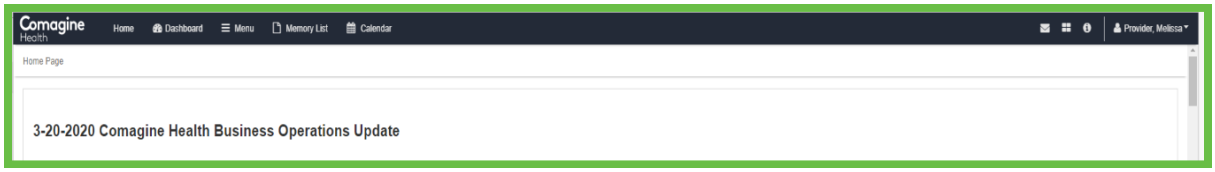
New Mexico Quick Start Guide – Comagine Health Provider Portal

Submitting DDW Budget Requests for Case Managers

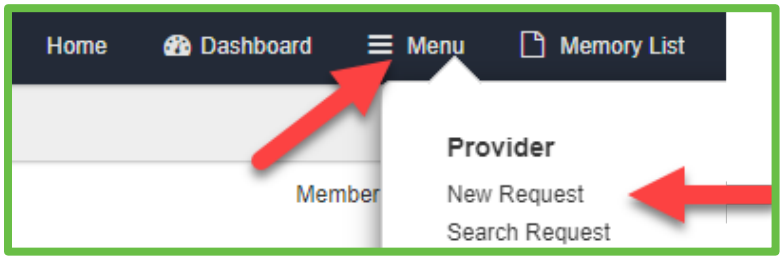
OVERVIEW

In the Jiva system, users can access the home page, dashboard, and menu options. The Home button will take users to the home page from anywhere in the Jiva system. The Dashboard will provide an overview of submitted requests, pending requests and decisioned requests. The Menu button provides options to submit a new request, search for a member, and manage the administrative functionalities. The Memory List will provide a list of episodes that have been viewed or recently created. It is important to close out each episode from the memory list to ensure that Comagine Health staff can work the episode.



SUBMIT A NEW REQUEST

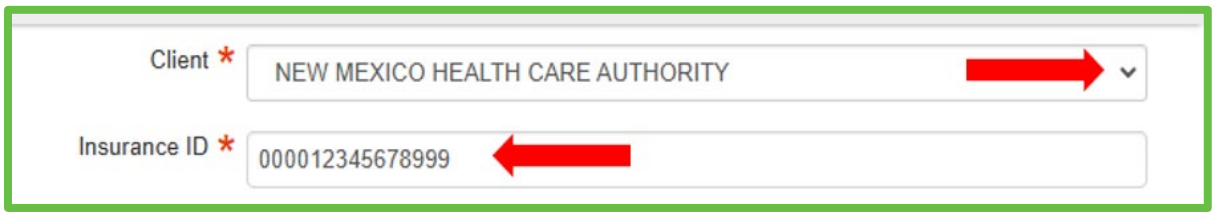
1) To add a new request, click on **Menu** and select **New Request**.



2) From the Client drop-down menu, select **NEW MEXICO HEALTH CARE AUTHORITY**.

3) Under **Insurance ID**, enter the Medicaid number with four (4) leading zeros (0).

4) Click on **Search**.



5) Under **Action**, click on the **Add Request** drop-down menu and select **Inpatient**.



6) In the **Episode Details** section complete the following:
   A. **Request Type** – Enter **Traditional DD** (normal submission process) or **Traditional DD Imminent Request** (with DDSD approval).
   B. **Request Priority** – Select **Non-Urgent** regardless of Request Type.
   C. **Admit Type** – Skip this field.
   D. **Time Request** – Skip this field.
   E. **Treatment Type** – Select **Budget Review (Annual)** or **Budget Review (Revision)**.
   F. **Treatment Class** – Choose **Annual**, **Initial**, or **Revision**.

