New Mexico Quick Start Guide – Comagine Health Provider Portal (CHPP)

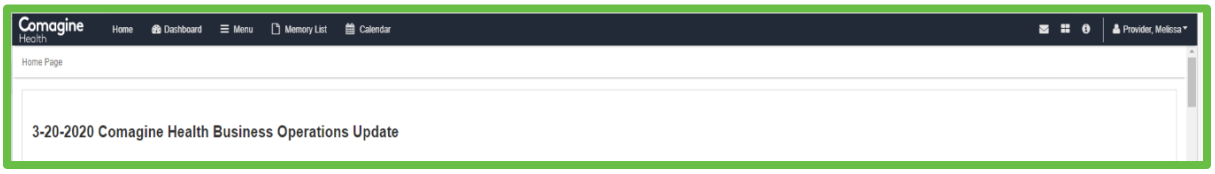
Submitting FFS Vision (Glasses) Requests

OVERVIEW

CHPP Jiva is the system used to submit, review, and manage prior authorization requests for New Mexico Medicaid Fee-For-Service members. It supports consistent documentation, streamlined workflows, and accurate routing of information to Comagine Health for review.

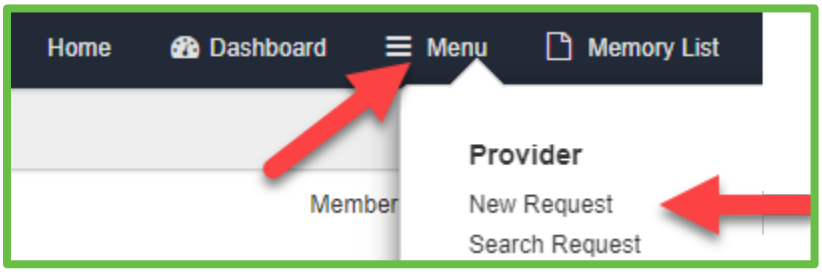
MAIN VIEW

1) This is the starting point for creating or reviewing authorization requests. There is access to the Home Page, Dashboard, and Menu. The Menu is where you can search for a request, enter a new request, or search for worklist tabs.

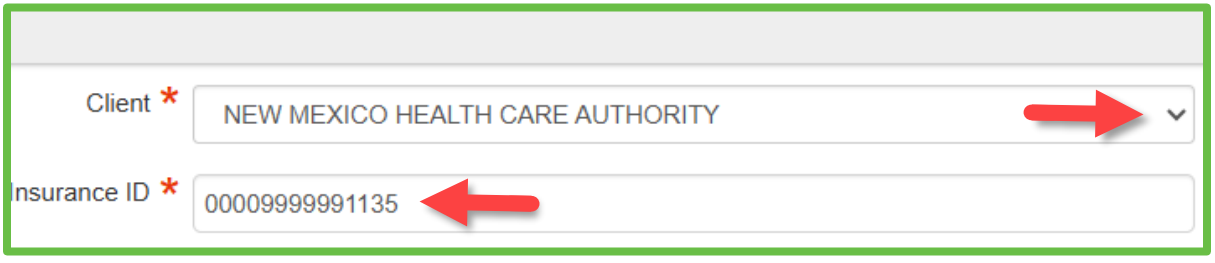


SUBMIT NEW REQUEST

2) To add a new prior authorization request, click Menu and select **New Request**.



3) From the Client drop-down menu, select NEW MEXICO HEALTH CARE AUTHORITY.
4) Under Insurance ID, enter Medicaid number with four (4) leading zeros (0), followed by the participant's Medicaid number (e.g., 00001234561234).
5) Click **Search**.



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

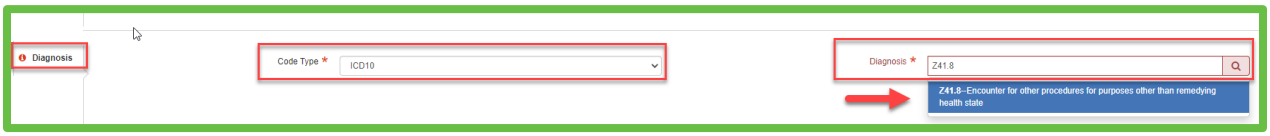


7) In the **Episode Details** section – complete only the fields marked with a red asterisk (left to right/top to bottom):

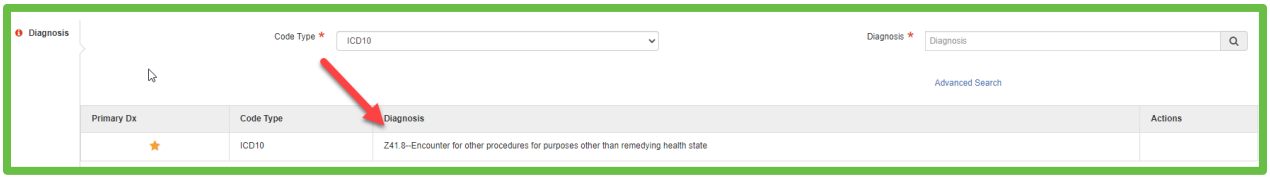
A. For **Request Type** – Select Prior Authorization (ABP/FFS).
B. **Time Request** – Skip this field.
C. **Treatment Class** – Skip this field.
D. **Request Priority** – Select the default setting "Non-Urgent".
E. For **Treatment Type** – Select Vision – Glasses. Please be sure to select the treatment type, as this cannot be changed after submission.

8) In the **Diagnosis** section – complete only the fields marked with a red asterisk (left to right/top to bottom):

A. For the **Code Type**, the ICD-10 will auto-populate.
B. Enter the applicable diagnosis code based on the member's clinical documentation in the **Diagnosis** field. You will only need to enter one diagnosis code.

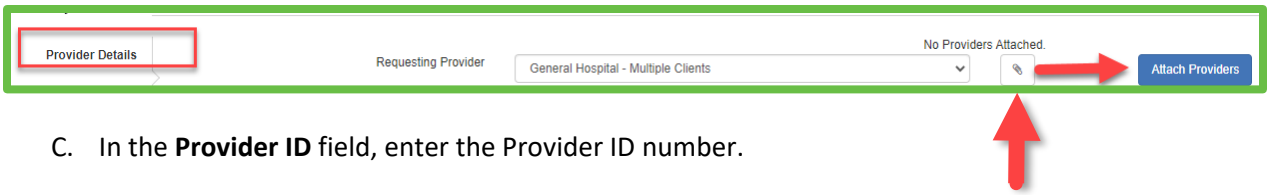


C. Select the diagnosis code from the drop-down menu. Once selected, the primary diagnosis (**Primary Dx**) will appear in the section below.



