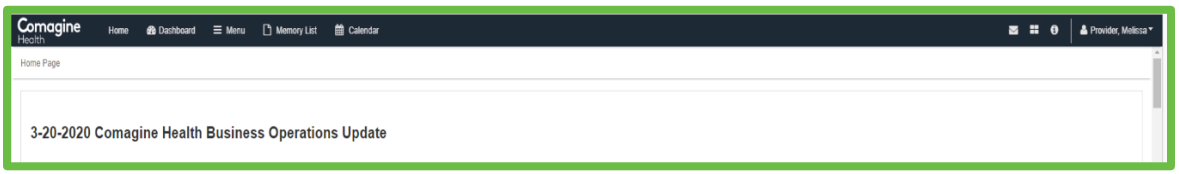
New Mexico Quick Start Guide – Comagine Health Provider Portal

Submitting Dental Requests

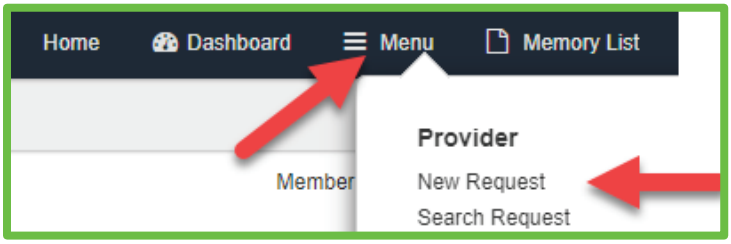
OVERVIEW

Jiva system has been updated to the 6.3 version. In this version, 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 are able to work the episode.



SUBMIT A NEW REQUEST

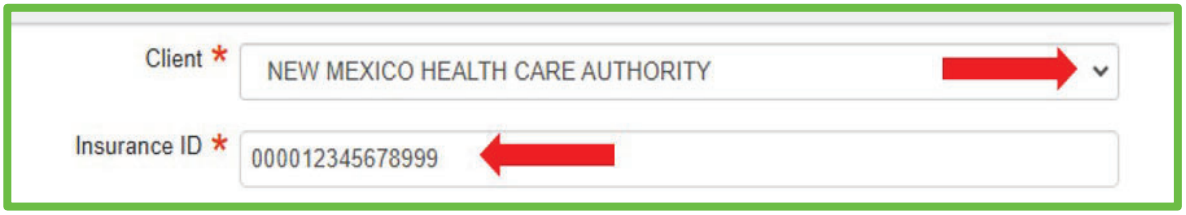
1) To add a new request, click on **Menu** and select **New Request**.



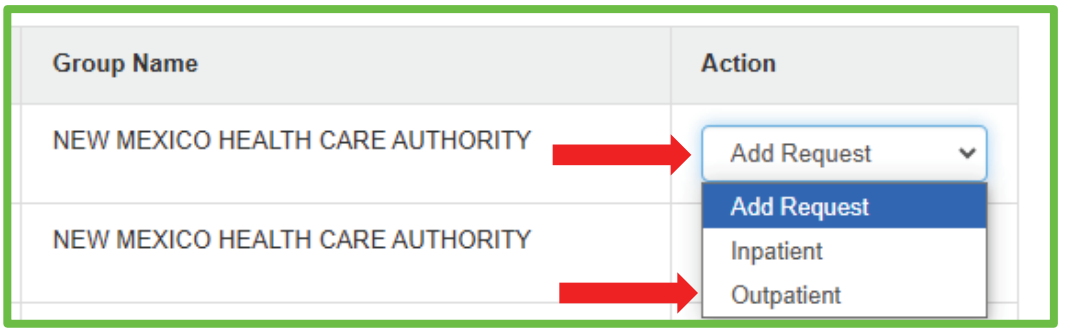
2) From the **Client** drop down menu, select **NEW MEXICO HEALTH CARE AUTHORITY**.

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

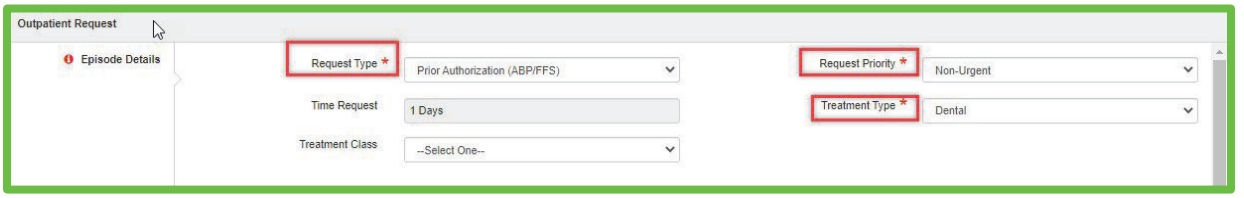
4) Click on **Search**.



