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Comagine Health Provider Portal Collaborative Care Model Training

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DC Medicaid QIO Director
July 22, 2026

Objectives

- Review the Required Documents for Collaborative Care Model (CoCM)
- Review the Comagine Health Provider Portal (CHPP)
- Review Log-on Information
- View Dashboard Features
- How to Enter a CoCM Authorization Request Demonstration
- Review Provider Resources – Quick Start Guides

Please remain on mute during the presentation, and if you have questions, put them in the chat. We will monitor chat throughout the presentation and answer questions at the end.

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Collaborative Care Model (CoCM)

- CoCM is integrated behavioral health and primary care that extends the capabilities of the primary care team to identify and treat people with less complex behavioral conditions;
- CoCM is delivered in primary care settings using a team of three providers: a primary care provider, a behavioral health care manager, and a psychiatric consultant;
- CoCM adds care management and regular psychiatric interprofessional consultations to regular primary care visits; and
- CoCM will help achieve the District's goals of improving whole-person care and care coordination

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CoCM Continued

- CoCM does not require prior authorization during the first six (6) months of Collaborative Care services.
- CoCM requires prior authorization for services delivered beyond the initial six (6) months and every six (6) months thereafter.
- Continued Stay reviews are conducted in six (6) month increments until medical necessity is no longer met or the beneficiary discharges from program.
- Comagine Health will review CoCM prior authorization for DC Medicaid fee-for-service and Managed Care (MCO) beneficiaries only.

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CoCM BILLING CODES

- Collaborative Care is reimbursed based on the amount of time the behavioral health care manager spends providing Collaborative Care services.
- The primary care provider is responsible for submitting claims reflecting the amount of time the behavioral health care manager has spent providing services in each month.

Service Description	Procedure Code	Modifier	Rate (Effective 1/1/2024)
Collaborative Care, Initial 70 Minutes, First Month	99492	N/A	$173.07
Collaborative Care, First 60 Minutes, Subsequent Month	99493	N/A	$162.29
Collaborative Care, Additional 30 Minutes in any given month	99494	N/A	$65.99
Collaborative Care, First 60 Minutes, Subsequent Month – more than 6 months (Prior Authorization Required)	99493	22	$162.29
Collaborative Care, Additional 30 Minutes in each month – more than 6 months (Prior Authorization Required)	99494	22	$65.99

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Required Documentation for CoCM

- 719A Prior Authorization form
- 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
- Use at least one validated clinical rating scale
- Develop and implement a person-centered plan of care that includes outcome goals of Collaborative Care

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DHCF 719A Prior Authorization Form (Transmittal 23-37)

- The 719A is an open prescription for 6 months.
- All of the information in the patient, prescribing provider, and servicing provider sections must be completed in its entirety. None of the boxes should be left blank.
- If a mistake is made on the 719A, the provider should draw a line through the incorrect information, initial, and date any corrections made on the form. Whiteout should never be used to correct a mistake.
- Any alterations made by the servicing provider after the 719A form has been signed by the prescribing provider could lead to denial of claims, action seeking monetary sanctions against the servicing provider, and possible criminal charges.

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719A Form - Prescribing Provider

- This is the DC Medicaid provider (NP, MD or DO) who is completing the medical justification and signing the 719A form. This is also the Treating provider in the provider portal.

Prescribing Provider	
Provider Name **JOHN Doctor**	
Provider Number **08888888**	NPI **1888877777**
Address City, State, Zip **44333 Nursing Home Road, NE** **Washington DC XXXXX**	
Telephone Number **202- XXX-XXXX**	

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719A - Service Provider

- This is the DC Medicaid CoCM provider who is ordering the service and whom the PA will be issued to. This is also the Admitting provider in the CHPP.
- The servicing provider should never alter, add, and/or change any information designated for the prescribing provider.

Servicing Provider	
Provider Name **COCM PROVIDER**	
Provider Number 013444444	NPI 1877777777
Address City, State, Zip 123 MEDICAID ST WASHINGTON, DC 22222	
Telephone Number (202) 233-2222	

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719A Form

- All information on the 719A form must be completed, including the requested service **(Other)** and the beneficiary's location.

Requested Service				Beneficiary Location	
Surgery	☐	DME	☐	Home	
Medical	☐	Pharmacy	☐	ICF/MR	x☐
Dental	☐	Eyewear	☐	Nursing Home	☐
Hospice	☐	Other	X	Hospital	☐
Home Health: Skilled Nurse ☐PT ☐OT ☐SLP ☐HHA ☐PrivateDuty				Office	☐

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719A - Requested Service Data

- The ICD-10 diagnosis code must be relevant to the service you are requesting.
- The CPT code must align with the service description on the DC Medicaid fee schedule.
- CoCM time frame is six months.

Requested Service Data					
Diagnosis Code	Procedure Code	Description of Services, DME and Supplies	Time Required	Frequency or Units	Estimated Charges
F32.1	99493- 22	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT	180 days	6	

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719A - Medical Justification

- The medical justification for the service being requested is completed by the prescribing provider.
- The medical justification is not a diagnosis.
- The start date of the request, which cannot be earlier than the 719A form's signature date, should also be noted here.

Justification: Patient exhibits **moderate-to-severe symptoms significantly impacting daily functioning and quality of life**, including: **Mood Symptoms:** Persistent sadness, low motivation, anhedonia, frequent tearfulness, irritability.

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719A - Signature Requirement

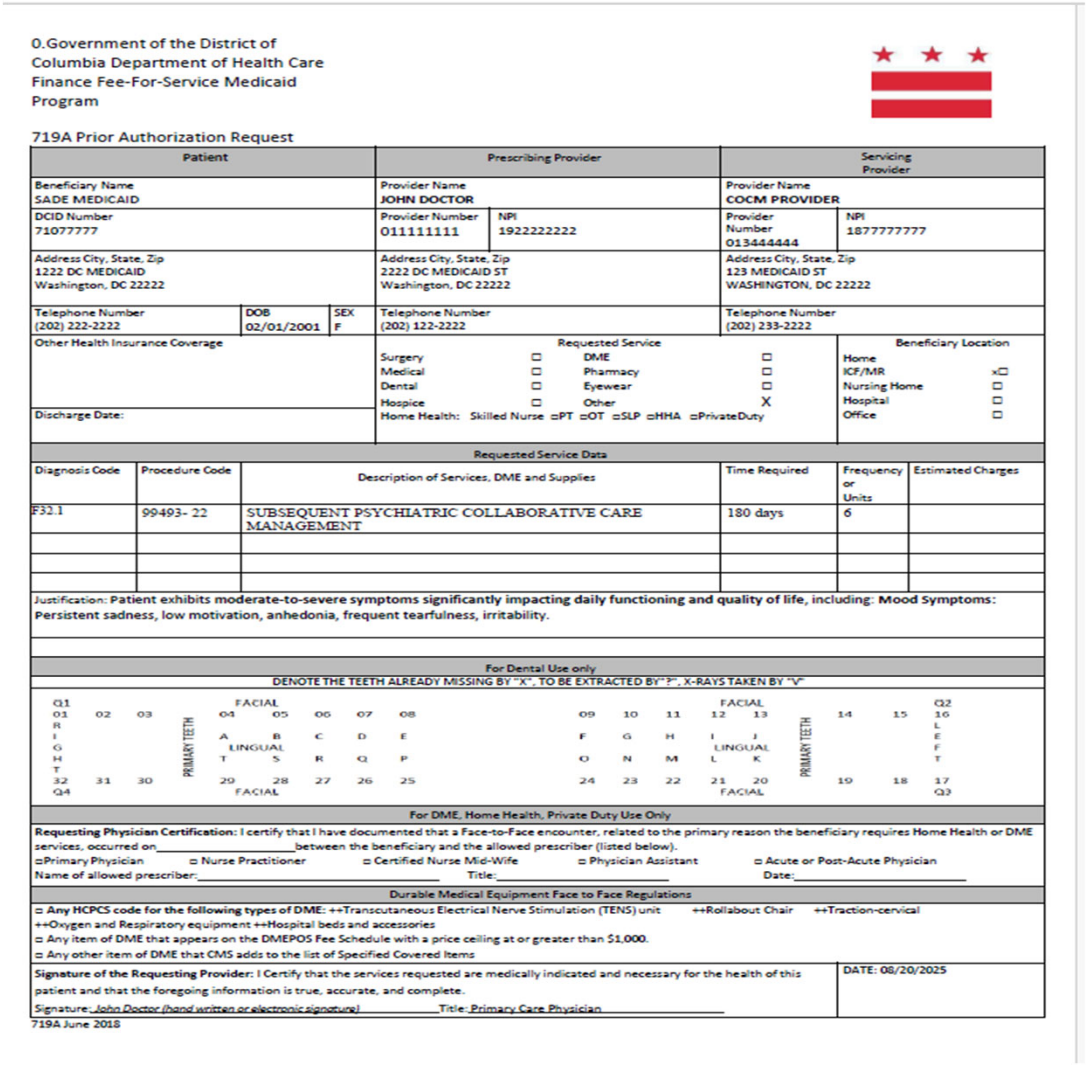
- All 719A forms require the signature of the provider and the date of the request. These two elements MUST be on the 719A form. DC Medicaid will not accept stamped or typed signatures in this section - original signatures are required. By signing and dating in the appropriate spaces, the provider certifies that they have reviewed the form for accuracy and is responsible for the contents submitted. **Authorized prescriber signature dates are used as the request start date unless otherwise specified.**

Signature of the Requesting Provider: I Certify that the services requested are medically indicated and necessary for the health of this patient and that the foregoing information is true, accurate, and complete. Signature: *John Doctor (hand written or electronic signature)* Title: Primary Care Physician	DATE: 08/20/2025

719A June 2018

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719A Form



0.Government of the District of Columbia Department of Health Care Finance Fee-For-Service Medicaid Program

719A Prior Authorization Request

Patient			Prescribing Provider		Servicing Provider	
Beneficiary Name SADE MEDICAID			Provider Name JOHN DOCTOR		Provider Name COCM PROVIDER	
DCID Number 71077777			Provider Number 011111111	NPI 1922222222	Provider Number 013444444	NPI 1877777777
Address City, State, Zip 1222 DC MEDICAID Washington, DC 22222			Address City, State, Zip 2222 DC MEDICAID ST Washington, DC 22222		Address City, State, Zip 123 MEDICAID ST WASHINGTON, DC 22222	
Telephone Number (202) 222-2222	DOB 02/01/2001	SEX F	Telephone Number (202) 122-2222		Telephone Number (202) 233-2222	
Other Health Insurance Coverage Discharge Date:			Requested Service Surgery ☐ DME ☐ Medical ☐ Pharmacy ☐ Dental ☐ Eyewear ☐ Hospice ☐ Other X Home Health: Skilled Nurse ☐PT ☐OT ☐SLP ☐HHA ☐PrivateDuty		Beneficiary Location Home ICF/MR x☐ Nursing Home ☐ Hospital ☐ Office ☐	

Requested Service Data

Diagnosis Code	Procedure Code	Description of Services, DME and Supplies	Time Required	Frequency or Units	Estimated Charges
F32.1	99493- 22	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT	180 days	6	

Justification: **Patient exhibits moderate-to-severe symptoms significantly impacting daily functioning and quality of life, including: Mood Symptoms: Persistent sadness, low motivation, anhedonia, frequent tearfulness, irritability.**

For Dental Use only

DENOTE THE TEETH ALREADY MISSING BY "X", TO BE EXTRACTED BY "/", X-RAYS TAKEN BY "V"

Q1															Q2
01	02	03		04	05	06	07	08	09	10	11	12	13	14	15	16
R																L
I				A	B	C	D	E	F	G	H	I	J			E
G			PRIMARY TEETH	LINGUAL								LINGUAL		PRIMARY TEETH		F
H				T	S	R	Q	P	O	N	M	L	K			T
T																
32	31	30		29	28	27	26	25	24	23	22	21	20	19	18	17
Q4				FACIAL					FACIAL							Q3

For DME, Home Health, Private Duty Use Only

Requesting Physician Certification: I certify that I have documented that a Face-to-Face encounter, related to the primary reason the beneficiary requires Home Health or DME services, occurred on_____between the beneficiary and the allowed prescriber (listed below).