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

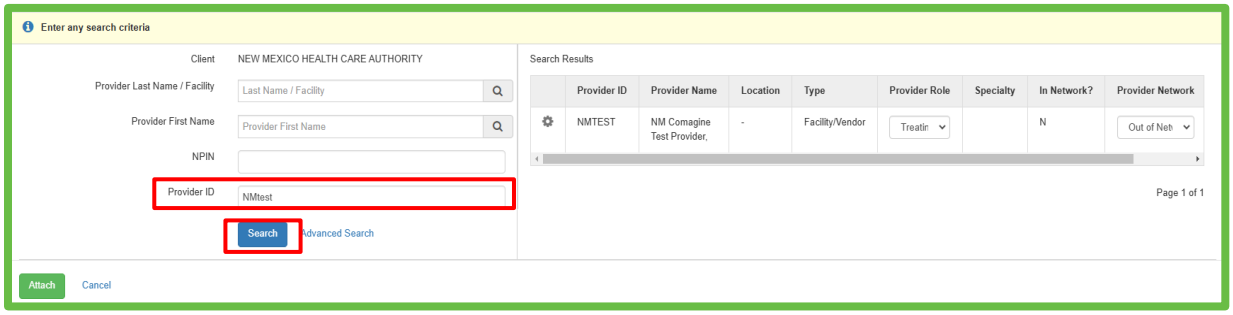
A. Click the **paperclip icon** to add your organization automatically as a Requesting Provider.
B. Each prior authorization request must have provider(s) attached in the three roles: Requesting, Admitting, and Treating. Click **Attach Providers** to attach the admitting and treating providers.



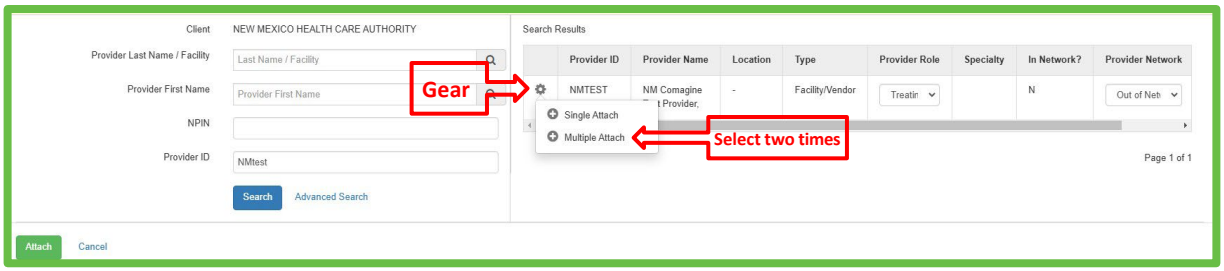
C. In the **Provider ID** field, enter the Provider ID number.



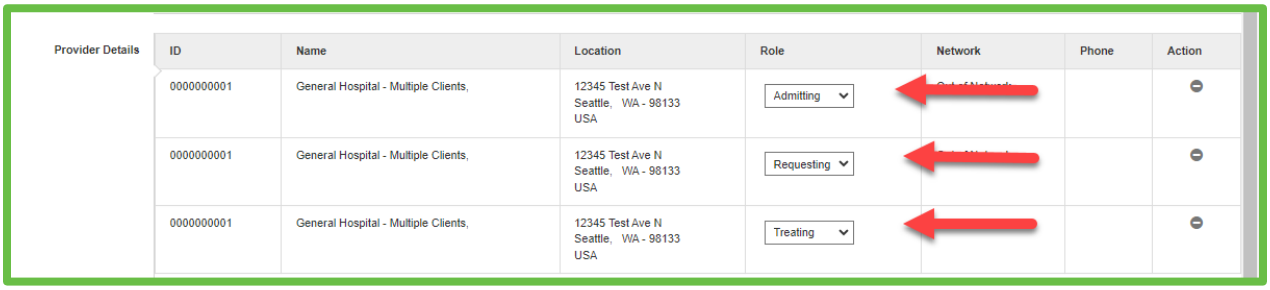
D. Click **Search**. The search results for the agency will appear on the right.



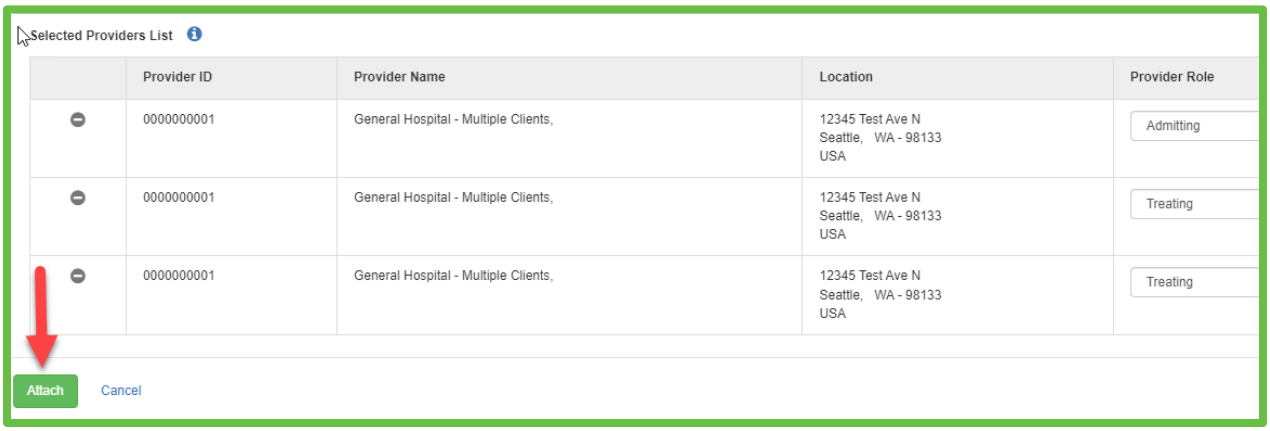
E. Click the **gear icon** on the left and use **Multiple Attach** two (2) times to add all needed provider roles (Requesting, Admitting, and Treating). The list of providers will appear under the Selected Providers List. Selecting **Single Attach** will allow the attachment of one provider role at a time.