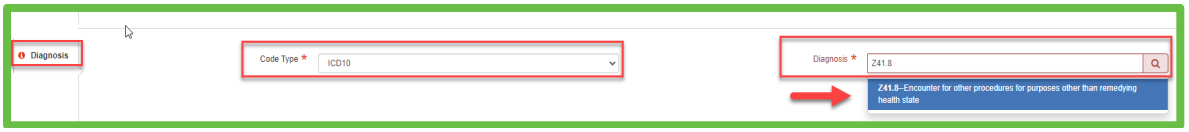
Example for Traditional DD (normal submission process):



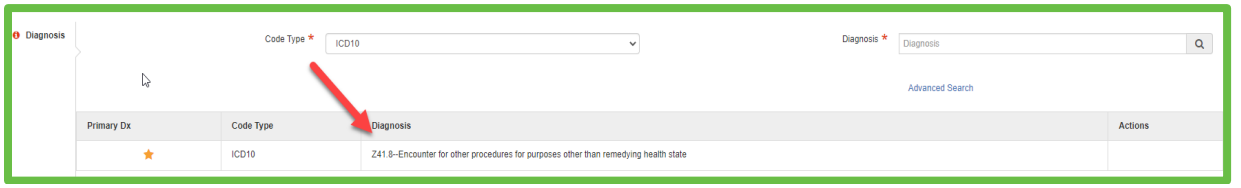
Example for Traditional DD Imminent Request (with DDSD approval):



7) In the **Diagnosis** section – Fill in the fields with red asterisks only (left to right/top to bottom):
   A. For the **Code Type**, ICD-10 will auto-populate.
   B. For the **Diagnosis**, enter **Z41.8**.



C. Select the diagnosis from the drop-down menu. Once selected, the primary diagnosis (**Primary Dx**) will appear in the section below. Multiple diagnoses can be entered, up to three – ensure the correct primary diagnosis is indicated with the yellow star.



8) In the **Provider Details** section:

A. Click on the **paperclip icon** to add the organization automatically.

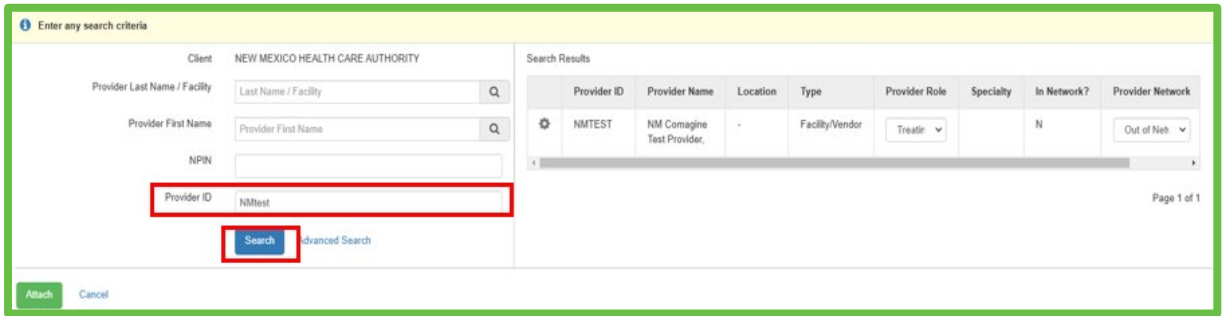


B. Click on **Attach Providers** to attach the admitting and treating providers.

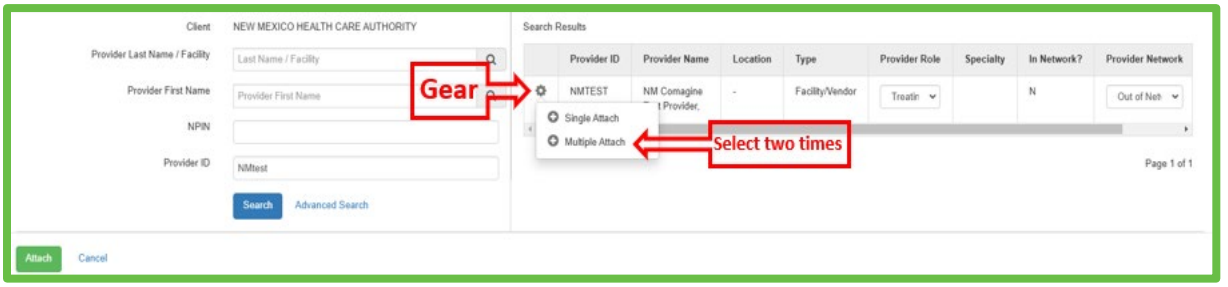


C. In the **Provider ID** field, enter the **Provider ID** number.

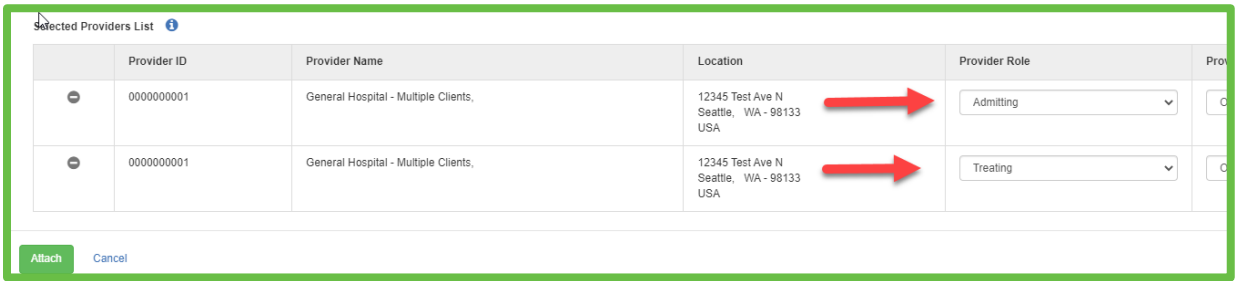
D. Click **Search**. The search results for the agency will appear on the right.



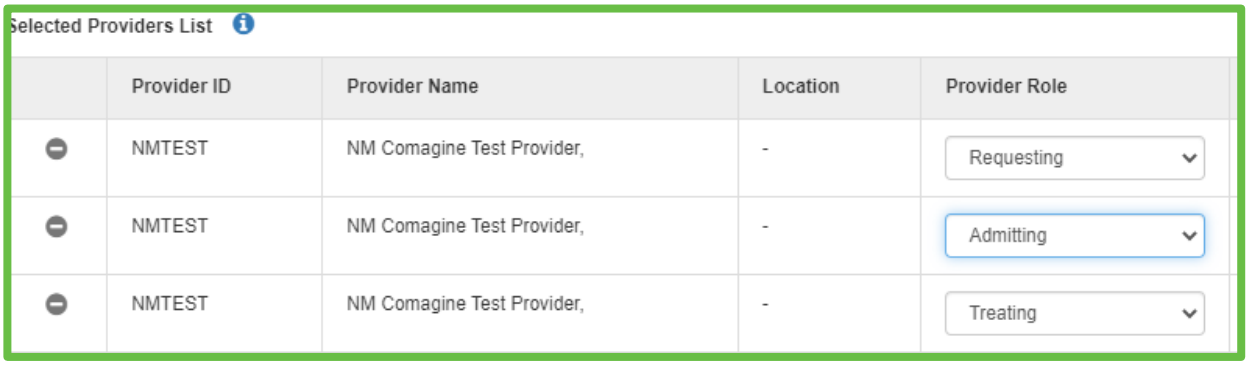
E. Click on the **gear icon** on the left and choose **Multiple Attach** two (2) times. The list of the providers will appear under the **Selected Provider's List**. Selecting **Single Attach** will allow you to attach one provider at a time.



