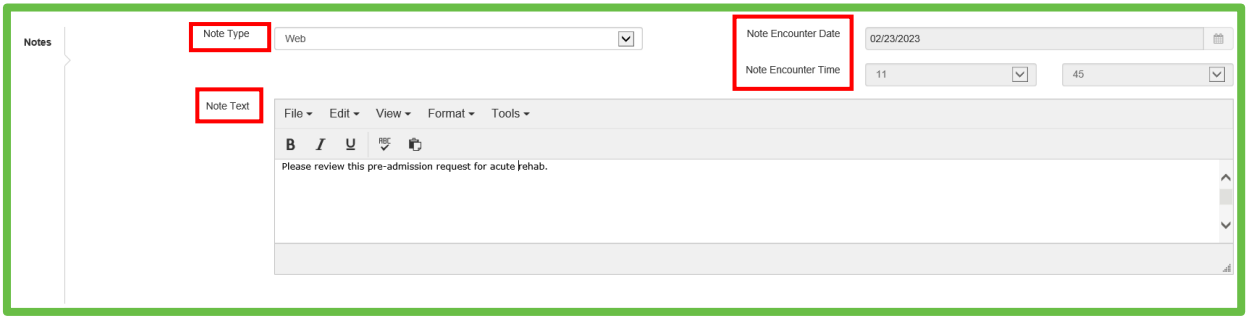


H. The maximum number of allowed documents attached is four (4). If the number of documents uploaded exceeds four an error message will appear (see below). Click **OK**. If you need to add more than this, you may either combine documents into one attachment or attach additional documents after the request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



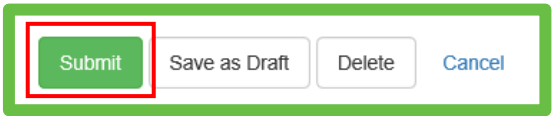
12) Under the **Notes** section, enter the following information:

- **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.**



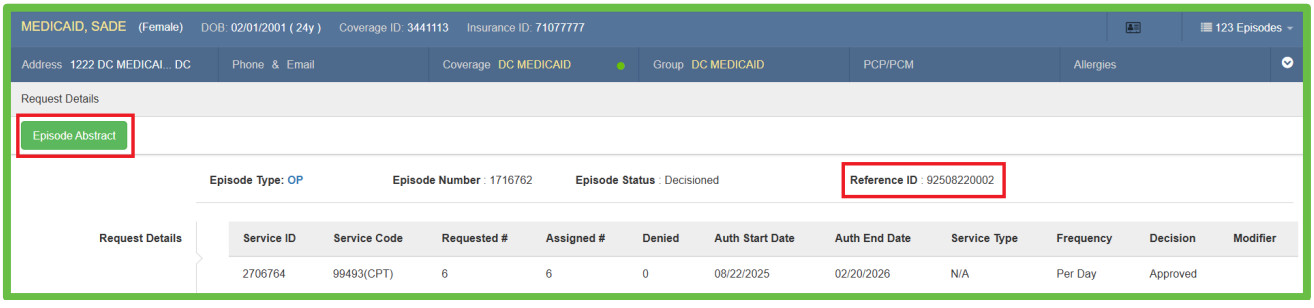
13) Submit, save, or delete.

- **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.

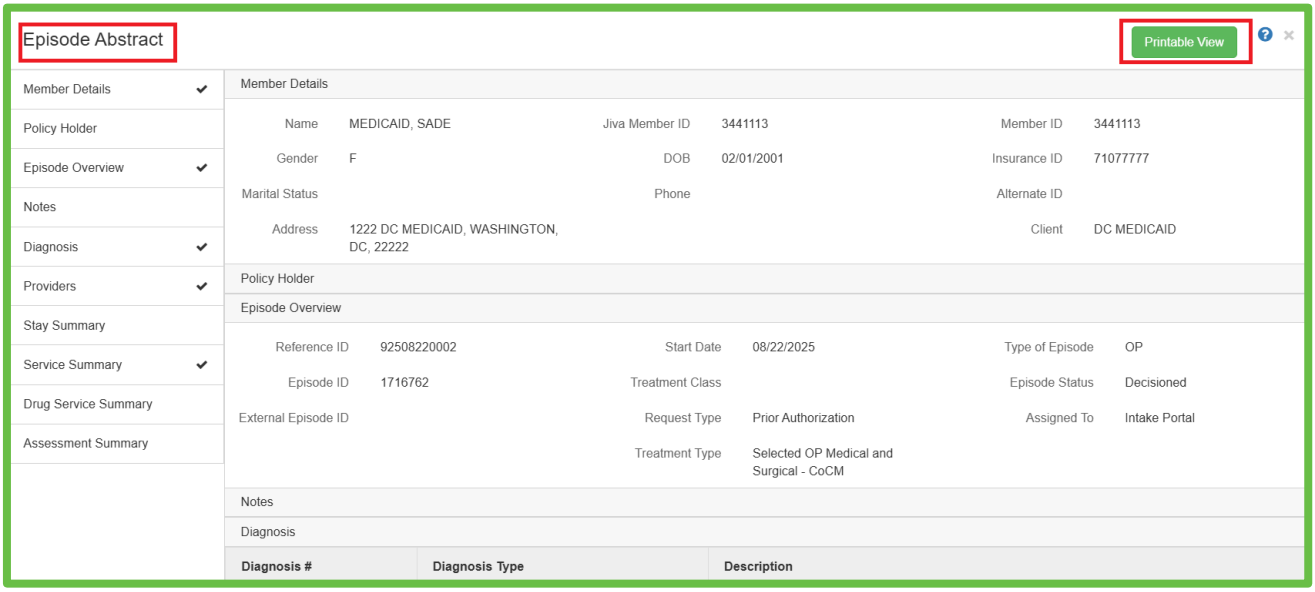


14) Make a note of the **CHPP Reference ID number** for your records to locate the episode faster.