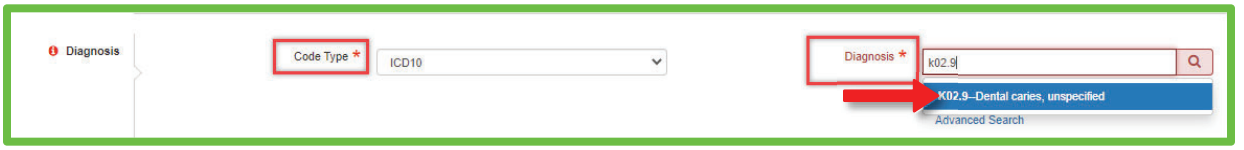
5) Under **Action**, click on the **Add Request** drop-down menu and select **Outpatient**.



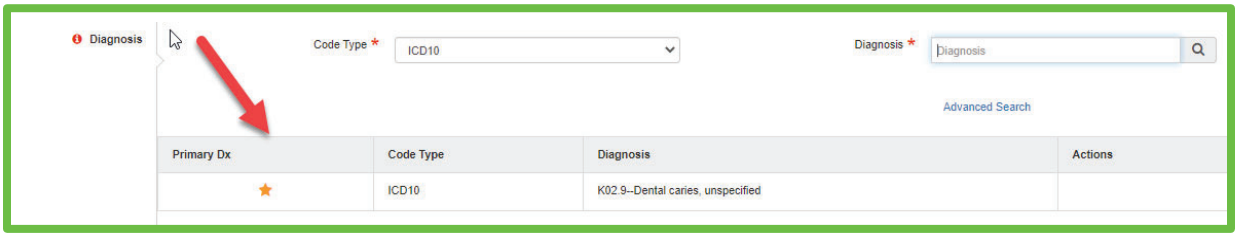
6) In the **Episode Details** section complete the following:
   A. For **Request Type** – Select **Prior Authorization (ABP/FFS)**.
   B. For **Request Priority** – Select **Non-Urgent**.
   C. For **Treatment Type** – Select **Dental**.
   D. For **Treatment Class** – Skip this field.



7) In the **Diagnosis** section – fill in the fields with red asterisks only (left to right/top to bottom):
   A. For the **Code Type**, ICD10 will auto-populate.
   B. For the **Diagnosis**, enter the applicable diagnosis code per the patient's authorization in the **Diagnosis** field. You will only need to enter one diagnosis code.



   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.

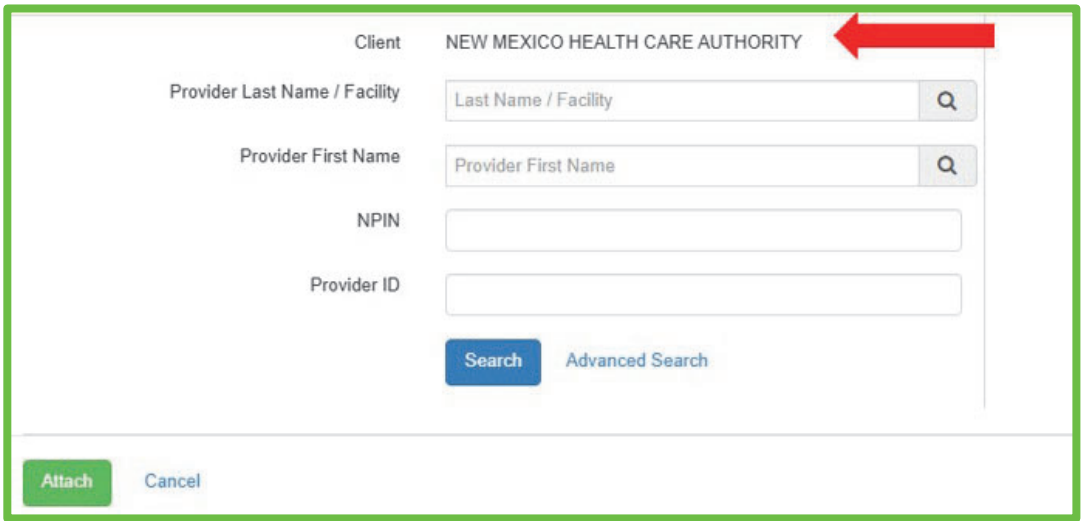


8) In the **Provider Details** Section:

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

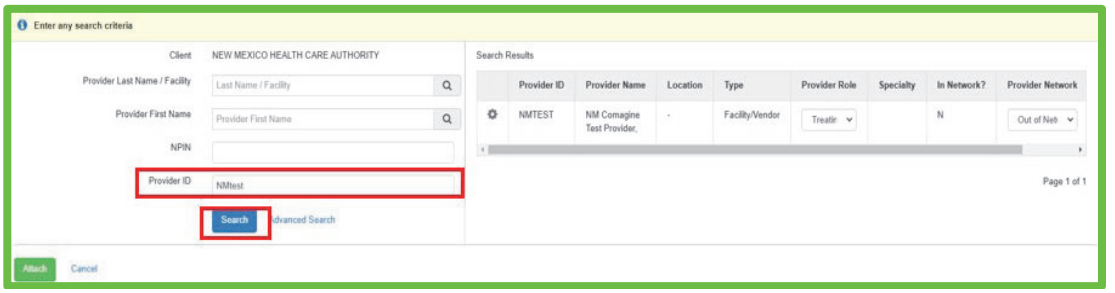


B. Click on **Attach Providers** to attach the admitting and treating providers.

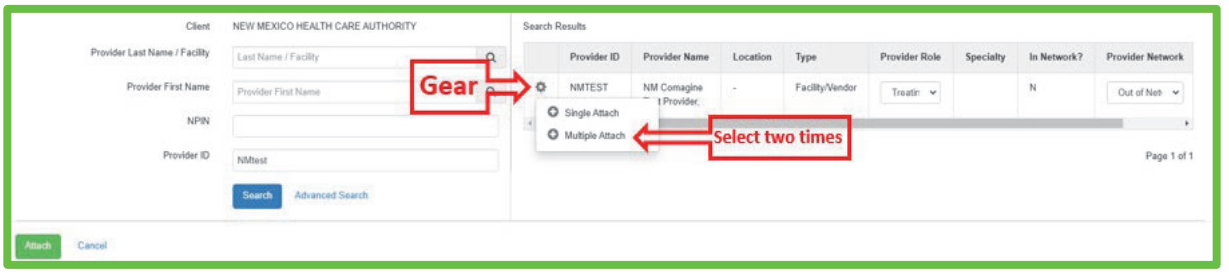


C. In the **Provider ID** field, enter the Provider ID number.

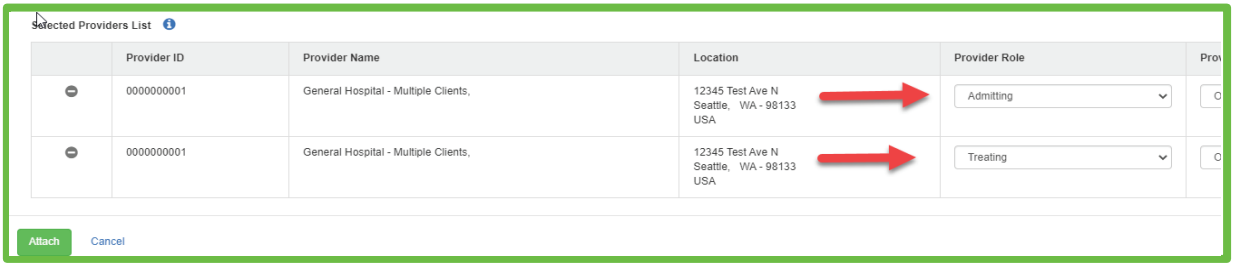
D. Click **Search**. The search results for the agency will appear on the right.



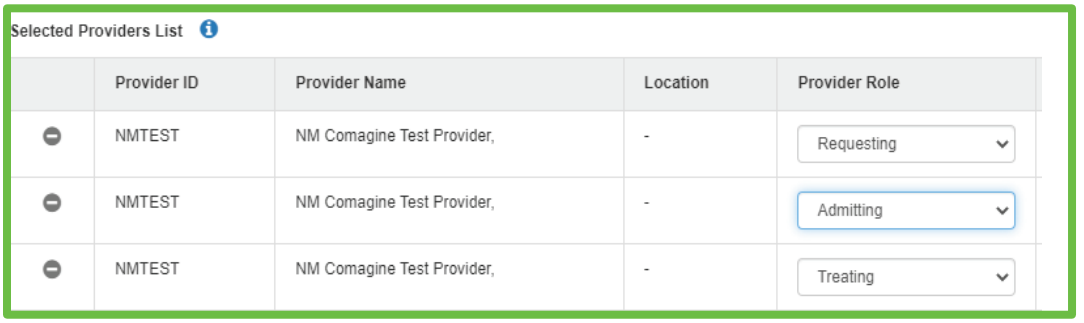
E. Click on the **gear icon** on the left and choose **Multiple Attach** two (2) times. The list of the providers will appear under the **Selected Provider's List**. Selecting **Single Attach** will allow the attachment of one provider role at a time