☐Primary Physician ☐ Nurse Practitioner ☐ Certified Nurse Mid-Wife ☐ Physician Assistant ☐ Acute or Post-Acute Physician

Name of allowed prescriber:_____ Title:_____ Date:_____

Durable Medical Equipment Face to Face Regulations

☐ **Any HCPCS code for the following types of DME:** ++Transcutaneous Electrical Nerve Stimulation (TENS) unit ++Rollabout Chair ++Traction-cervical ++Oxygen and Respiratory equipment ++Hospital beds and accessories

☐ Any item of DME that appears on the DMEPOS Fee Schedule with a price ceiling at or greater than $1,000.

☐ Any other item of DME that CMS adds to the list of Specified Covered Items

Signature of the Requesting Provider: I Certify that the services requested are medically indicated and necessary for the health of this patient and that the foregoing information is true, accurate, and complete.

Signature: *John Doctor (hand written or electronic signature)* Title: Primary Care Physician

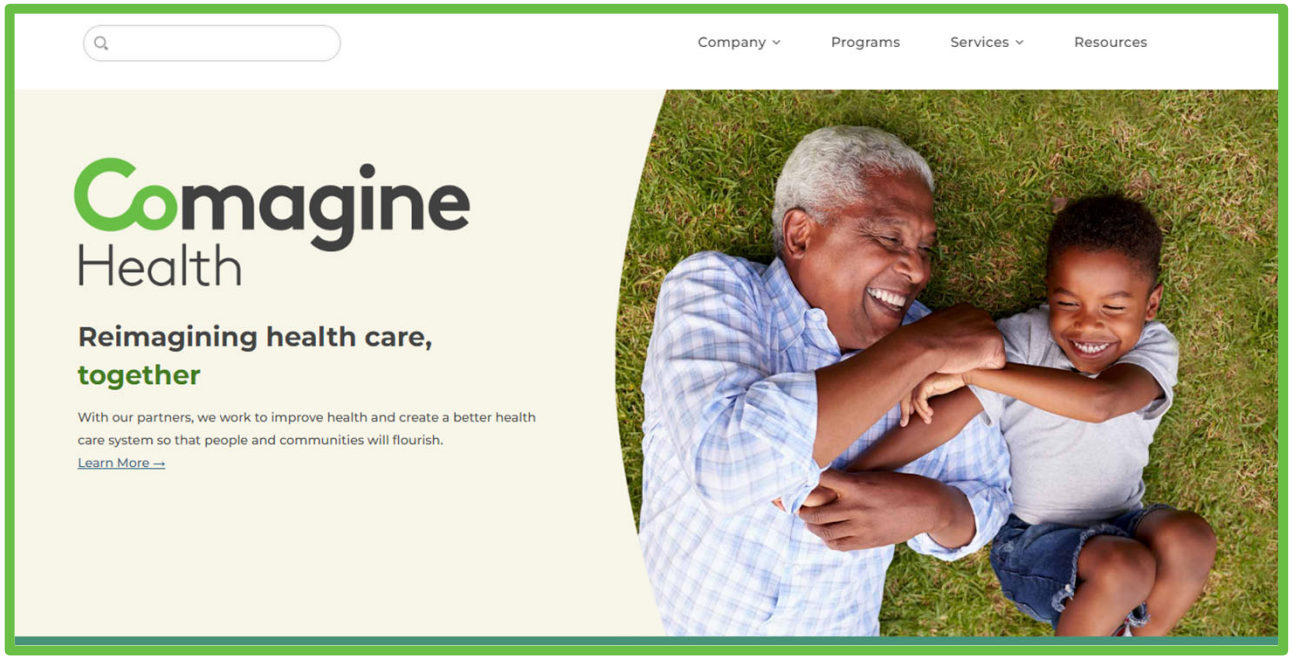
DATE: 08/20/2025

719A June 2018

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Comagine Health Provider Portal (CHPP)

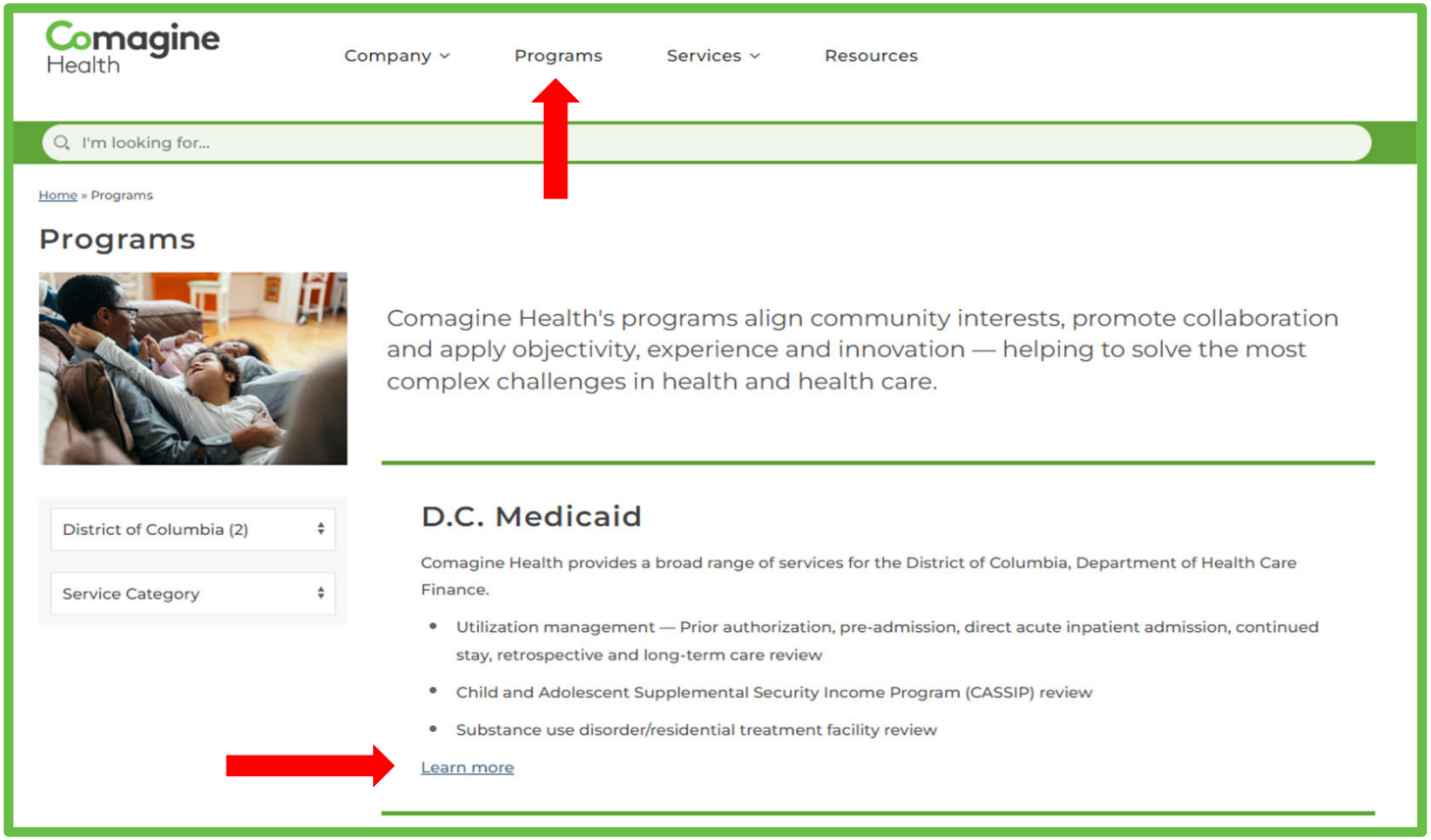
- Submit reviews within the CHPP
- Go to Comagine Health's website - http:www.comagine.org



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Comagine Health Website

- Click on Programs, find **D.C. Medicaid**, and select **Learn more**



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Provider Portal Access

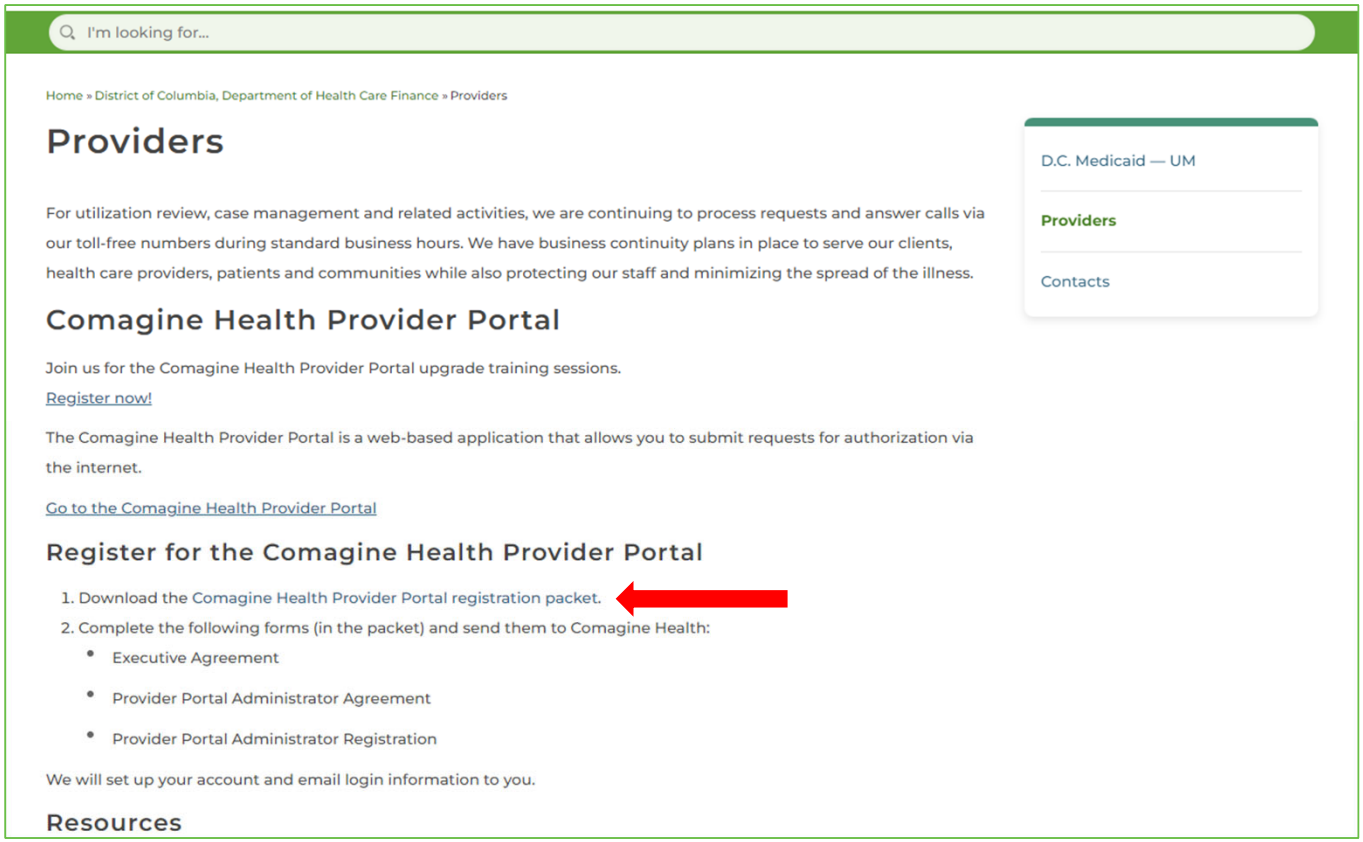
- Select **Providers** on the right-side panel will display the Provider page with the Provider Portal Link



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Provider Registration Packet

On the Provider page, under the Comagine Health Provider Portal section, you will find the link to download the CHPP registration packet



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Submitting a Request for Portal Access

- **Submit via email:**
  - Email: dcmedicaid@comagine.org
- **Submit all completed forms:**
  - Executive Agreement
  - Provider Portal Administrator Agreement
  - Provider Portal Administrator Registration Form
  - Provider Portal User Agreement
  - Provider Portal User Registration Form
- Once Comagine Health processes your registration packet, you will receive an email with your CHPP access information.