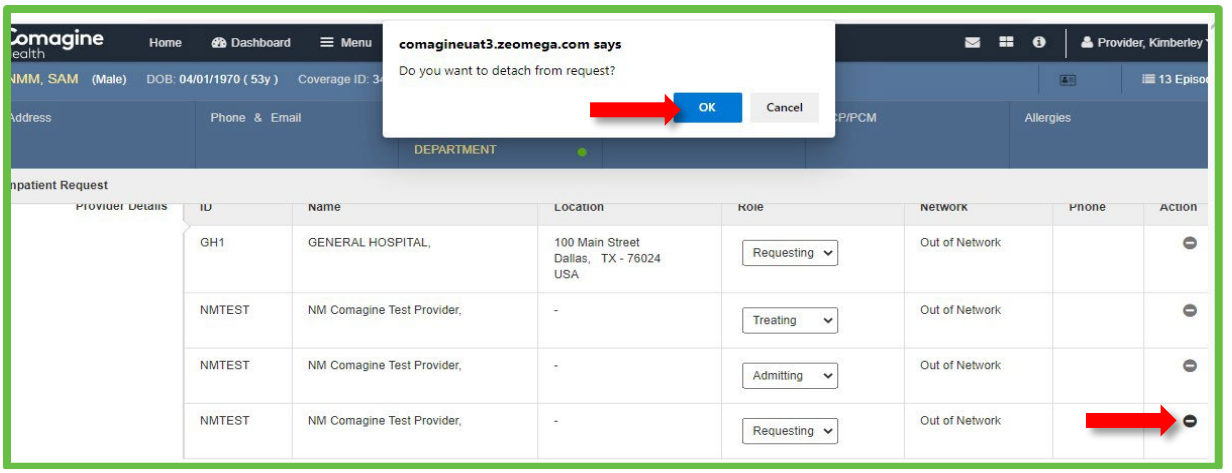
F. Add the **Admitting** and **Treating** roles by selecting each **provider role** from the drop-down menu.



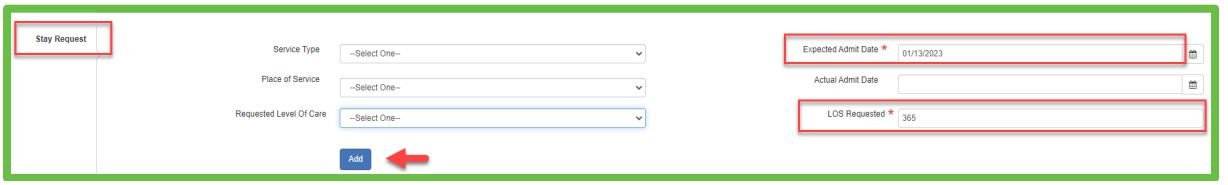
G. Once the providers are correct, select **Attach**.



H. The providers will appear under **Provider Details** for Admitting, Treating, and Requesting. If a provider was selected in error, click the gear icon in the **Action** column to remove the provider.
   i. A message will appear, "Do you want to detach from request?"
   ii. Select **OK** if the provider/provider role needs to be detached from the episode.

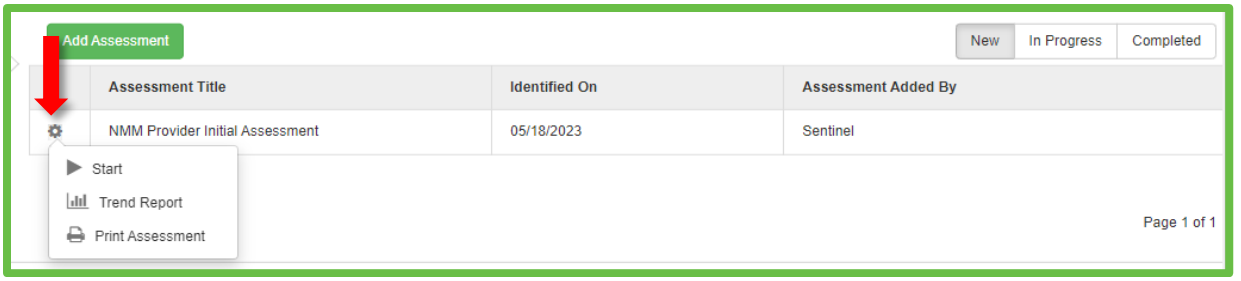


9) Fill in the **Stay Request** section with the following information:
   A. **Service Type** – Skip this field.
   B. **Expected Admit Date** – Enter the start date of the requested budget.
   C. **Place of Service** – Skip this field.
   D. **Actual Admit Date** – Skip this field.
   E. **Requested Level Of Care** – Skip this field.
   F. **LOS Requested** – Enter **364**.
   G. Click **Add** when complete.