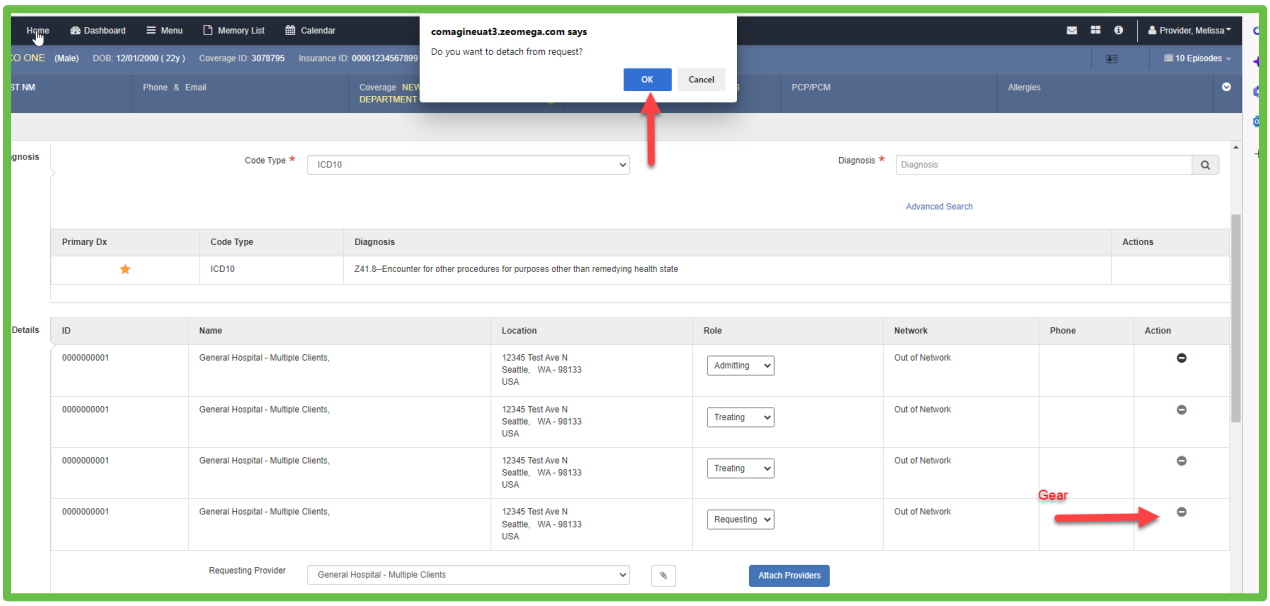
F. Add the **Admitting** and **Treating** roles by selecting each **provider role** from the drop-down menu. If the same facility fulfills multiple roles, you may attach it to each role (e.g., the same facility may serve as both the Treating and Admitting provider).



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

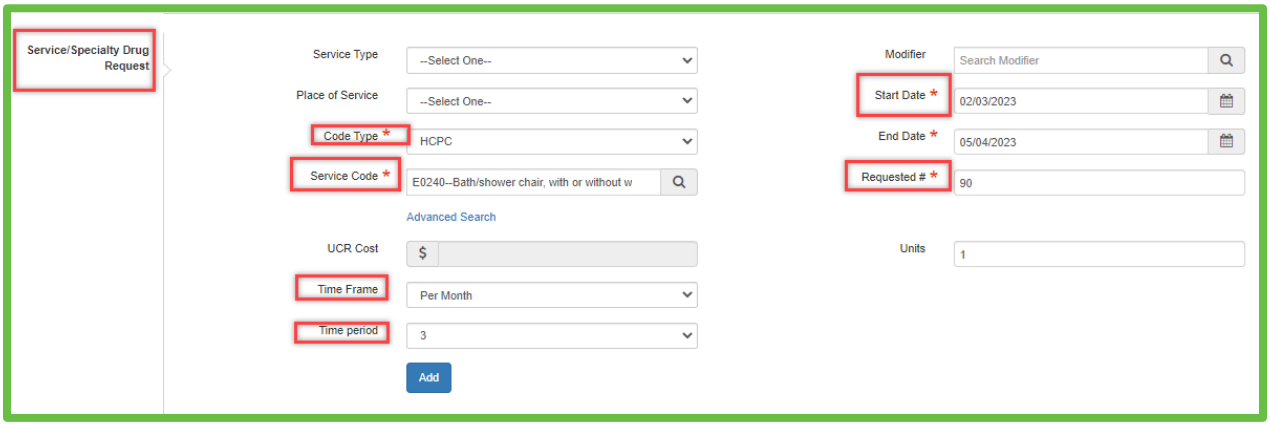


H. The providers will appear under **Provider Details** for Admitting, Treating, and Requesting. If a provider was selected in error, click the gear icon in the **Action** column to remove the provider. A pop-up message will appear: "Do you want to detach from request?" Select OK if the provider/provider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