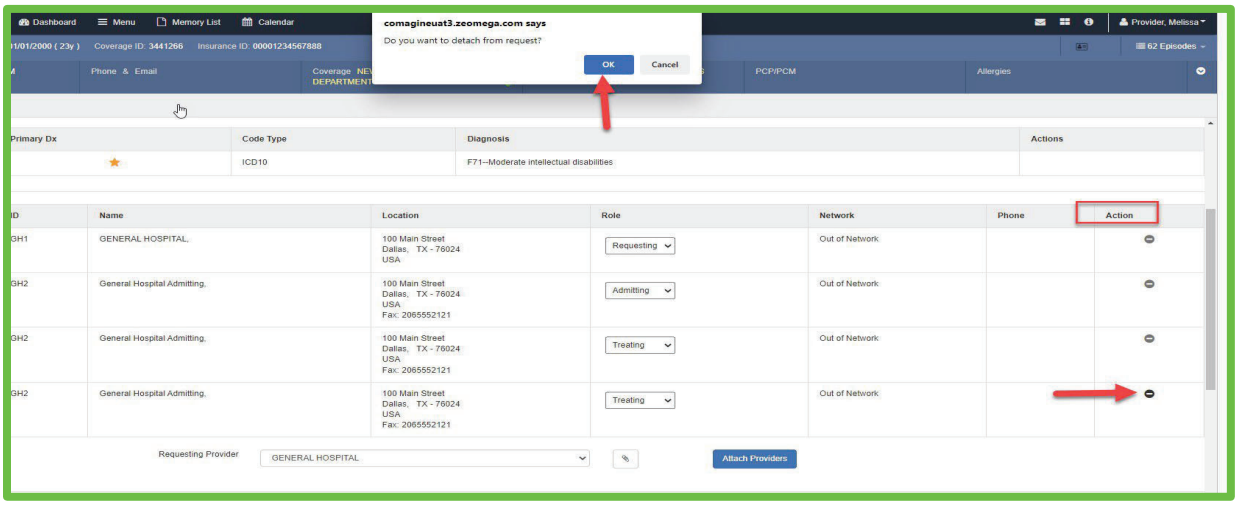
F. Add the **Admitting** and the **Treating** roles by selecting each **provider role** from the drop-down menu.



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

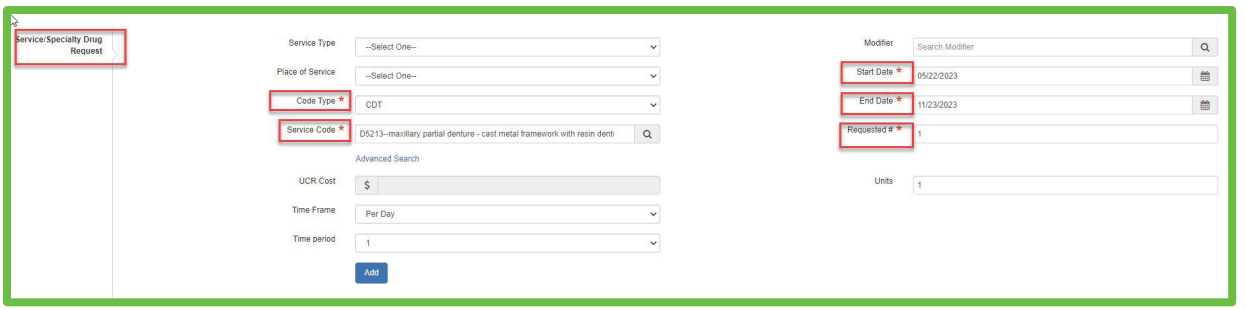


H. The providers will appear under **Provider Details** for Admitting, Treating, and Requesting. *If a provider was selected in error, click the gear icon in the **Action** column to remove the provider.
   i. A message will appear, "Do you want to detach from request?"
   ii. Select **OK** if the provider/provider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

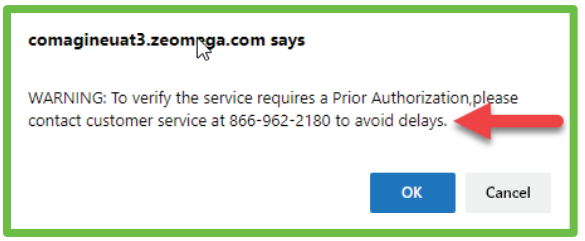


9) Fill in the **Service/Specialty Drug Request** Section with the following information:
   A. **Service Type** – Skip this field.
   B. **Place of Service** – Skip this field.
   C. **Code Type** – Select appropriate type (example: CDT).