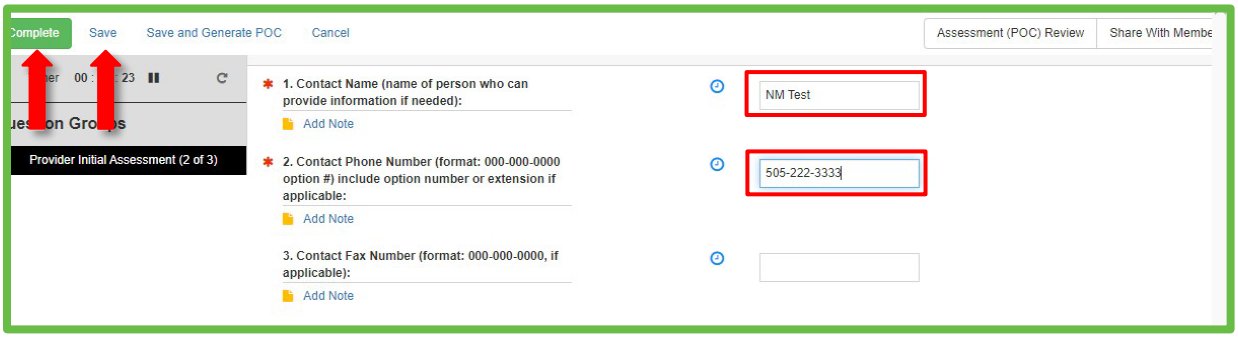


10) Skip the **Service Request** section.

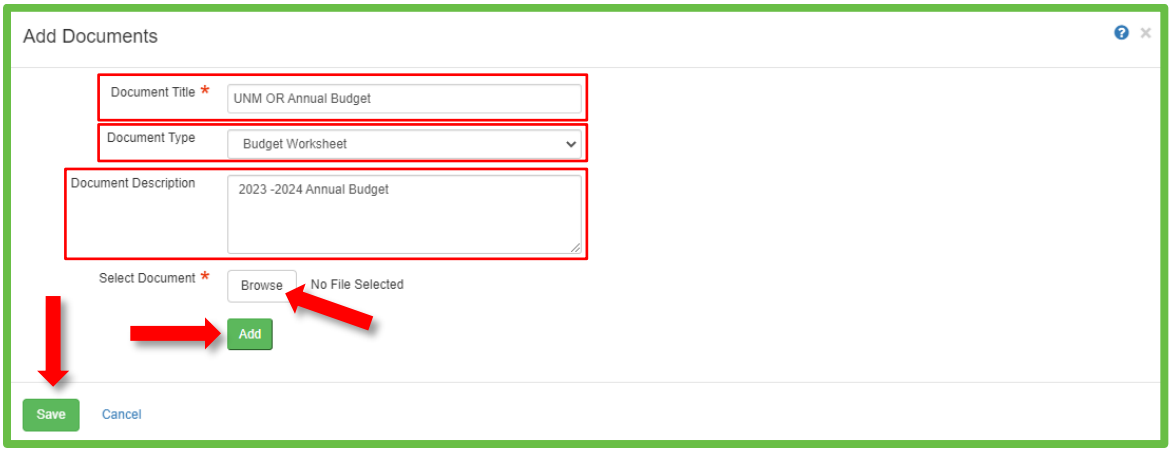
11) Under the **Assessments** section, click on the **gear icon** and then **Start** to begin the **NMM Provider Initial Assessment**.