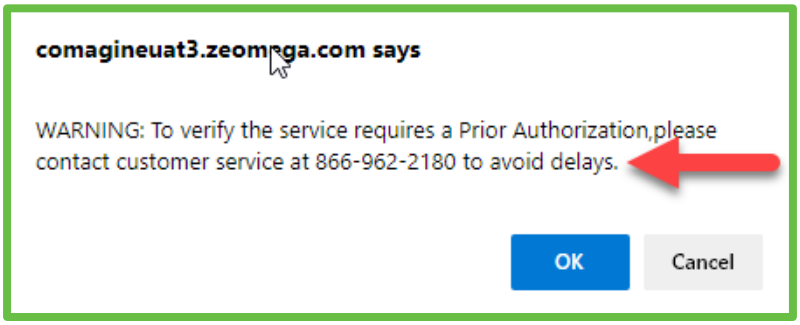


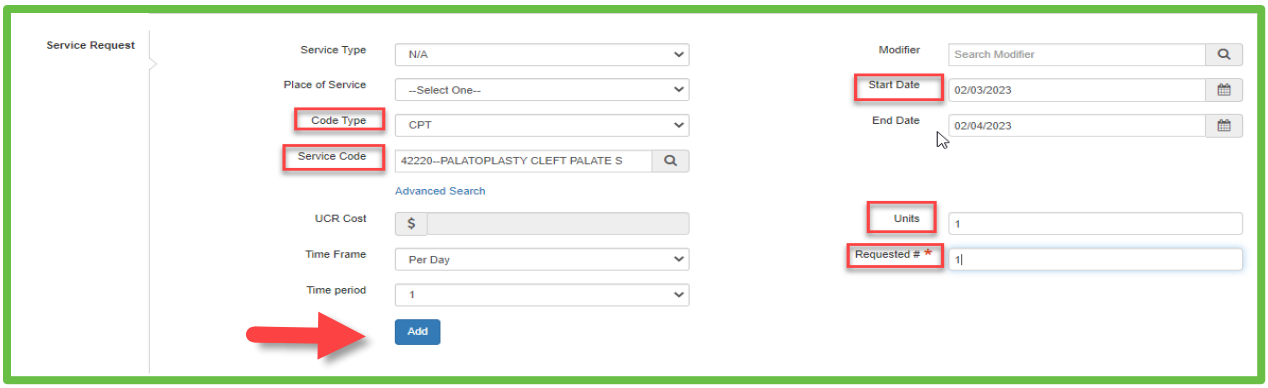
10) Fill in the **Service Request** section with the following information:

A. The **Service Type** – Skip this field.
B. The **Place of Service** – Skip this field.
C. For **Code Type** – Select appropriate service code type.
D. For the **Service Code** – Type in and select the appropriate service code.
E. The **Time Frame** – Skip this field.
F. The **Time Period** – Skip this field.
G. **Modifier** – If a modifier is necessary, enter it in this field.
H. **Start Date** – Enter the start date of the requested services in the MM/DD/YYYY format.
I. **End Date** – Enter the end date of the requested services in the MM/DD/YYYY format.
J. **Requested #** – Enter the number requested.
K. The **Units** will auto-populate to "1".
L. Click **Add** to finish adding the service. If you have multiple service codes, repeat the Service Request steps.

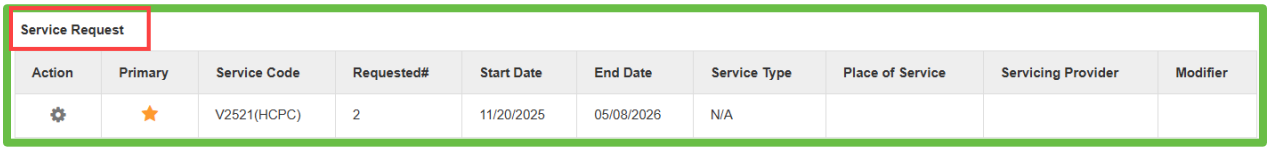


Soft Stop: At this point, to ensure the codes require authorization, a message will appear to give Comagine Health a call at the Customer Service number (866-962-2180). This message is normal for vision requests. Click **OK** to continue submission.





M. Once complete, the **Service Request** section should look like the following screenshot.



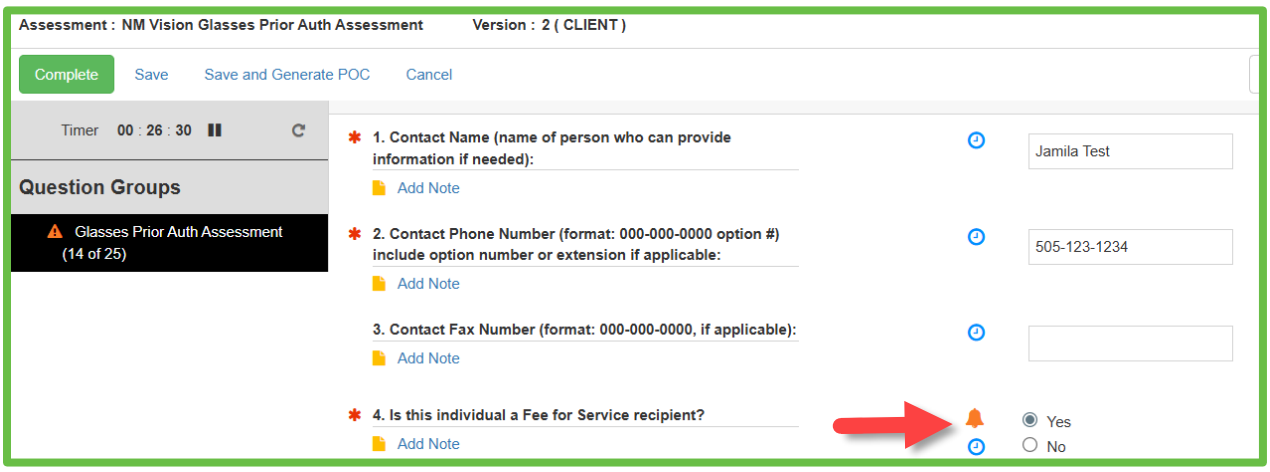
11) After you have added at least one service, an **Assessments** section appears below the Service Request section with a NM Vision Glasses Prior Auth Assessment automatically generated. Fill out the **Assessments** section.

A. Click the gear icon next to the assessment and select **Start**.

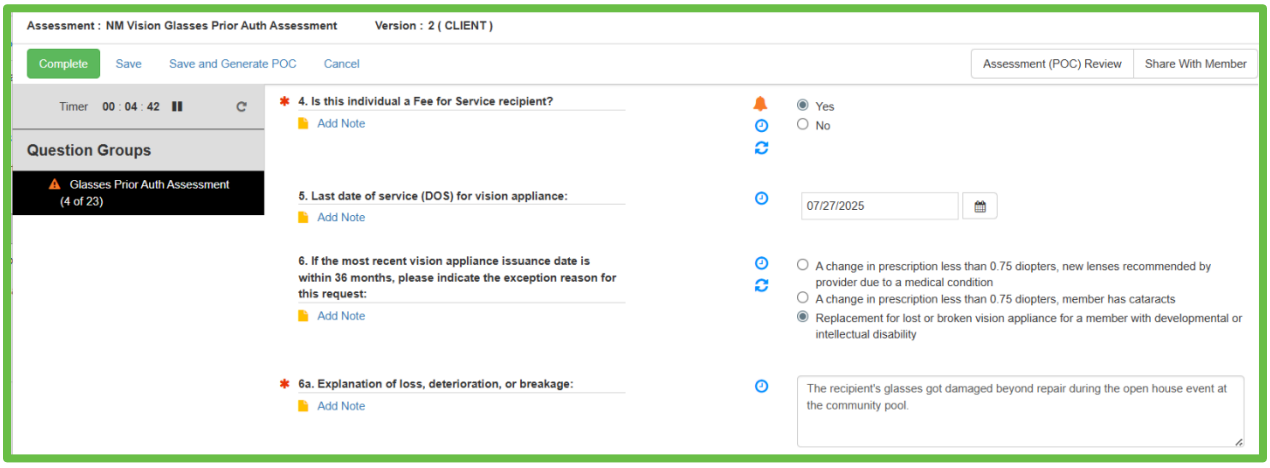
B. Fill out questions 1 through 3: Contact Name, Contact Phone Number, and Contact Fax Number.