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Provider Portal Administrators

- Administrators have additional system access and system tasks to perform
- Staff who need access to the CHPP are required to contact their Administrators
- Provider Portal Administrators are responsible for:
  - Adding all User accounts
  - Managing all User accounts
  - Keeping the User account registration information
  - Resetting the passwords for User accounts and
  - Deactivating User accounts

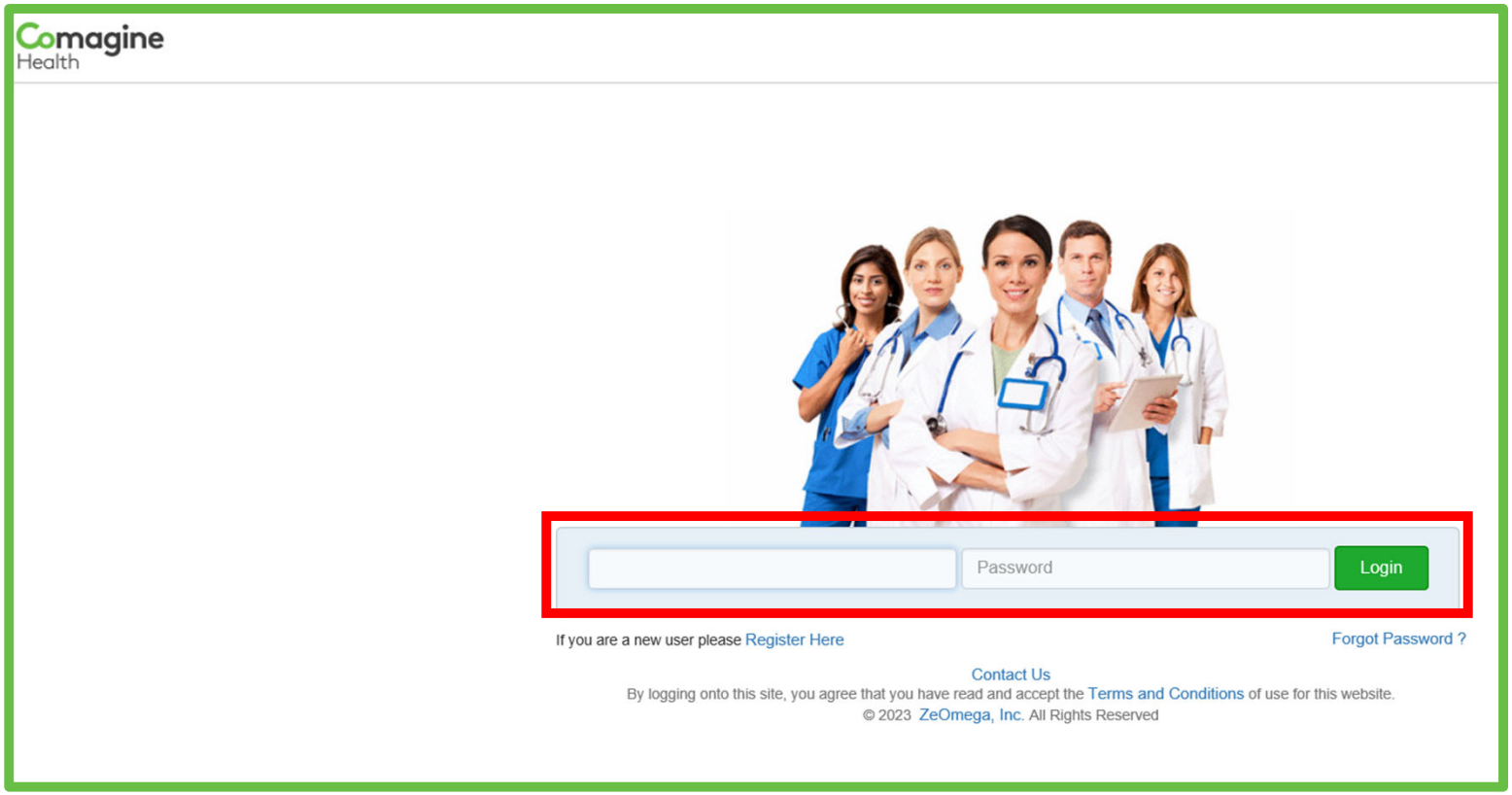
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Provider Portal Access



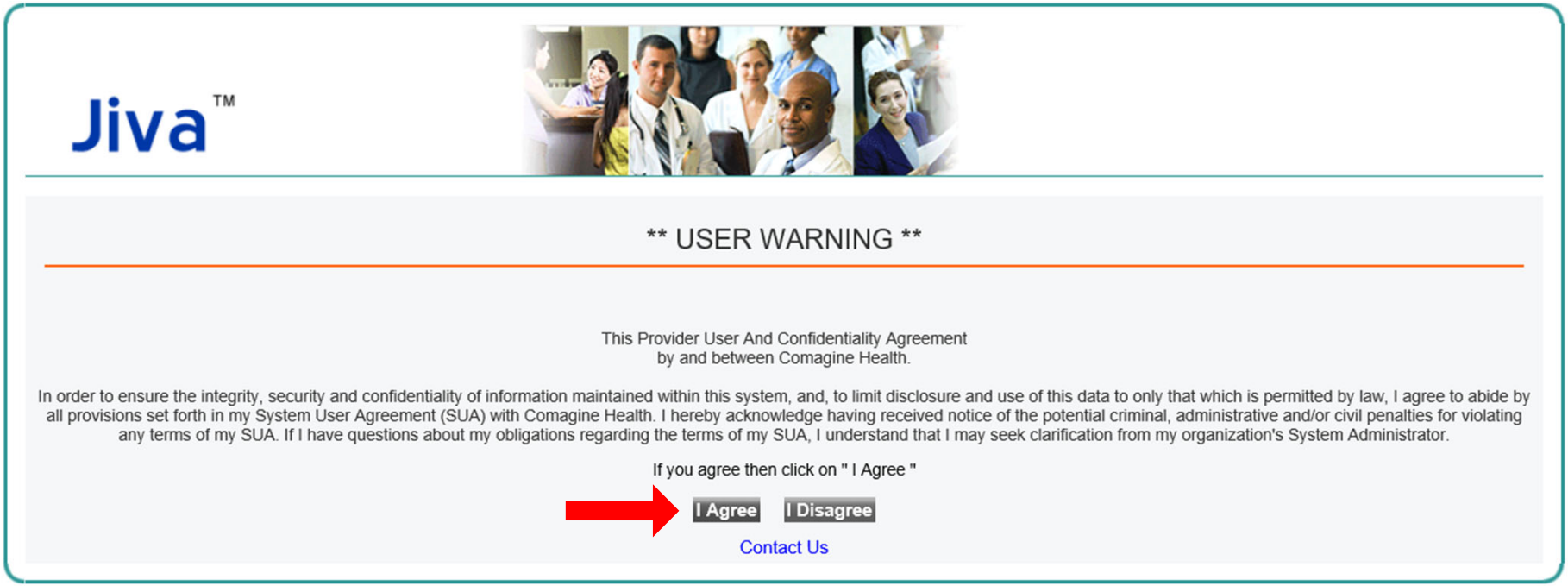
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How to Log Into the Provider Portal



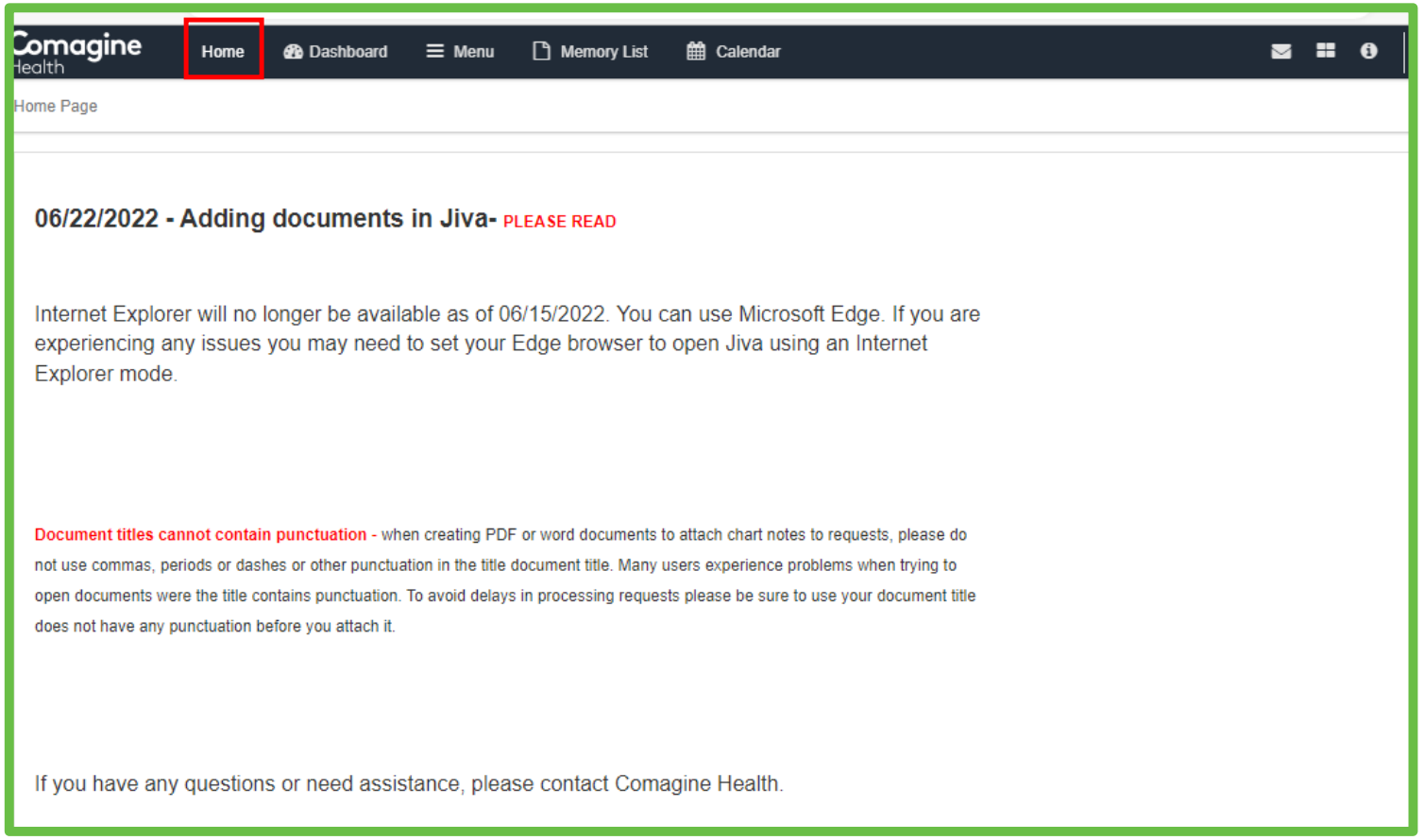
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Provider Portal Log In