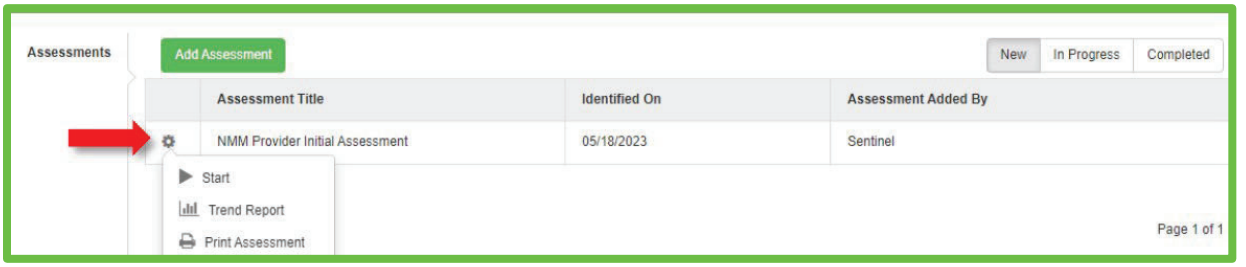
D. **Service Code** – Select appropriate service code.
E. **Time Frame** – Skip this field.
F. **Time Period** – Skip this field.
G. **Modifier** – Skip this field.
H. **Start Date** – Enter the start date of the requested Dental services.
I. **End Date** – Enter the end date of the requested Dental services. This is always **six months** from the start date.
J. **Requested #** – Enter the number requested.
K. **Units** – Skip this field.
L. Click **Add**.
M. If you have multiple service codes, select **Add** and repeat the Service Request steps.



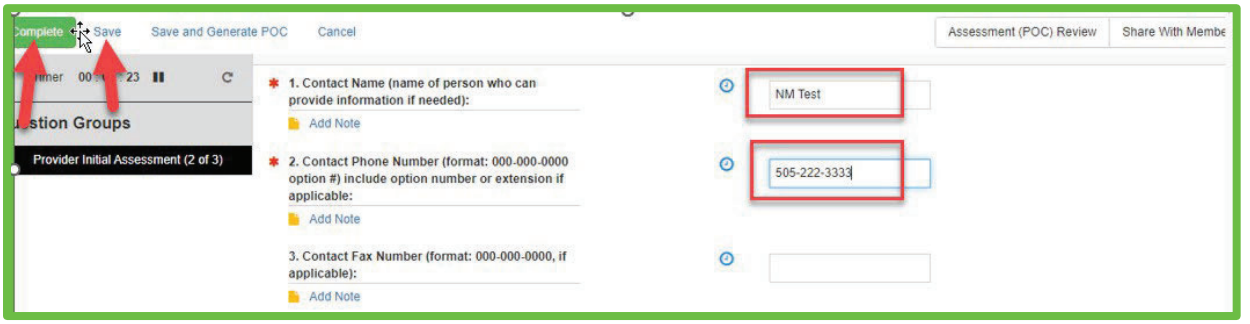
Soft Stop: At this point, to ensure CODES requests an authorization, a message will appear, "WARNING: To verify the services requires a Prior Authorization, please contact customer service at 866-962-2180 to avoid delays." Click **OK** to continue submission.



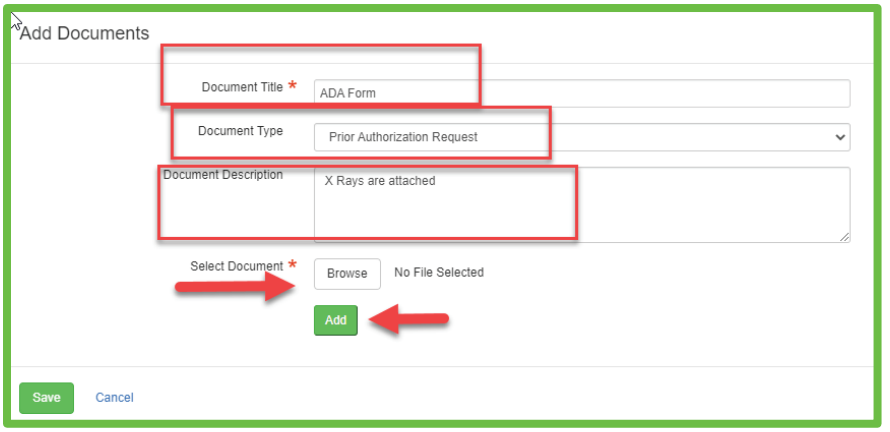
10) Under the **Assessments** section, click the **gear icon** and then **Start** to begin the NMM Provider Initial Assessment.