C. In question 4, confirm whether the member is an FFS recipient. A bell symbol next to a question indicates an alert relevant to that question; click the bell to view it.

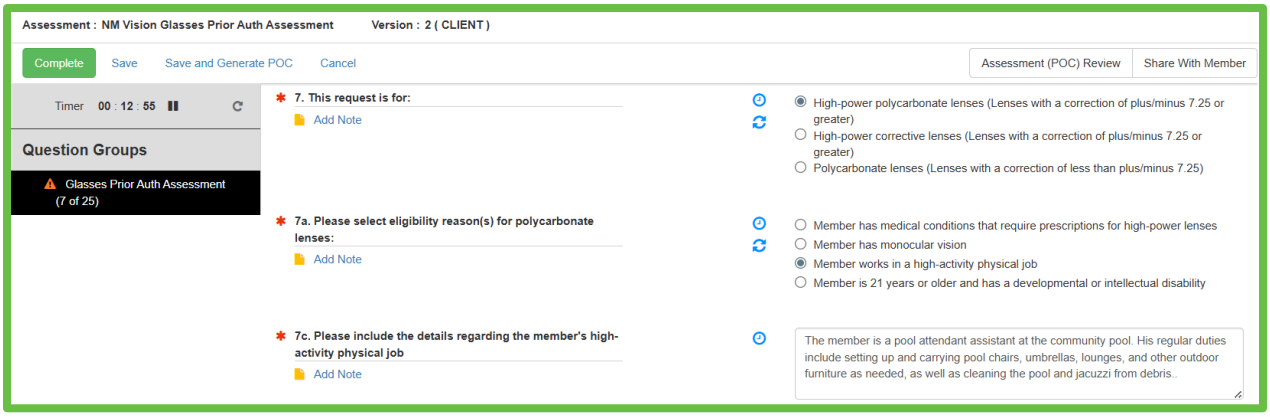
Please note that to proceed with this prior authorization request, you must indicate the member is a Fee-For-Service recipient who is 21 years of age or older. If the member is enrolled in a Managed Care Organization (MCO), you need to cancel this request by clicking the Cancel hyperlink at the top of the assessment section and direct your request to the appropriate MCO for further assistance.



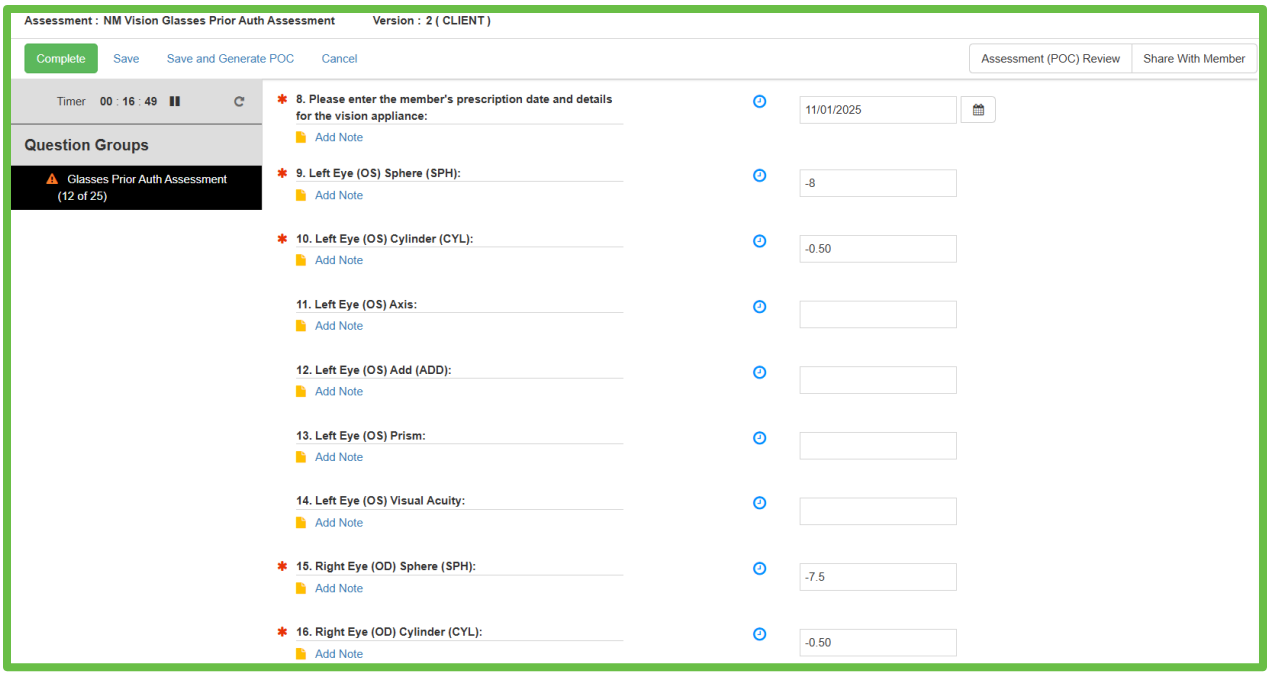
D. Fill out the next two questions, 5 and 6. If your answer indicates that the last vision appliance was issued less than 36 months ago, fill out question 6a.