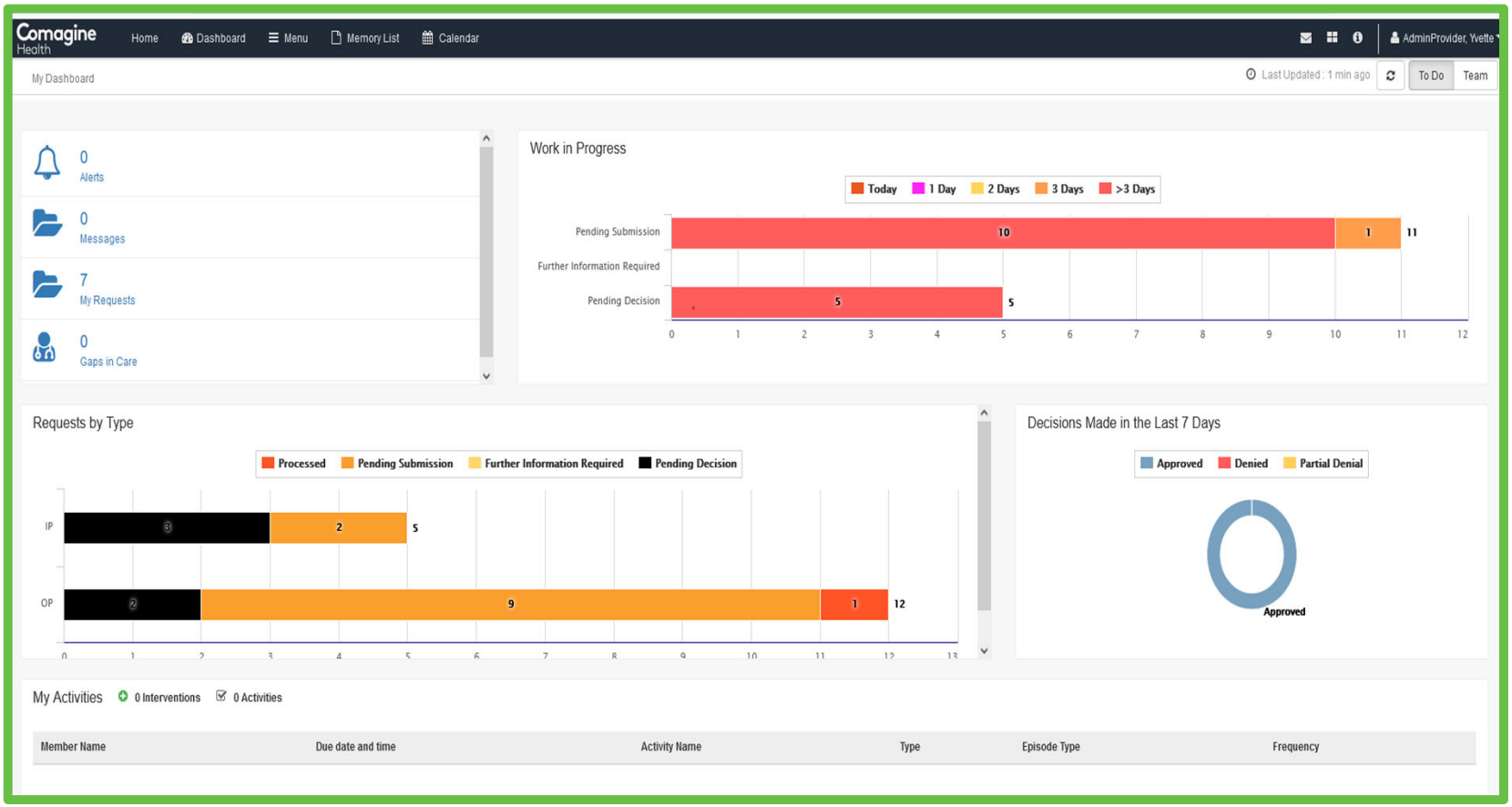
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Provider Home Page – View Posted Announcements



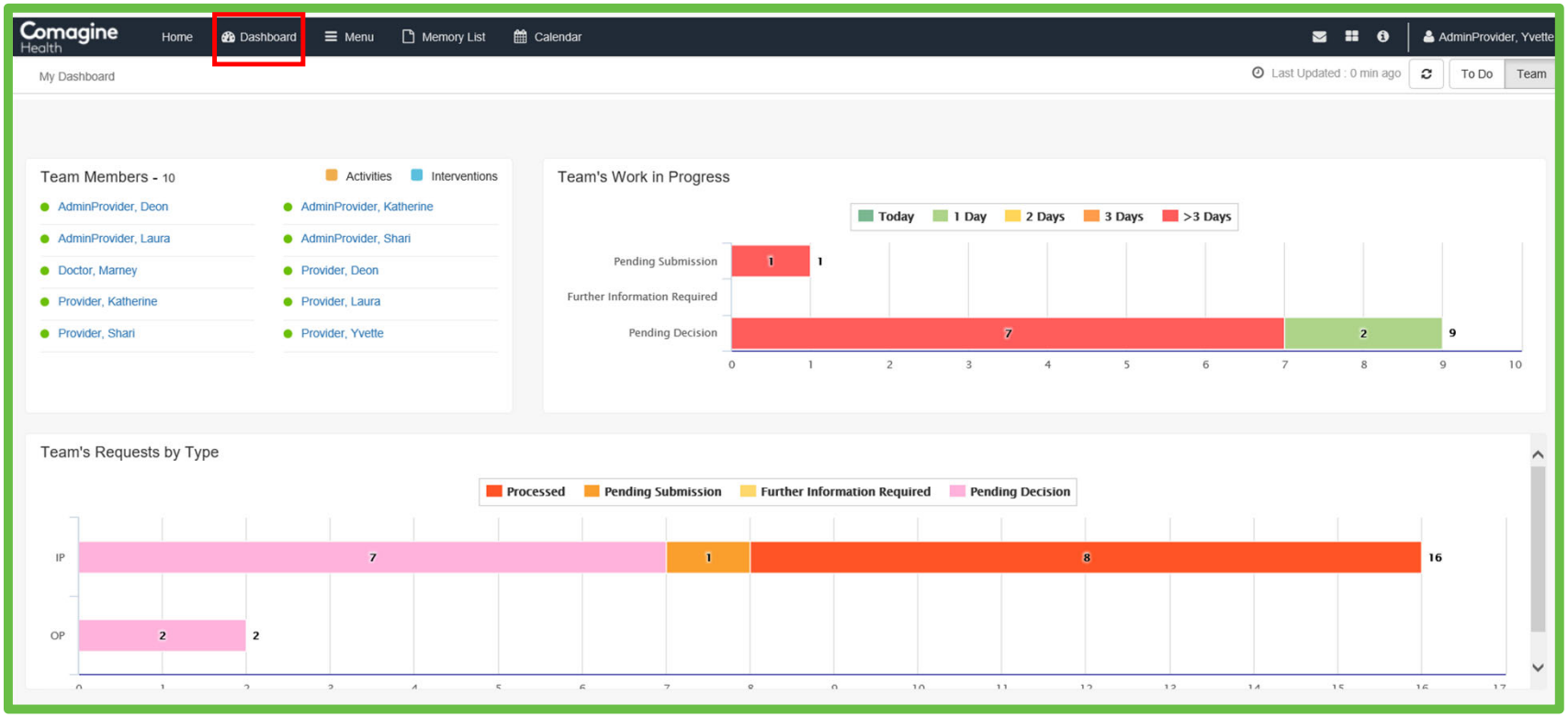
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Provider Dashboard - To Do



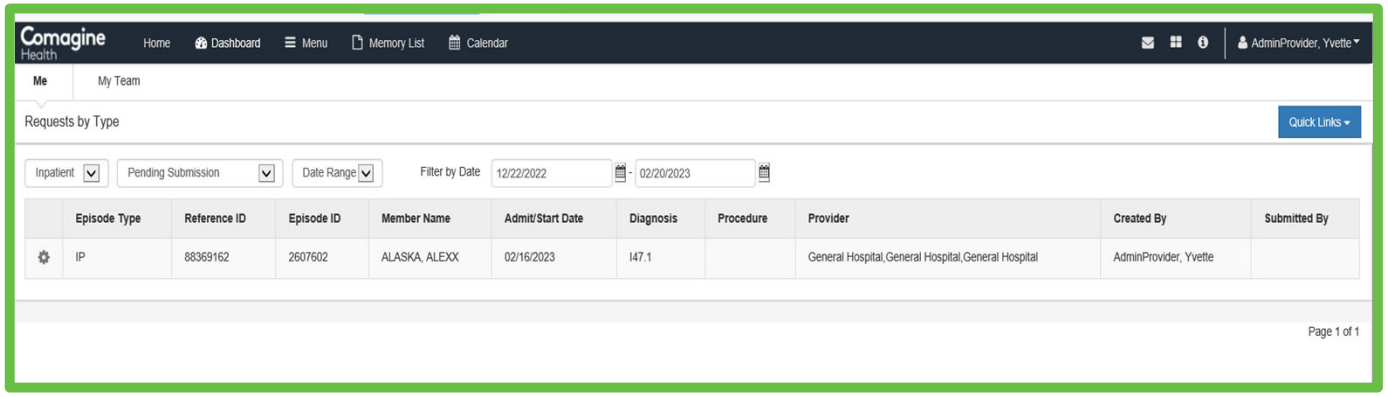
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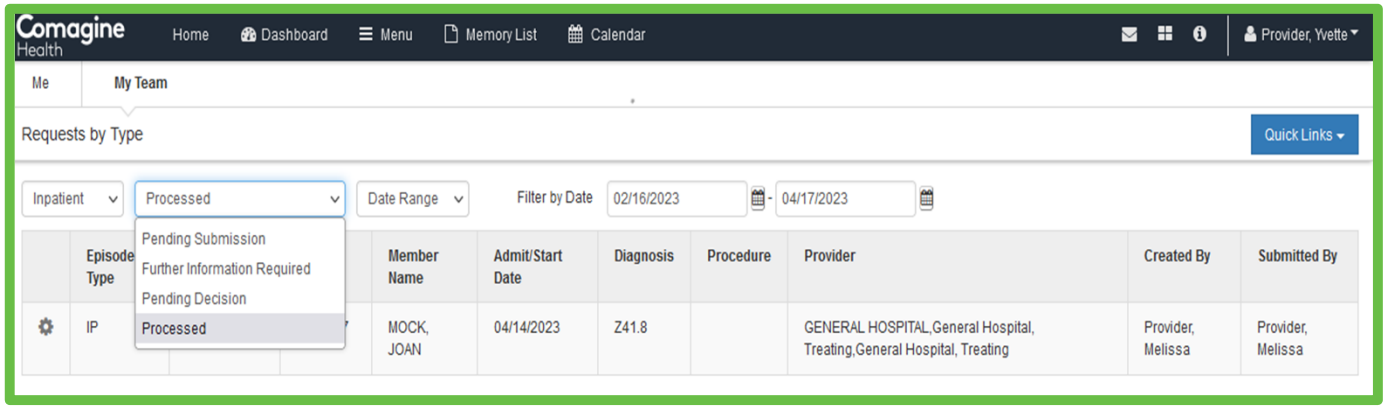
Provider Dashboard - Teams