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

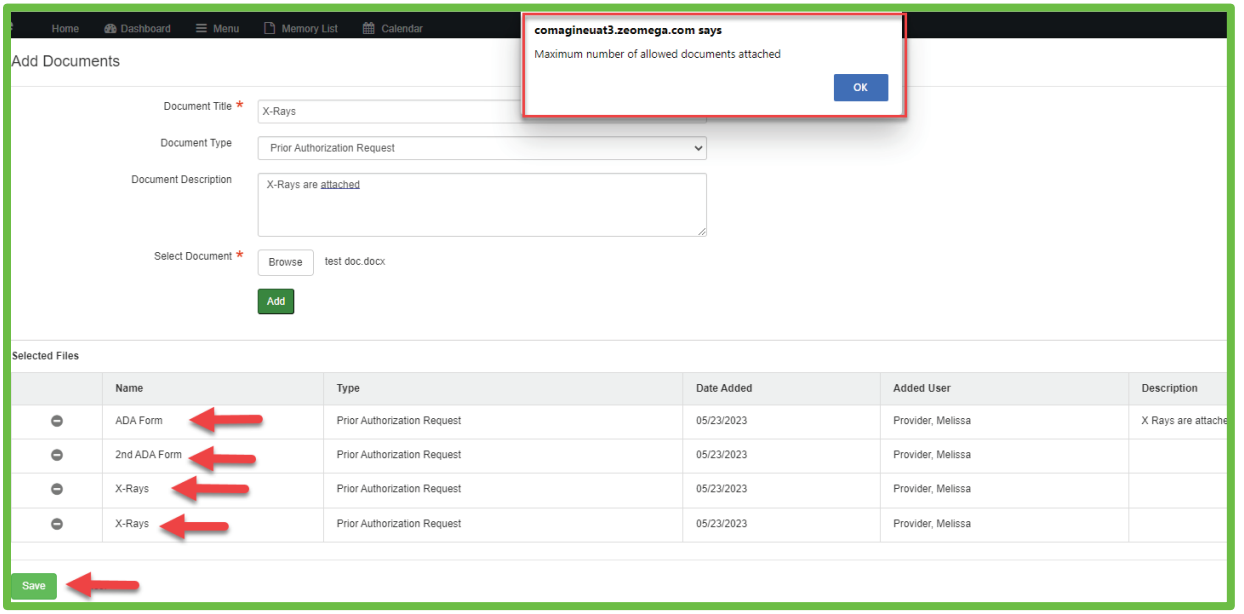


11) In the **Add Documents** section, enter:
   A. **Document Title** – The name of the document.
   B. **Document Type** – Select **Prior Authorization Request**.
   C. **Document Description** – This is not a required field but is available for a brief description of the uploaded documents.
   D. **Select Document** – Select **Browse** to locate the documents that need 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**.
      iii. Confirm that all documents have been added. Once the documents have been added successfully, select **Save**.



12) 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.

13) 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**.

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

A. **Note Type** – Will auto-populate to **Web**.

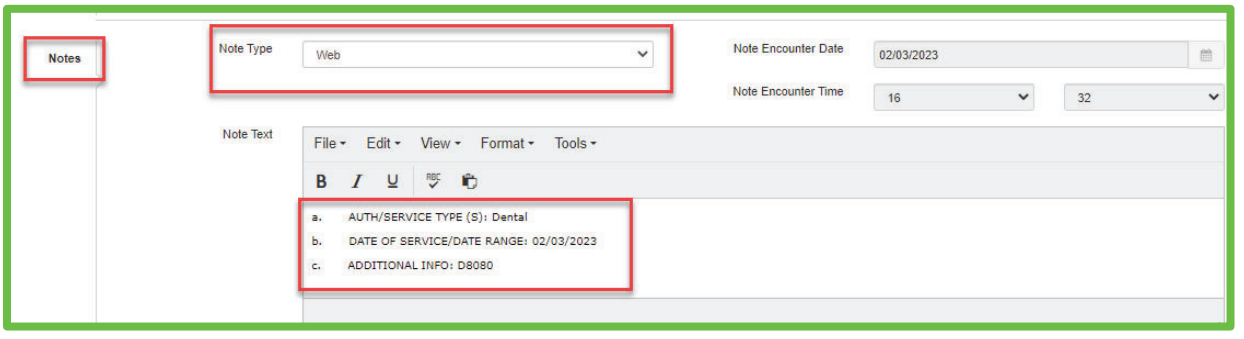
B. **Notes Text** – Add notes applicable to the request, such as:

i. Auth/service type.