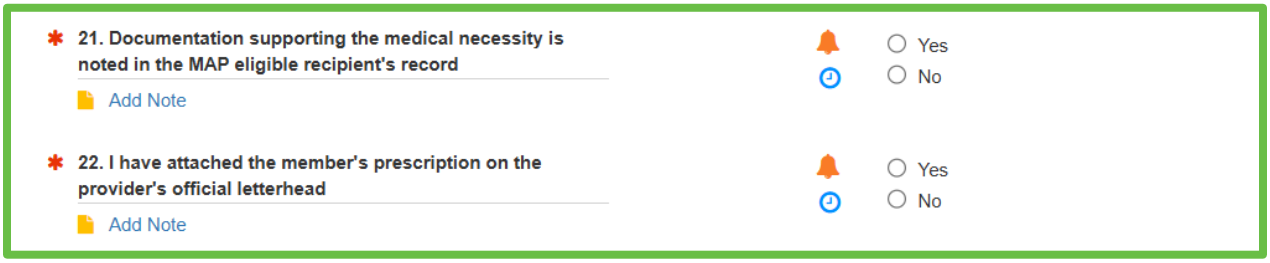
E. In question 7, indicate what kind of lenses you are requesting for the member. If polycarbonate lenses are requested, fill out questions 7a and 7c, if applicable.



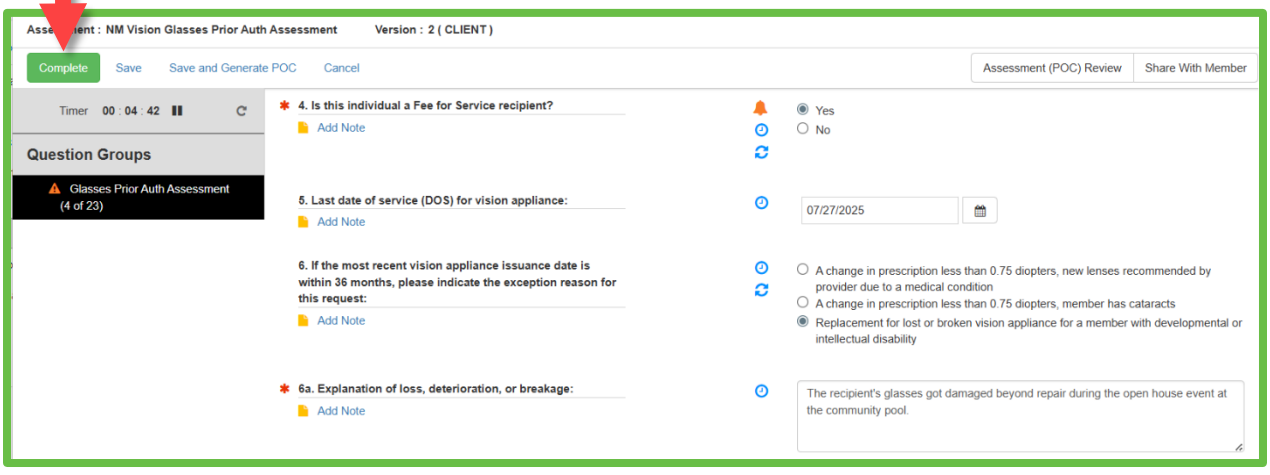
F. Fill out the member's vision prescription details in questions 8 through 20.



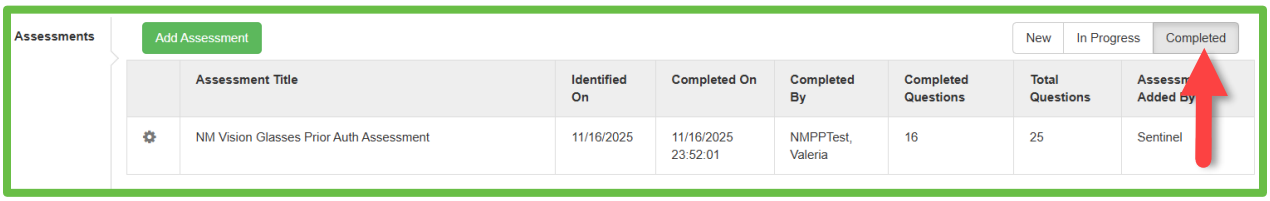
G. Complete the attestation in questions 21 and 22. Please note that both questions require a 'Yes' answer to complete the assessment. A bell symbol next to a question indicates an alert relevant to that question; click the bell to view it.



H. Once you have filled out all the questions, return to the beginning of the assessment and click the **Complete** button.



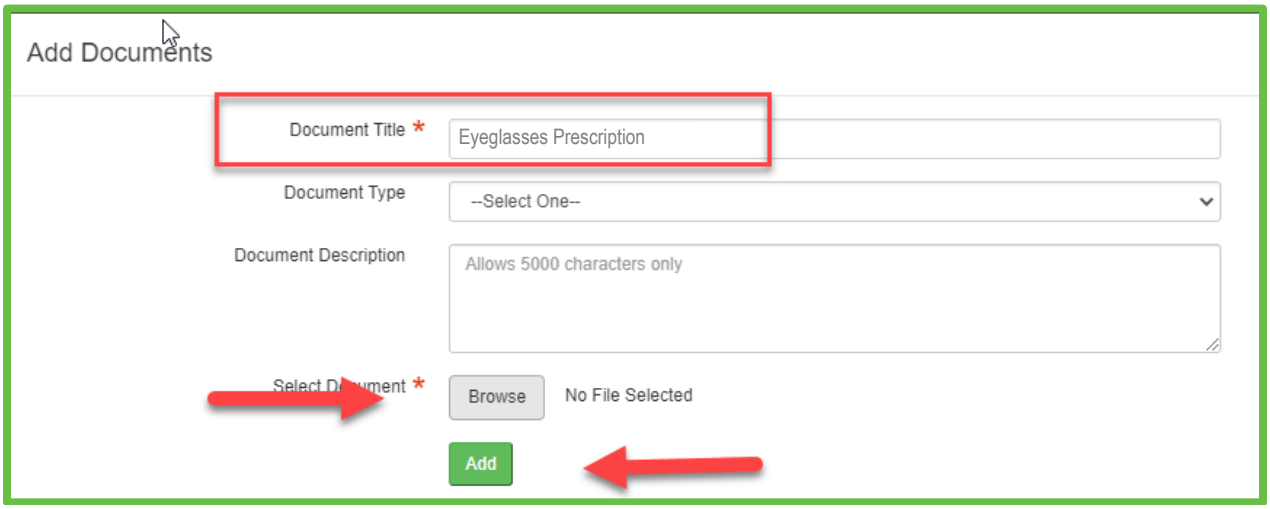
I. Once the assessment is completed, select **Completed** to see it in the Assessments section



12) Next, attach the recipient's vision prescription and any other relevant documentation in the **Documents** section by clicking the button Add Documents and entering:

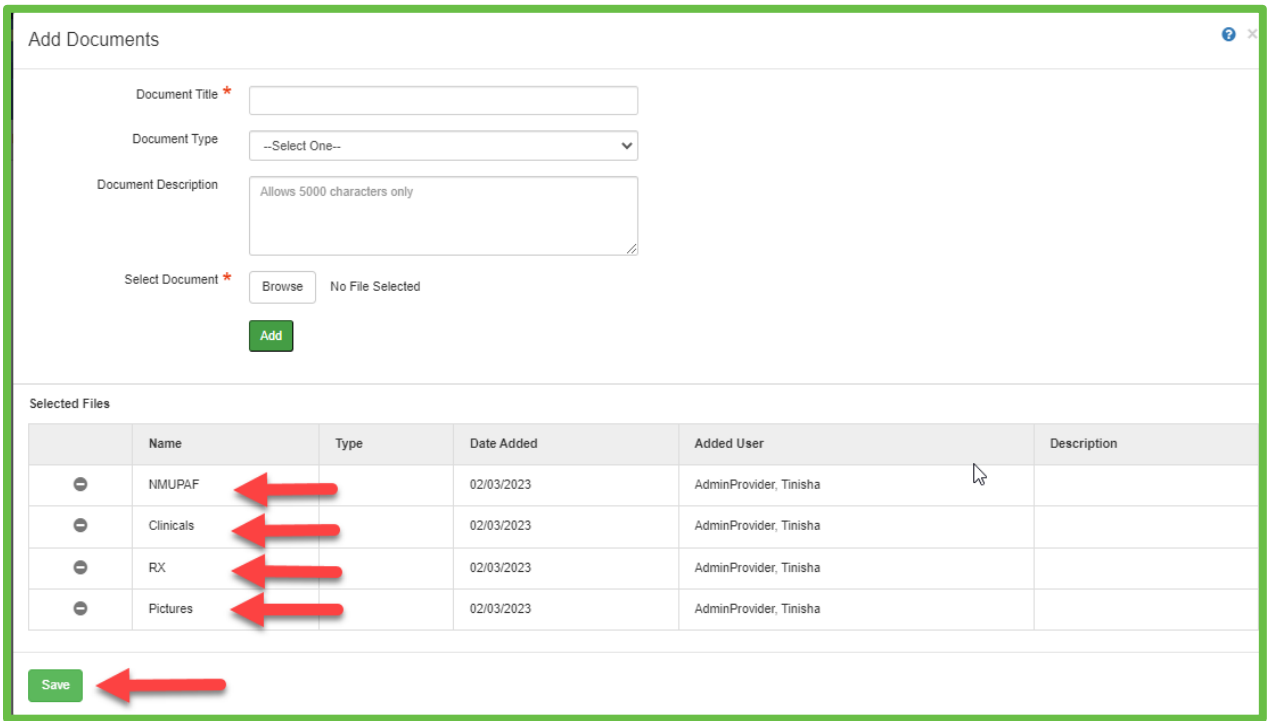
A. **Document Title** – The name of the document.
B. **Select Document** – You can leave this blank or select Prior Authorization Request.
C. **Document Description** – This is not a required field but is available for a brief description of the uploaded documents.

Note: Please avoid uploading password-protected PDF documents as part of your request.



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 choose 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.

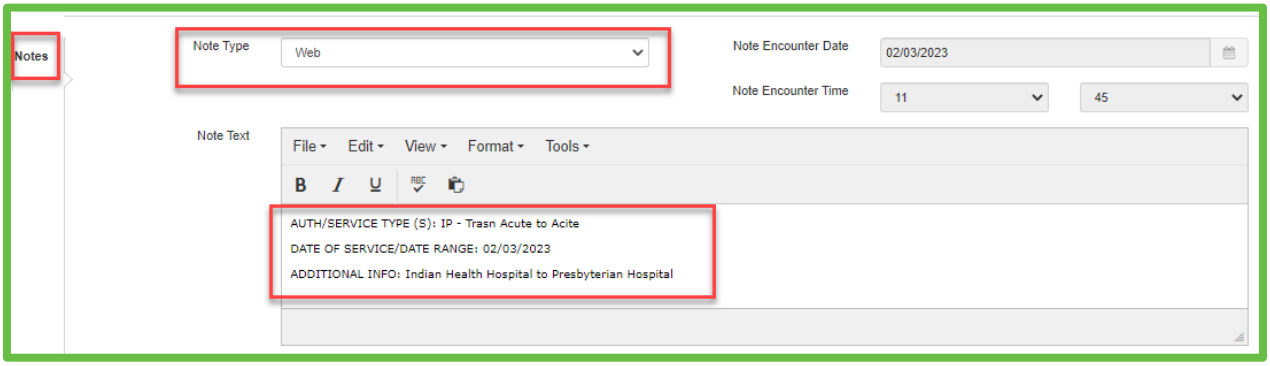
A. Click **Browse** next to Select Document.
B. This will allow you to upload a document from your computer. Select the correct document to upload and click **Open**.
C. Click **Add** and repeat the process until all uploads have been added or the maximum number of
D. attachments have been reached. If 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
E. (see screenshot below).
F. Confirm that all documents have been added. Once the documents have been added successfully, select **Save**.



14) Skip the **Test Provider UDF** section.

15) You can add any relevant details not captured elsewhere in the **Notes** section. Enter the following information:

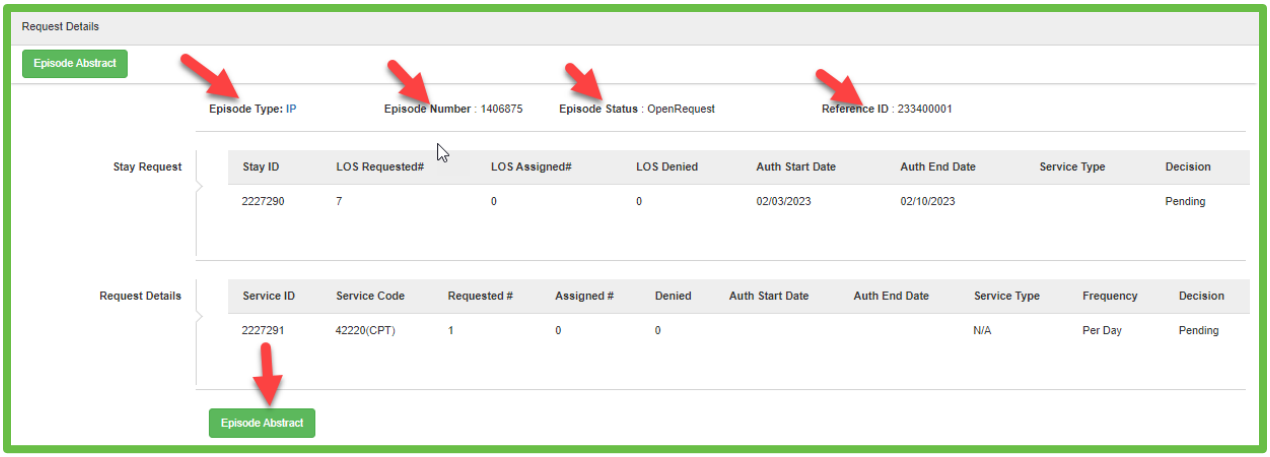
A. Note Type – This will auto-populate to “Web”.
B. Notes Text – Add any additional information.
C. Note Encounter – This will auto-populate the date.