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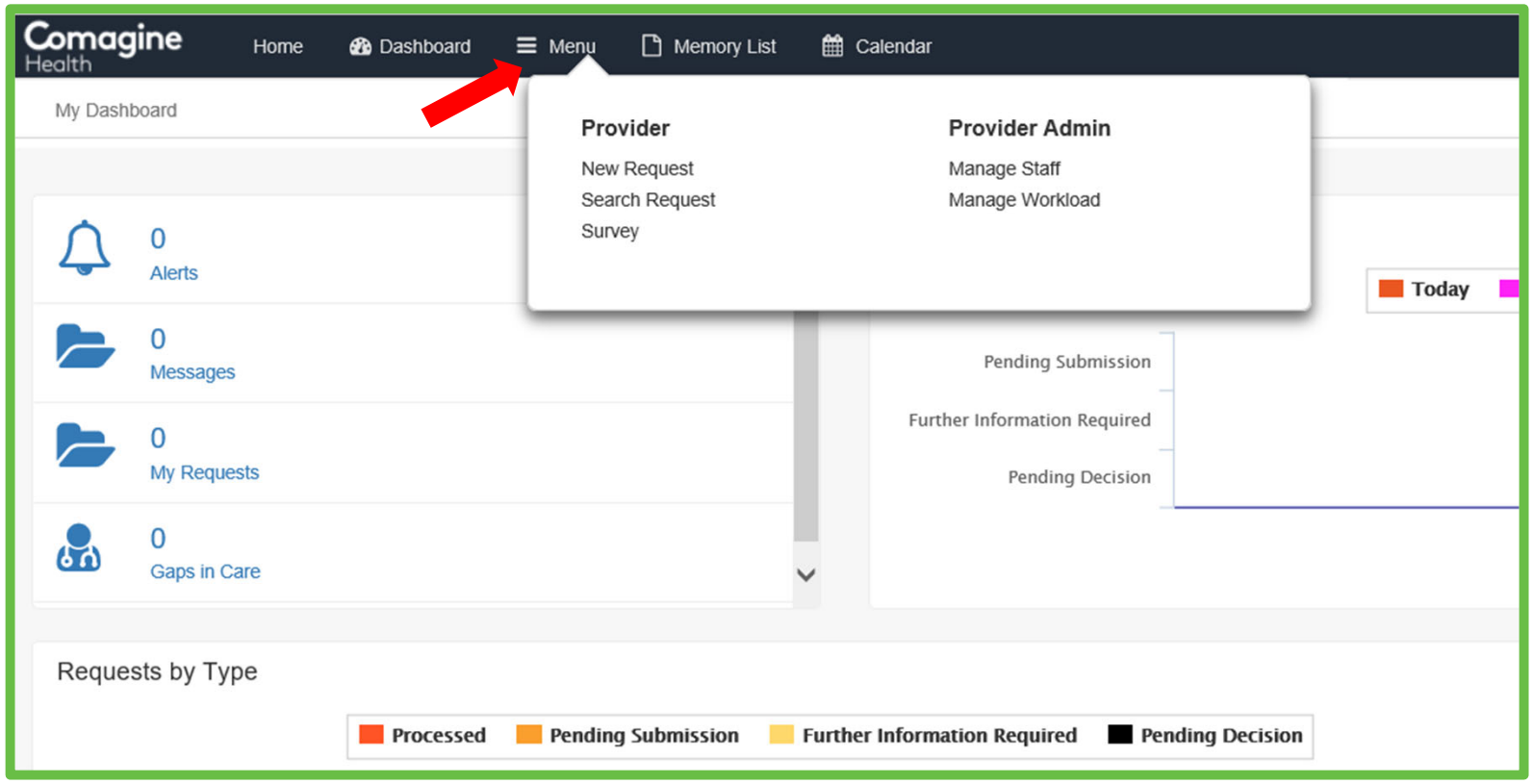
Provider Dashboard Links





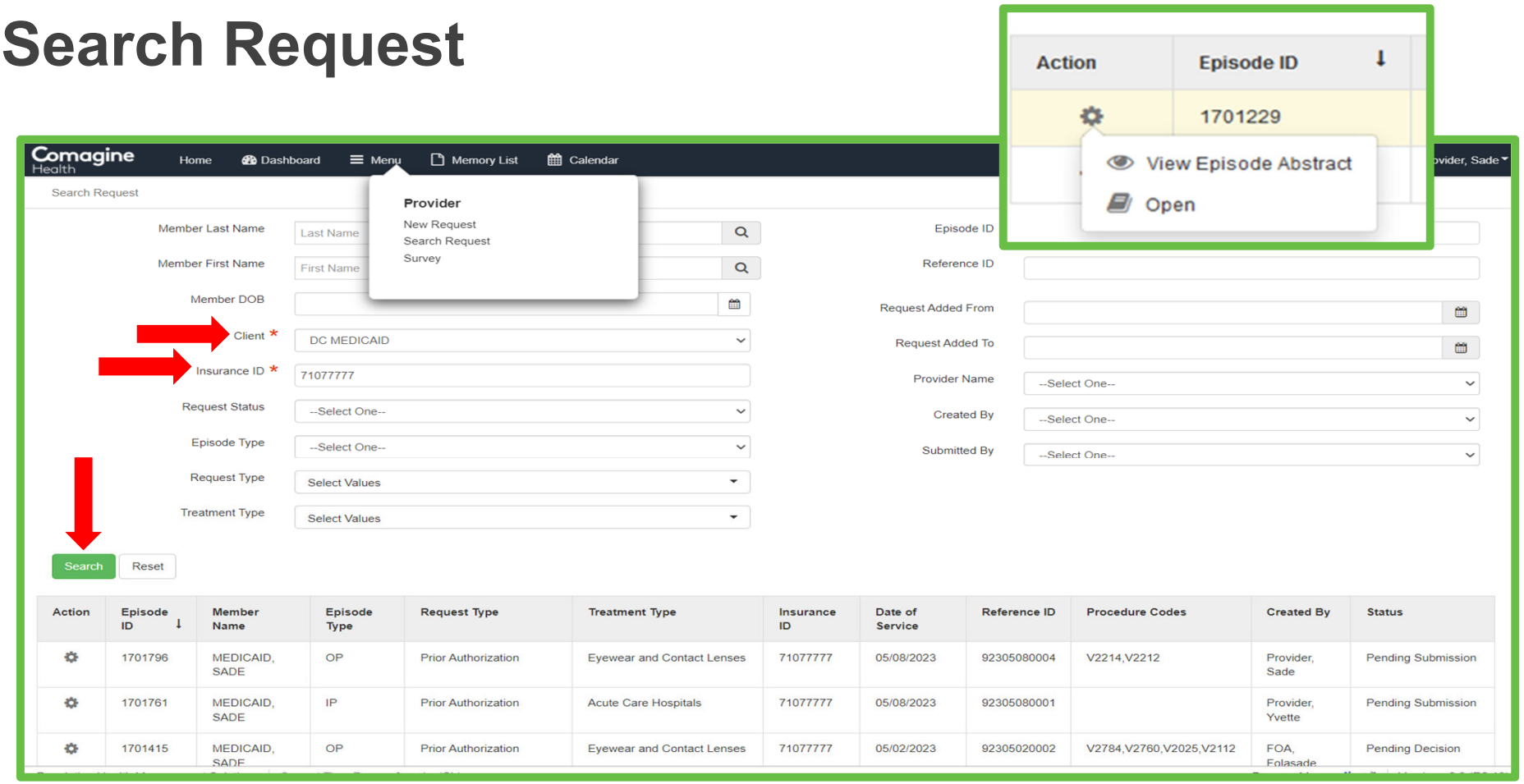
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How to Search or Submit a New Request



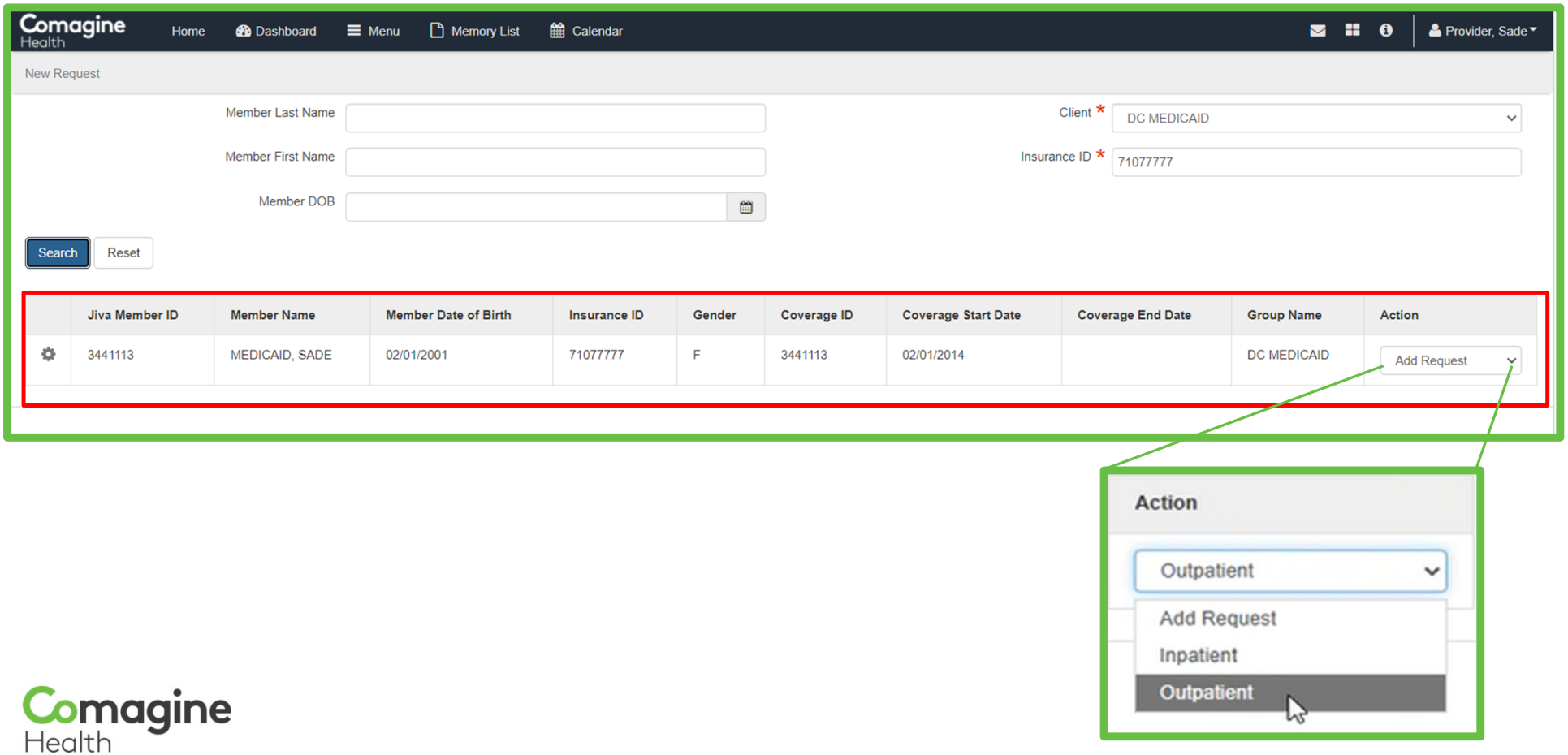
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Search Request