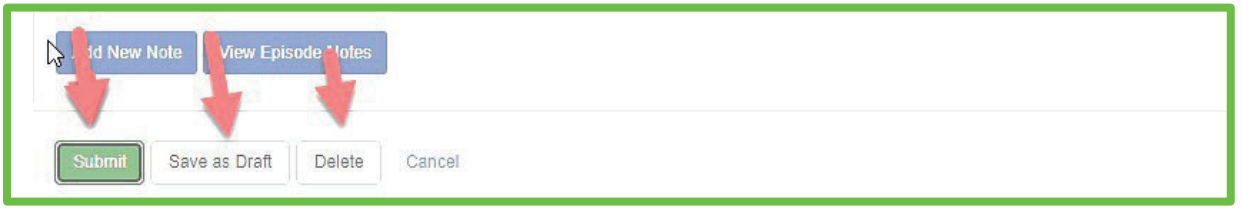
ii. Date of service/date range.

iii. Any additional information.

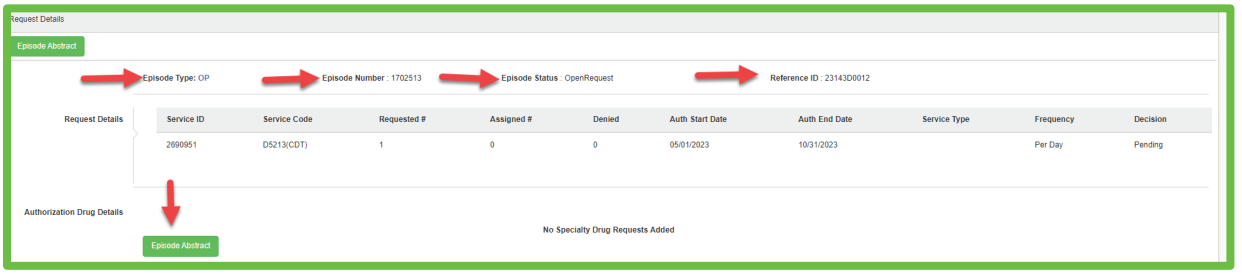
C. **Note Encounter Date and Note Encounter Time** – These fields will auto-populate the date and time.



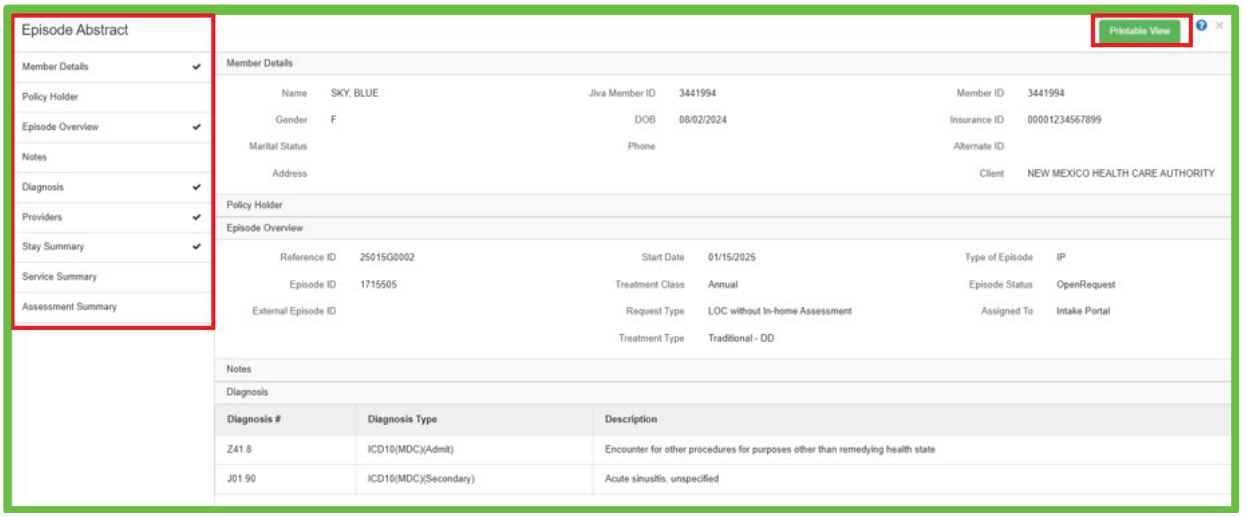
15) **Submit, save, or delete**. Review to ensure the correct information has been entered and click **Submit**. It will ask you to confirm. To save the episode for future edits, click **Save as Draft** (Note: if you click this the episode will not be submitted to Comagine Health). Select **Delete**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



16) 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.