A. Fill in the first two (2) questions and click **Save** in the upper left and then **Complete.**

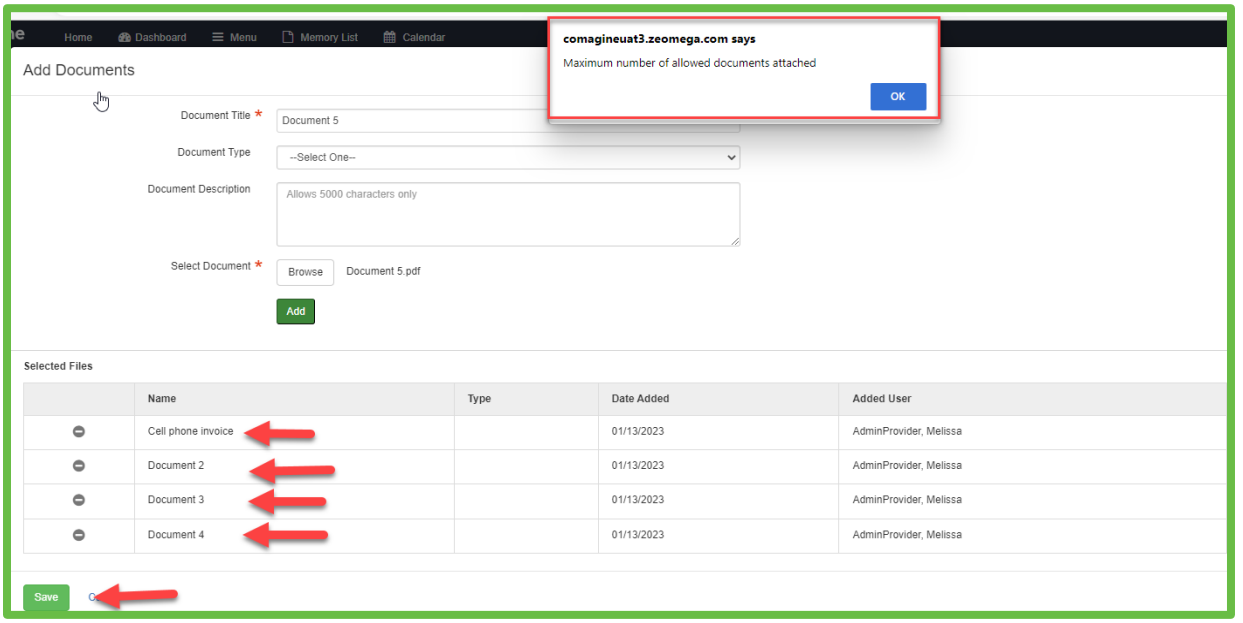


12) In the **Add Documents** section, enter:
   A. **Document Title** – Add the name of the document.
   B. **Document Type** – Select the type from the drop-down menu.
   C. **Document Description** – Add the description.
   D. **Select Document** – Select **Browse** to locate the document that needs to be attached.
      i. This will allow the user to upload a document from the computer. Select the correct document to upload and click **Open**.
      ii. Once the documents have been uploaded, click **Add**.
      Note: All Imminent Review Requests must have the DDSD DDW Imminent Review Request Form attached.
   E. Confirm that all documents have been added. Once the documents have been added successfully, click **Save**.



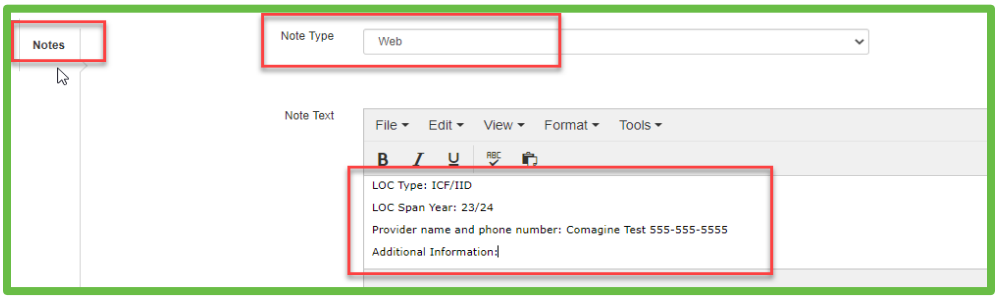
13) Use the steps above to upload documents into the provider portal. To add additional documents, repeat each step above until all documents have been uploaded. Only four (4) uploads can be successfully added during the initial submission. If users chose to combine documents into one upload, the system will accept the upload. To upload additional documents, complete the episode submission and then follow the steps outlined in Step 18.

14) Click **Add** and repeat the process until all uploads have been added or the maximum number of attachments have been reached. If the number of uploaded documents exceeds four (4), an error message will appear notifying the user that the maximum number of documents has been reached (see screenshot below).