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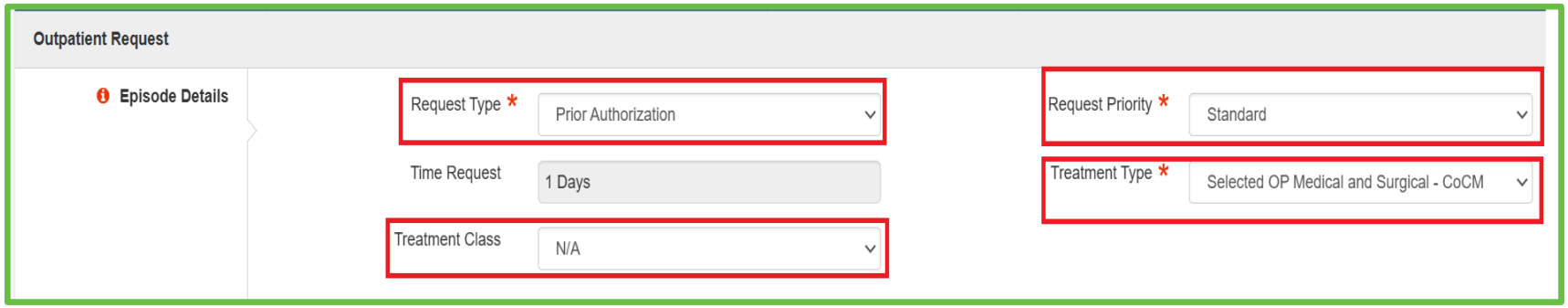
Submit a New Request



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Submit a New Request

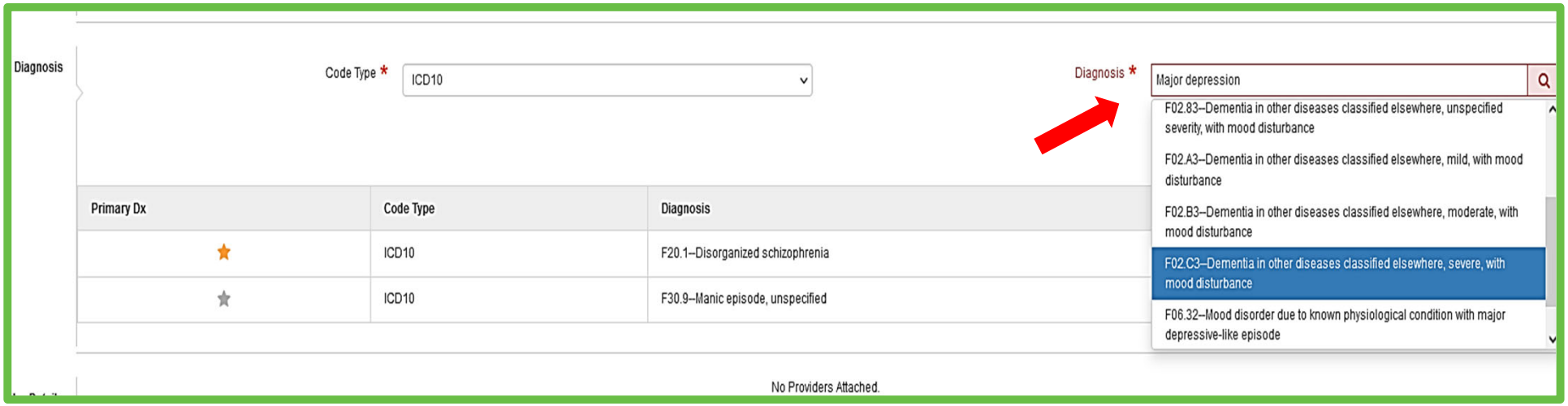
- Fill out the **Episode Details** with the red asterisks, including the Treatment Class. For **Outpatient** requests, complete:
  - A. **Request Type***: Enter **Prior Authorization**.
  - B. **Time Request**: Does not need to be filled in, automatically populates to 1 day.
  - C. **Treatment Class**: Select **N/A** (this field MUST be completed even though an asterisk is not present).
  - D. **Request Priority***: Will auto-populate with **Non-Urgent**.
  - E. **Treatment Type***: Select **Selected OP Medical and Surgical – CoCM**.



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Submit a New Request, cont.

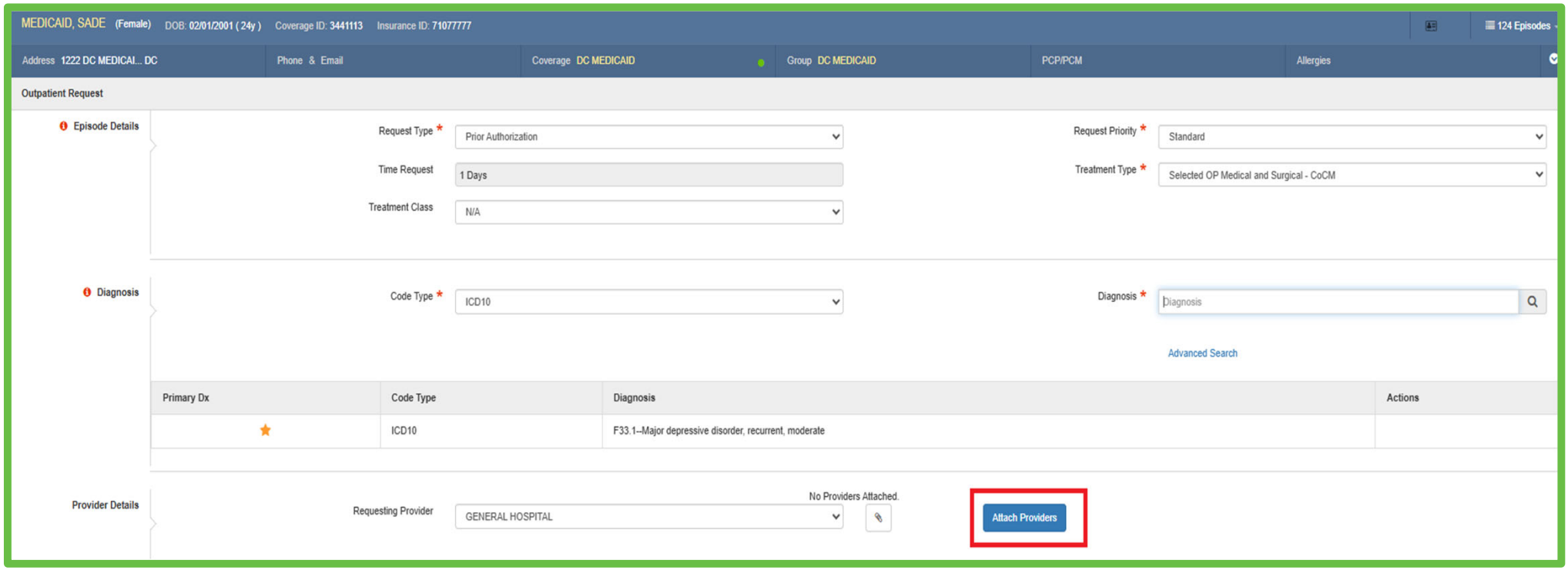
- Enter Diagnosis



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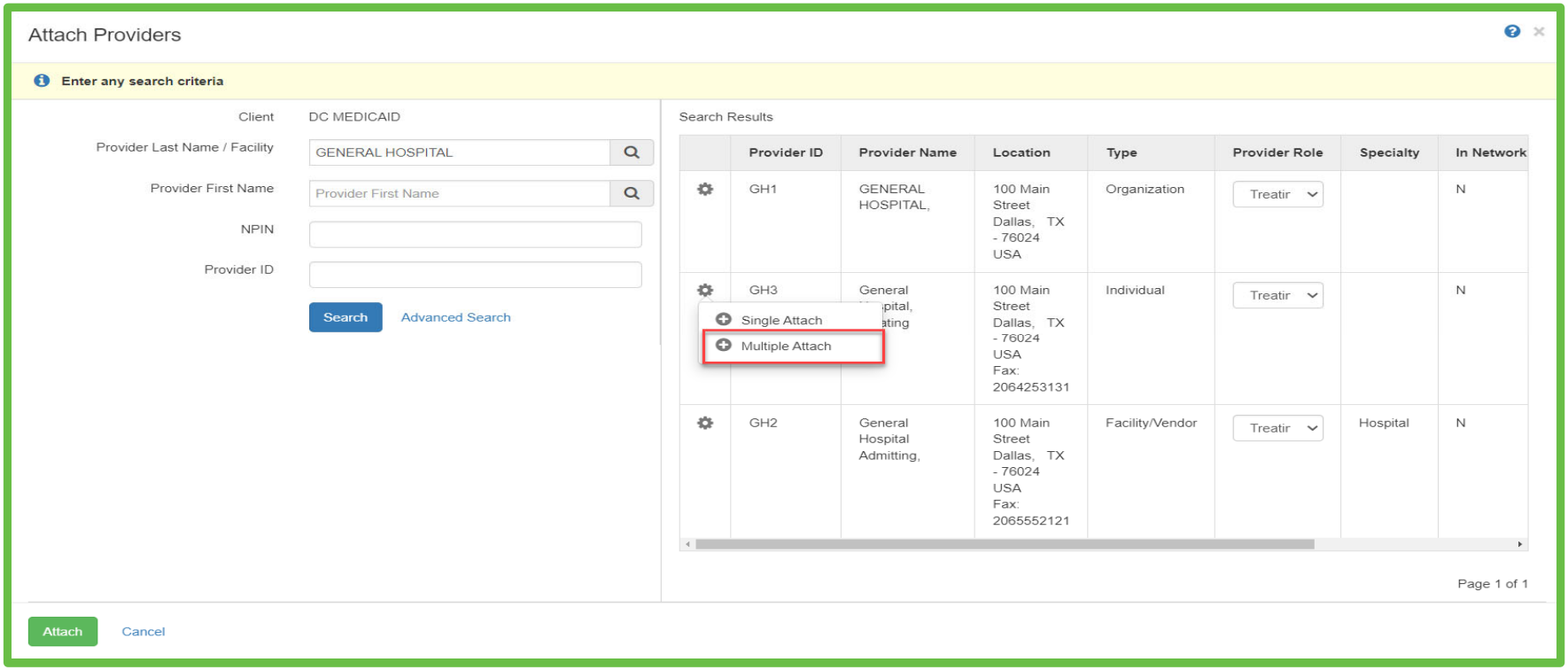
Submit a New Request, cont.