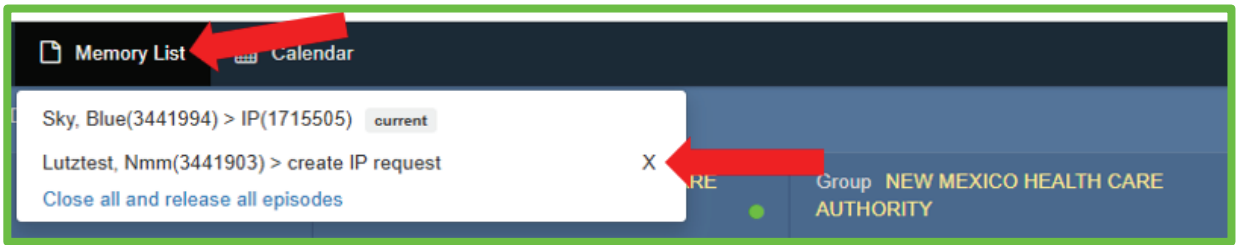


17) The Episode Abstract can also be printed.

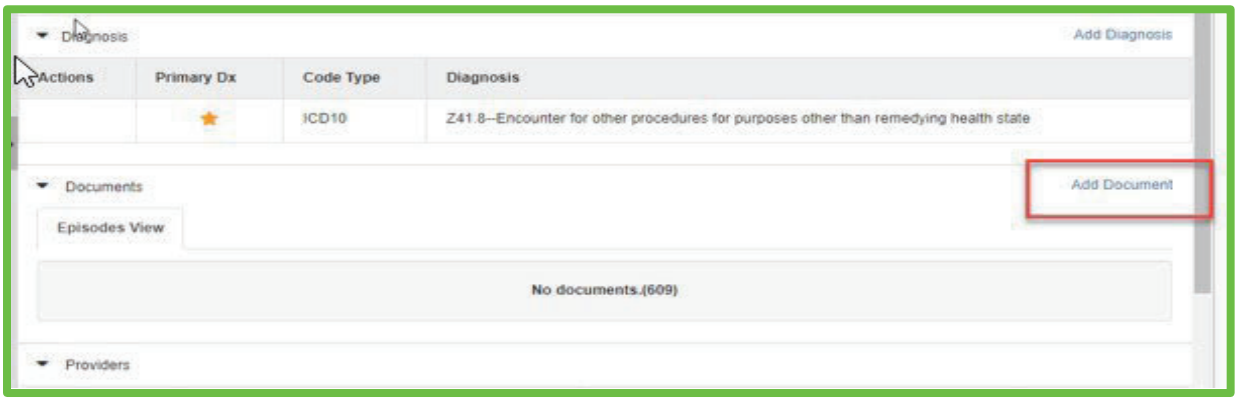


18) If additional documents need to be added to the episode, select **Memory List**.

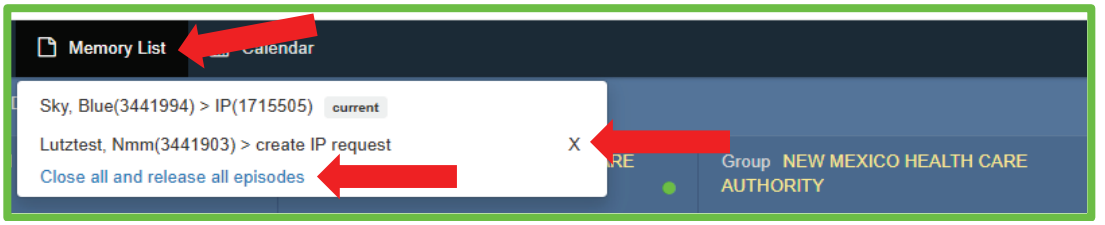
A. Select the episode that the additional documents need to be added to.



B. Click on **Add Document** and follow the directions in Step 11 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	3/1/2023	Initial	Kimberley Scott
0.2	2/21/2025	Revised to NM Health Care Authority	Natalya Wayne