A. Once all documents have been uploaded, click **Save**.

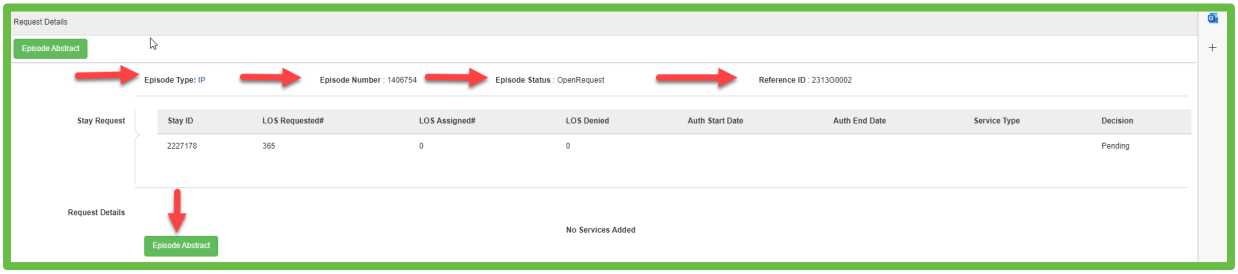
15) Under the **Notes** section, enter the following information:
   A. **Note Type** – Will auto-populate to **Web**.
   B. **Notes Text** – Add notes according to the request, such as:
      i. Budget Type
      ii. Budget Year
      iii. Any additional information
   C. **Note Encounter Date and Note Encounter Time** – These fields will auto-populate the date and time.



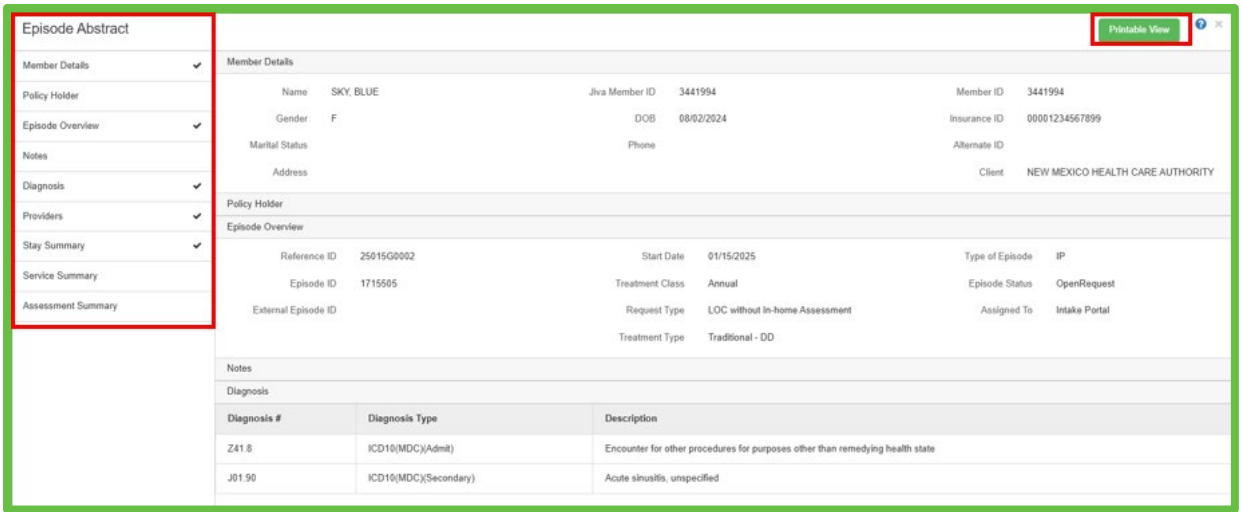
16) **Submit, save, or delete**. Review to ensure the correct information has been entered and click **Submit**. It will ask you to confirm. To save the episode for future edits, click **Save as Draft** (Note: if you click this the episode will not be submitted to Comagine Health). Select **Delete** to delete the request.