- Attach Providers to Episode



Steps to Add Providers

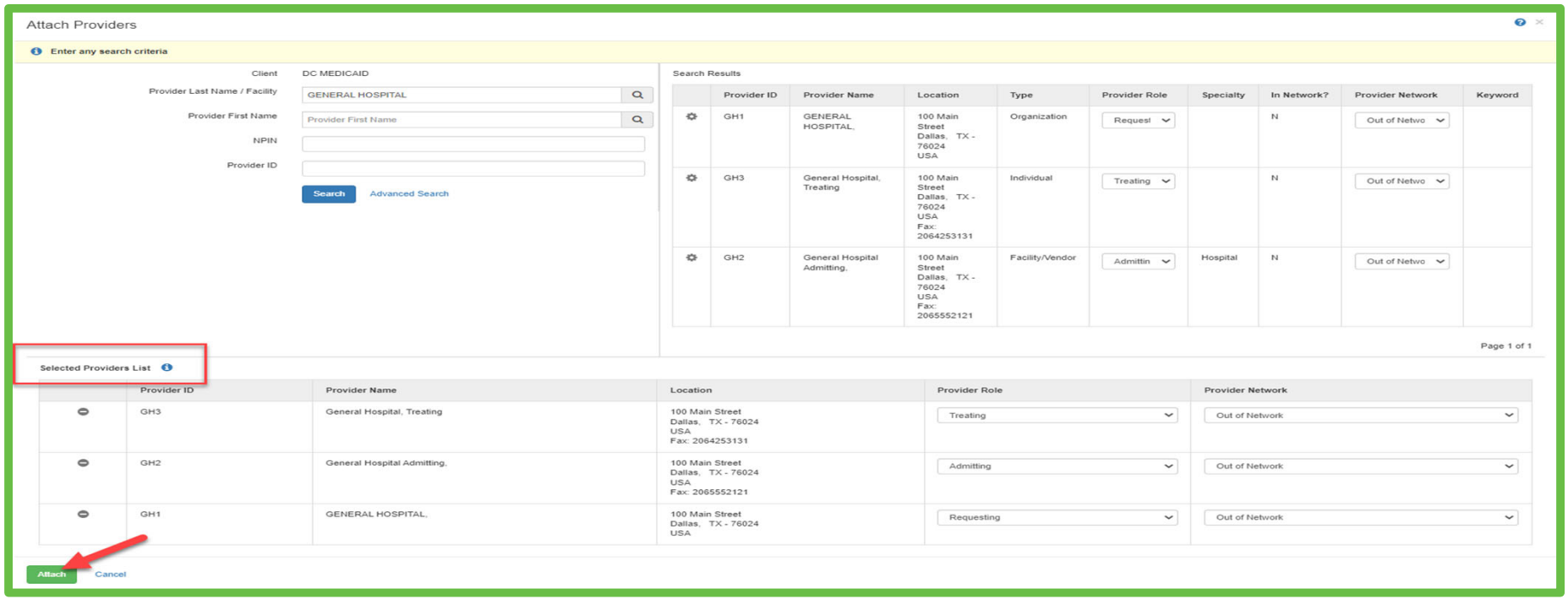
- Use Search or Advanced Search to find providers



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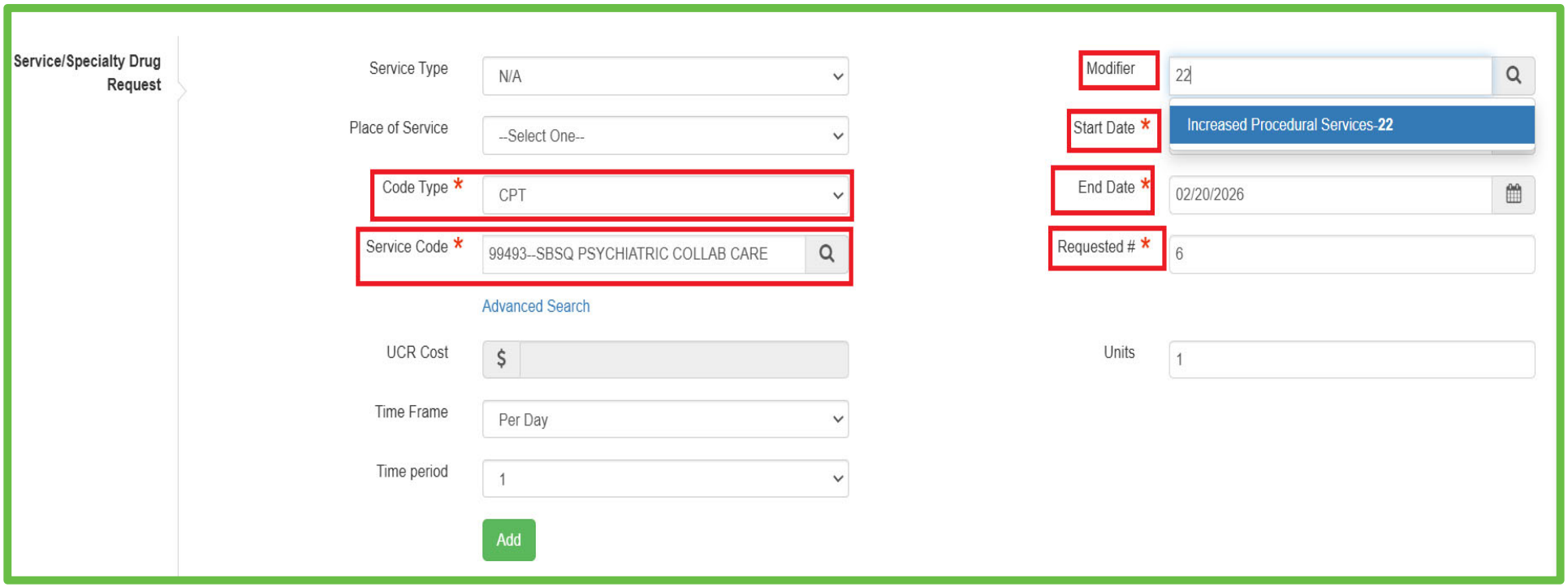
Steps to Add Provider, cont.

- Admitting, Treating, and Requesting providers must be attached



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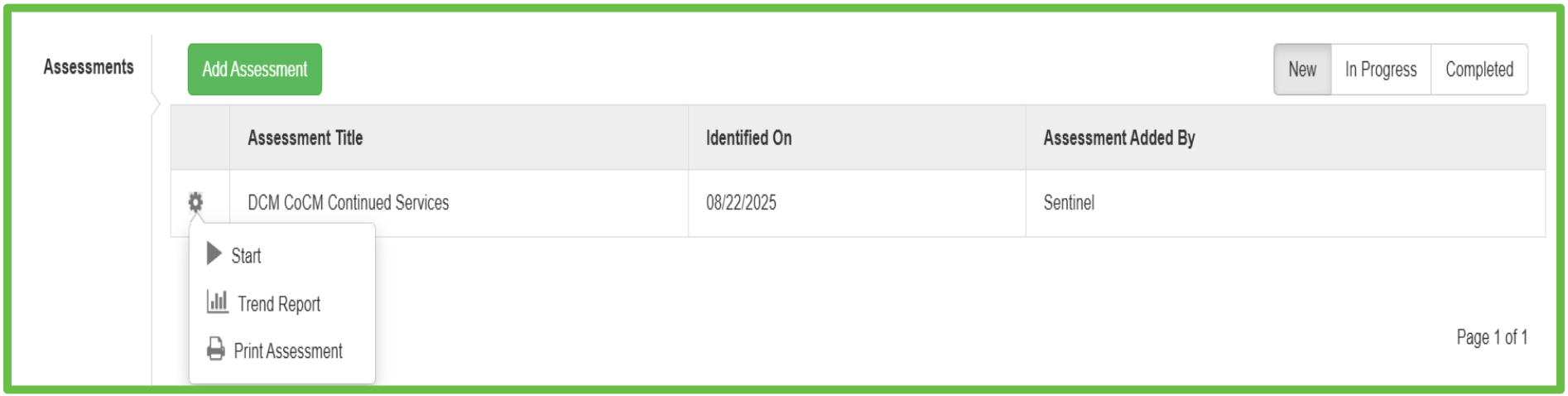
Add a Service Request



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Assessments

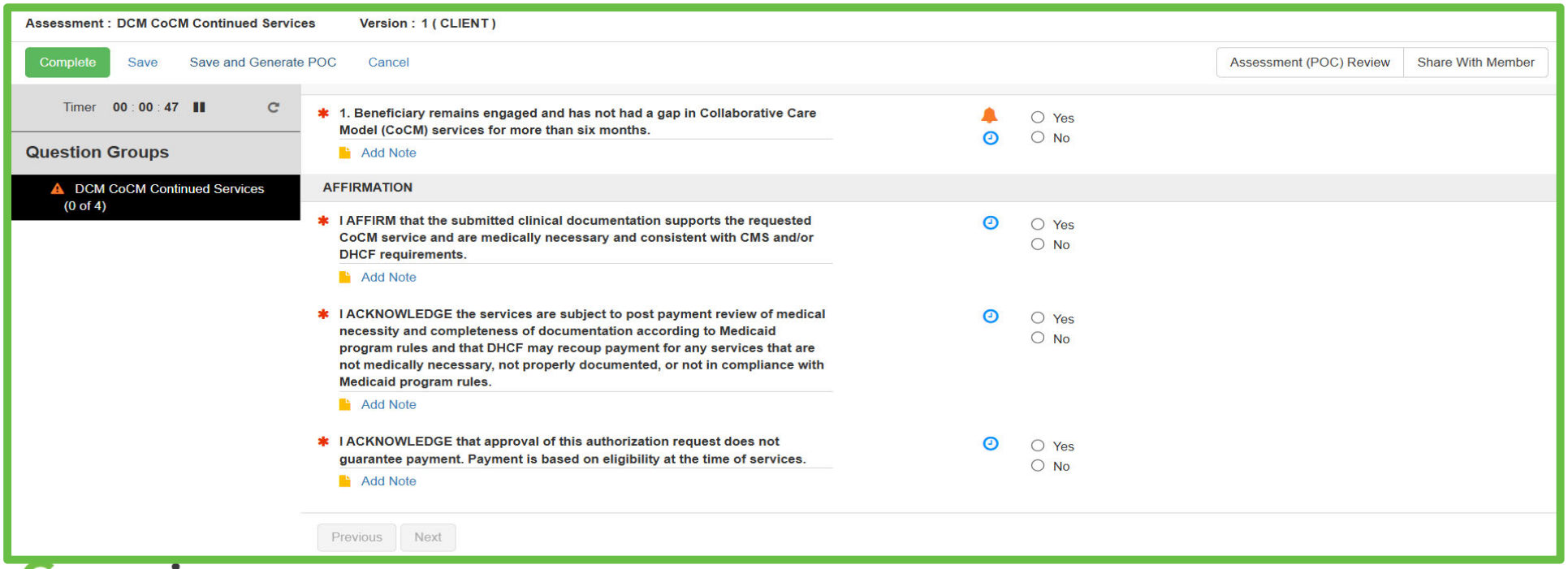
- Select and complete the **DCM CoCM Continued Services** (**mandatory process to save and submit**)



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DCM CoCM Continued Services Assessment

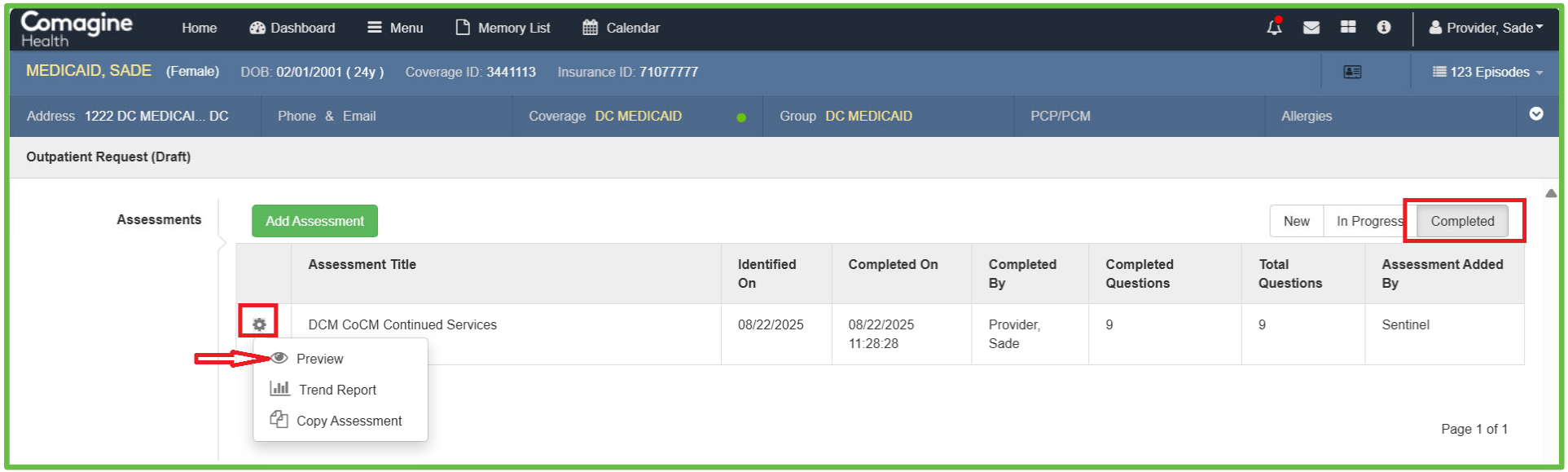
- Complete the **DCM CoCM Continued Services** assessment questions



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Preview Assessment

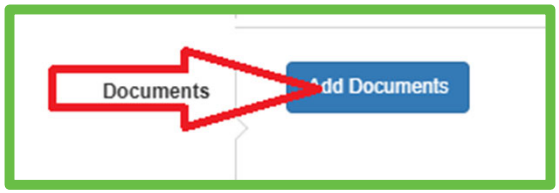
- You can review the completed or in progress assessment by clicking on the gear and selecting Preview.
- The tab on the right-hand side also needs to be selected – to either **completed** or **in progress**.