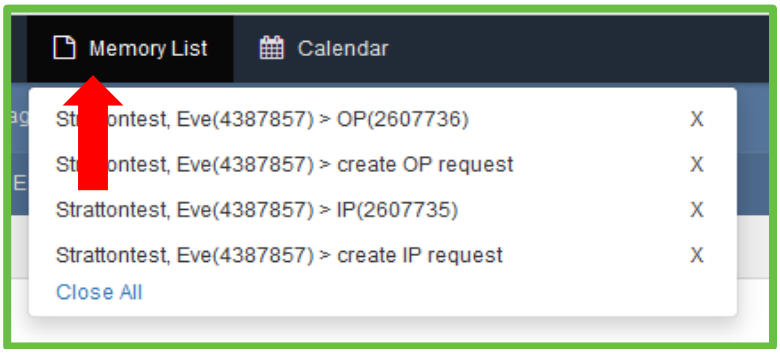
- **A.** Selecting **Episode Abstract** allows you to review what was submitted; however, you cannot edit from here.



B. You can print by selecting **Printable View** in the upper right corner on this screen.

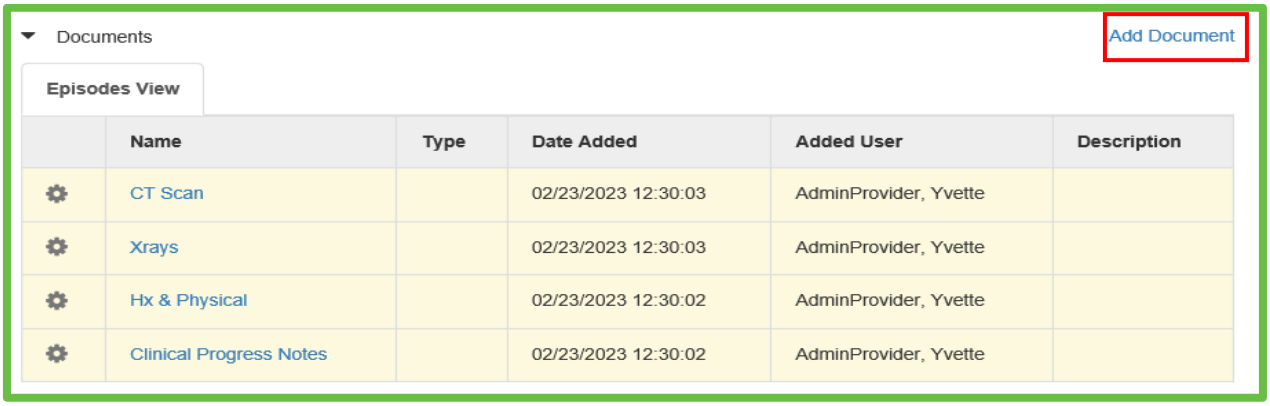


15) If additional documents need to be submitted, locate the submitted episode by clicking on **Memory List** at the top of the screen, or by completing a search by clicking **Menu** and then **Search Request**.

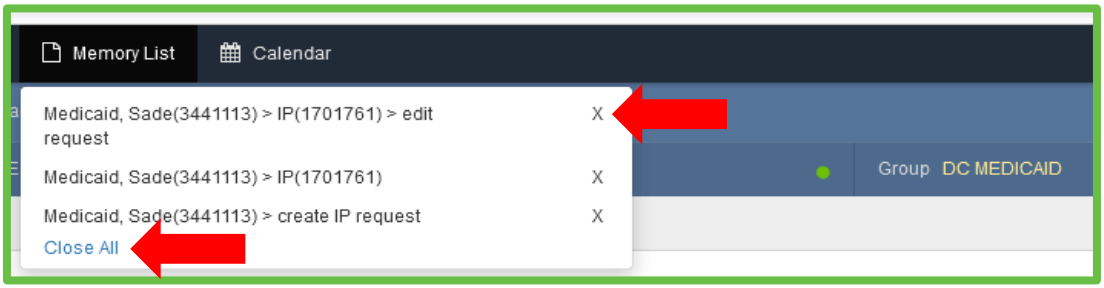


A. Either select the episode you were working on in the **Memory List** or search for the **Reference ID** in the **Search Request.**

B. Click on **Add Document** and follow step 11 above to add additional documents.



16) **Always go to 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 Crisis Bed Reviews

- Completed 719A Prior Authorization form.
- Supporting clinical documents (such as office visit note, rating scales widely used by healthcare provider and/or treatment plan), including:
  - Documentation of any mental, behavioral health, or psychotic condition that the billing practitioner has been treating
  - Documentation in the medical record of continued need for each additional 6-month period after the initial 6-months of CoCM
  - Develop and implement a person-centered Plan of Care that includes outcome goals of Collaborative Care

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