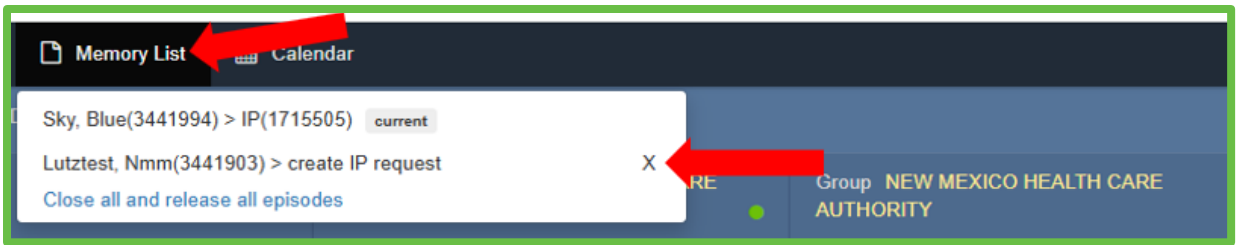
17) The **Request Detail** section allows the user to review what was submitted; however, the episode cannot be edited here. In this section, users will find the **Episode Number** and **Reference ID**. **Always make note of the CHPP episode number, as this will make it easier to locate the episode in the future.** To review the **Episode Abstract**, select the green **Episode Abstract** button on the bottom left.



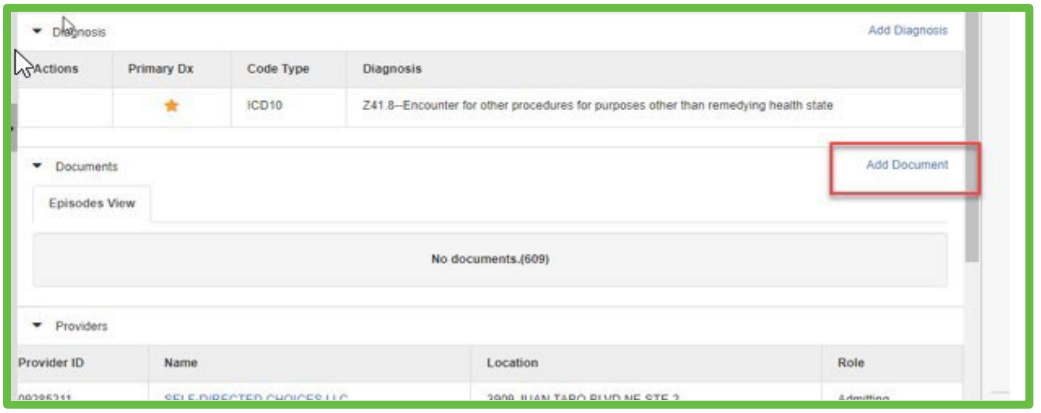
A. The **Episode Abstract** can also be printed.



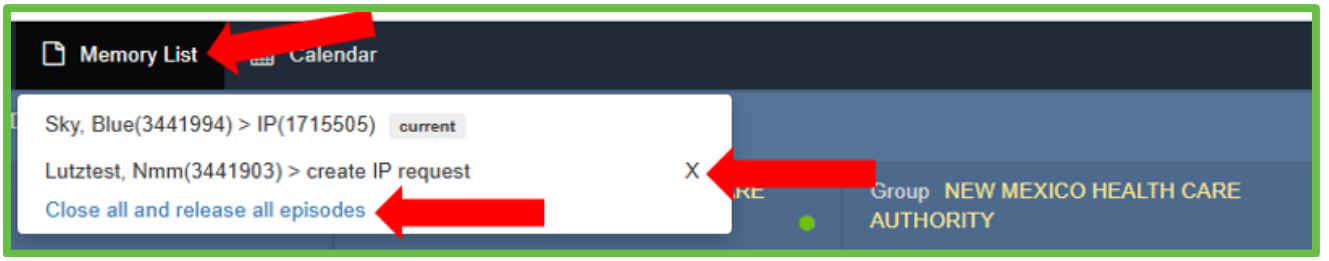
18) If additional documents need to be added to the episode, select **Memory List**.
A. Select the episode that the additional documents need to be added to.



B. Click on **Add Document** and follow the directions in Step 12 above to add new documents.



19) Always go to **Memory List** and close out of Episodes. This will ensure Comagine Health staff are able to review the submission. Click on the **x**'s next to the episodes or click **Close All** to clear the Memory list.



For CHPP Technical Assistance: 1-866-962-2180
The CHPP Log-On Link: https://comaginepp.zeomega.com

REVIEW/REVISION HISTORY

Version Number	Date Reviewed/ Revised	Description of Changes	Author
0.1	12/8/23	Initial	Kimberley Scott
0.2	2/24/2025	Revised to NM Health Care Authority	Natalya Wayne