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Adding Documents

- Click on the **Add Documents** button.
- Please only use PDF or DOC files; TIFF files will not be accepted

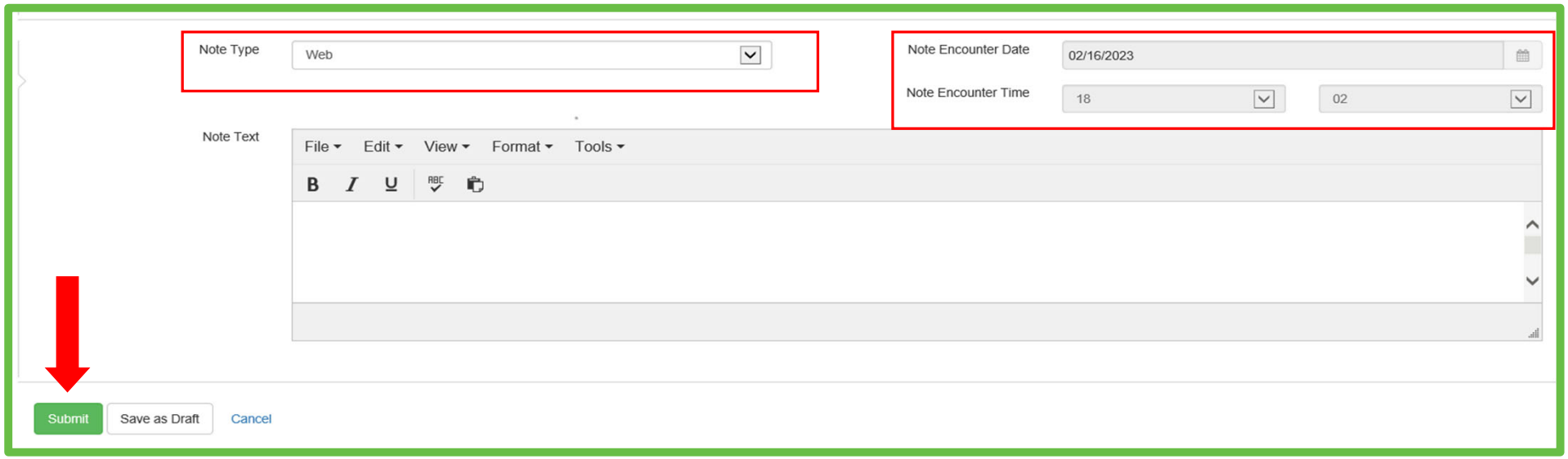


	Name	Type	Date Added	Added User	Description
⚙	DLA 20		07/09/2025	Provider, Sade	
⚙	Assessment		07/09/2025	Provider, Sade	

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Notes

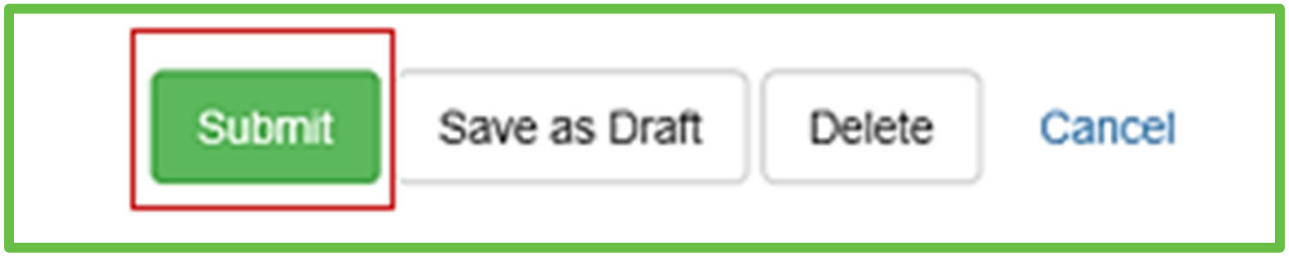
- Note Type: Auto Populates to **Web**
- Note Text: Add notes according to the request (i.e., additional information submitted)
- Note Encounter: Auto Populates the date
- Note Encounter Time: Auto-populates the time



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Submit or Save as Draft

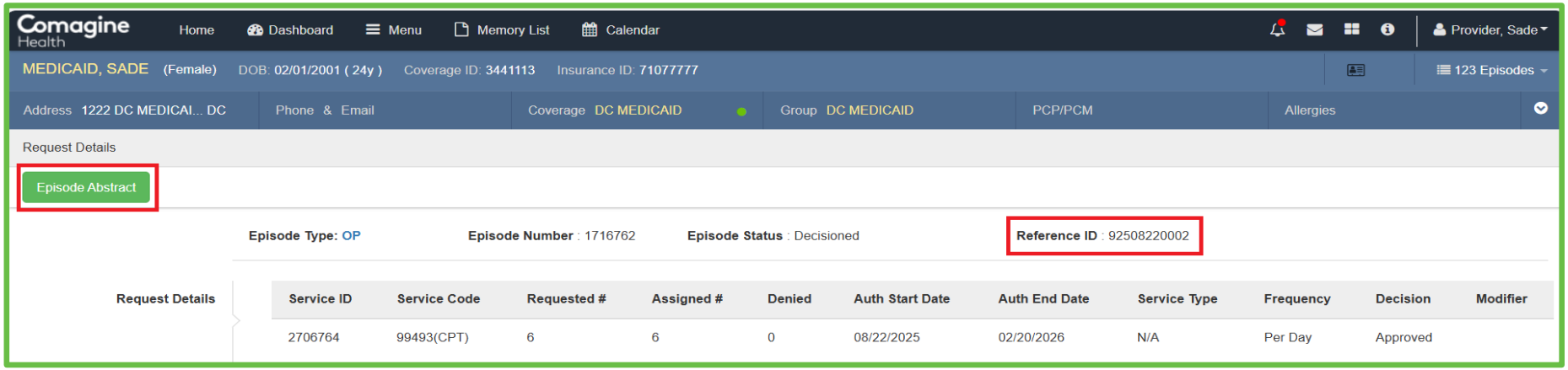
- **Submit**: Episode will be submitted to Comagine Health
- **Save as Draft**: Episode will not submit to Comagine Health but will be saved for later submission and can be edited
- **Delete**: The request will be deleted



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Reference ID

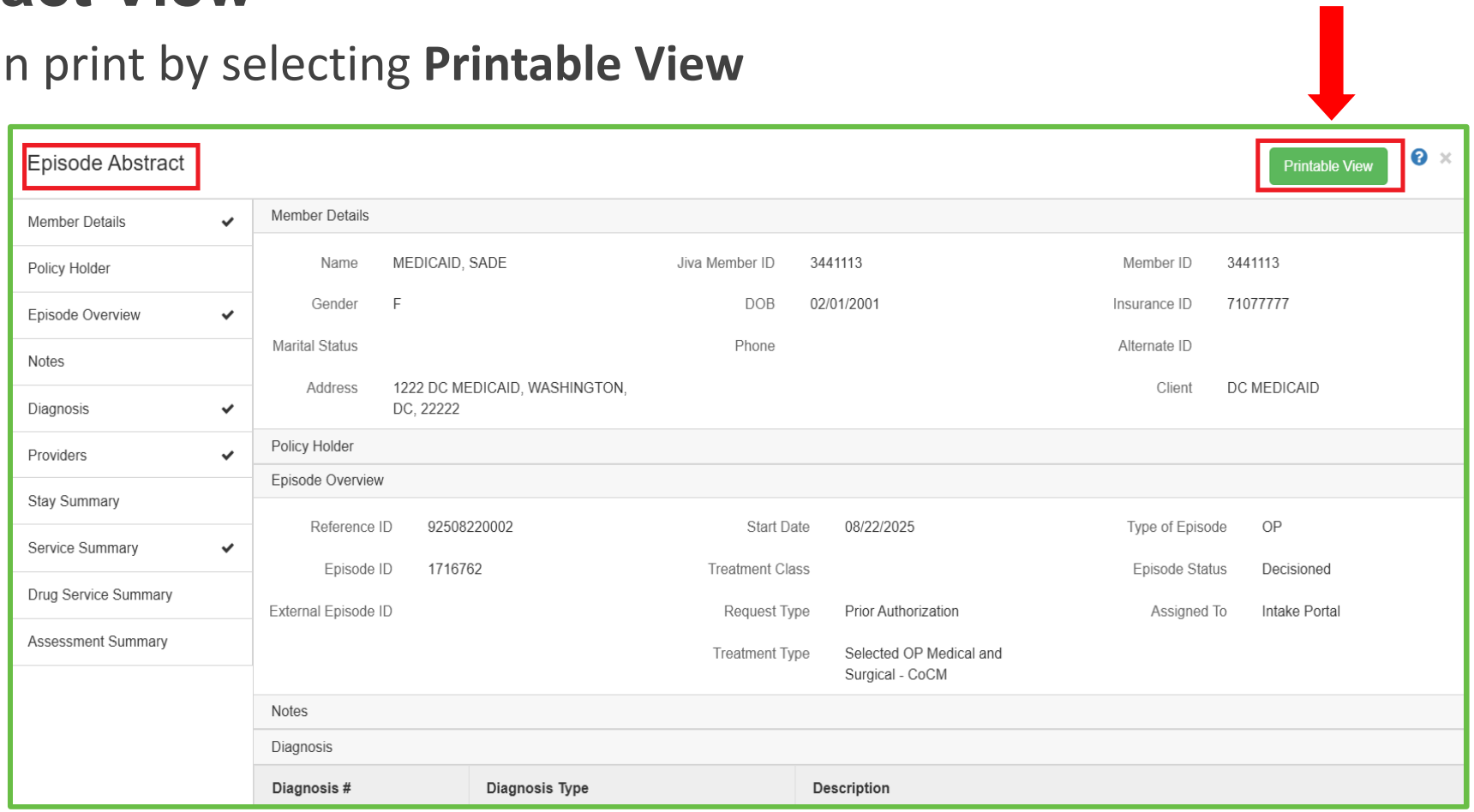
- Make a note of the CHPP Reference ID number for your records to locate the episode faster
- The reference ID will become a prior authorization number on an approved request
- Selecting **Episode Abstract** allows you to review what was submitted; however, you cannot edit from here



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Abstract View

- You can print by selecting **Printable View**



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Provider Resources

- Comagine Health Provider Portal (CHPP) User Guide
- CHPP Administrator Guide
- CHPP Quick Start Guide
- CHPP System Training Webinars (recording and slides)
- CHPP Registration Packet

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Who to Call

- If there are errors messages with the CHPP
- Request to create a new member in the CHPP
- Questions regarding Medical Necessity Denial or general questions

Comagine Health DC Office

Main # 1-800-251-8890

Review related question:

- Escalated questions or concerns - QIO Project Director Folasade Akinkuowo

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Questions



Type your questions in the chat

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Thank you!

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