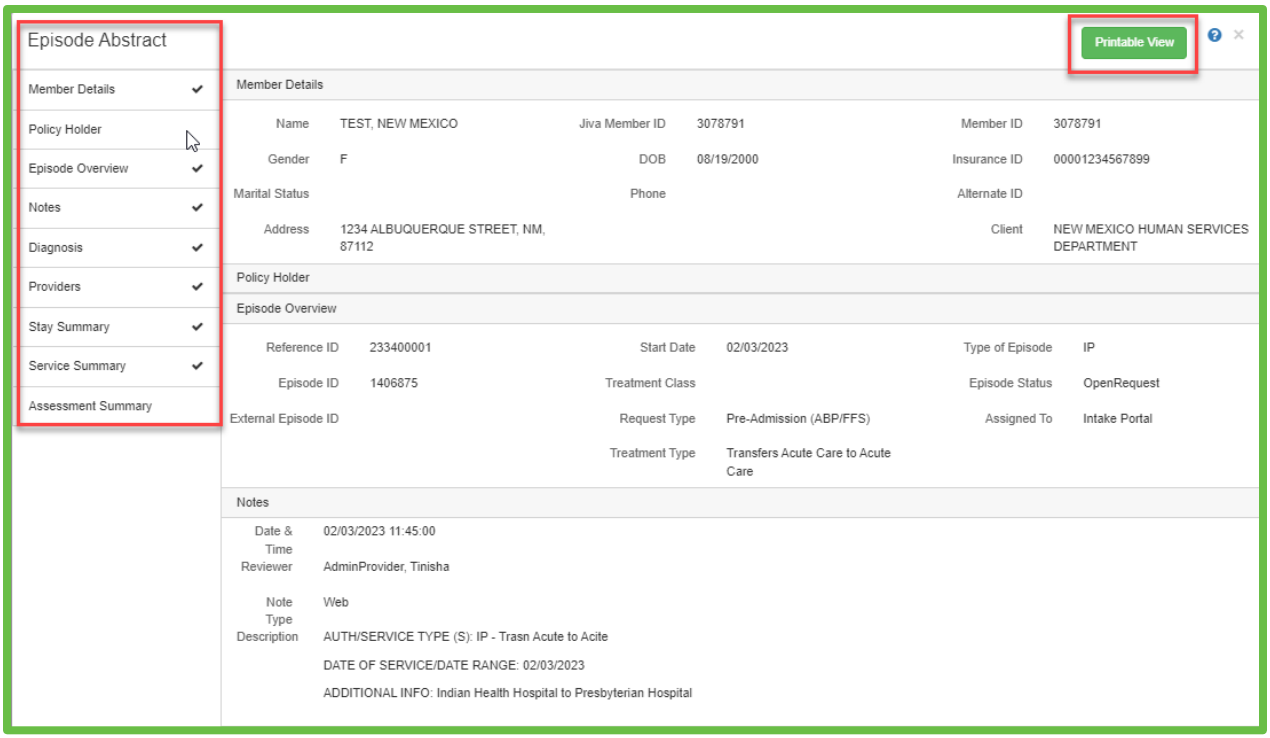


16) **Submit, save, or delete**. Review to ensure your entered information is correct and click **Submit**. You will be prompted to confirm, verify that the information is correct and select **Confirm**. To save the episode for future edits, click **Save as Draft**. (Note: if you choose this option, the episode will not be submitted to Comagine Health. You will need to return to this request and submit it before the TPA can conduct the review and issue the prior authorization.) Select **Delete** if you need to delete the request (Please note that deleting a request cannot be undone).



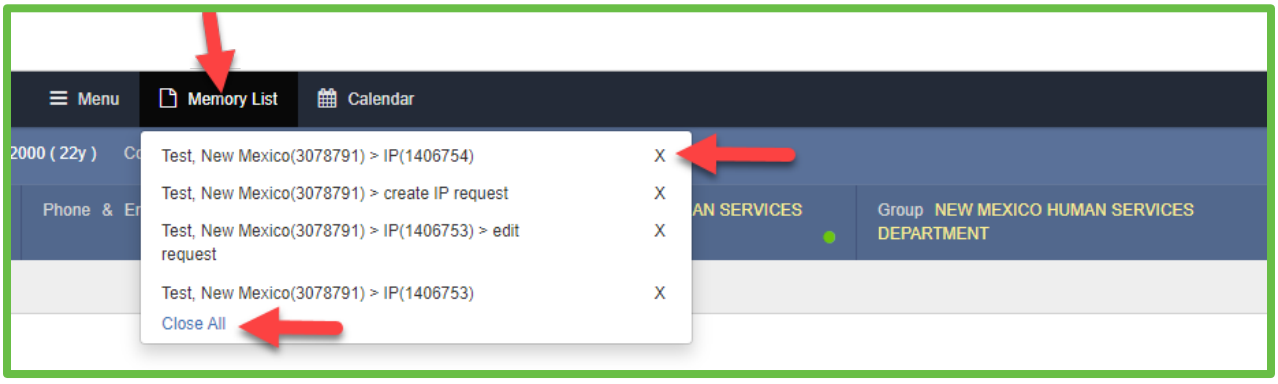
17) The **Request Detail** section allows the user to review what was submitted; however, the episode cannot be edited here. In this section, users will find the **Episode Number** and **Reference ID**. **Always make a note of the CHPP episode number, as this will make it easier to locate the episode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



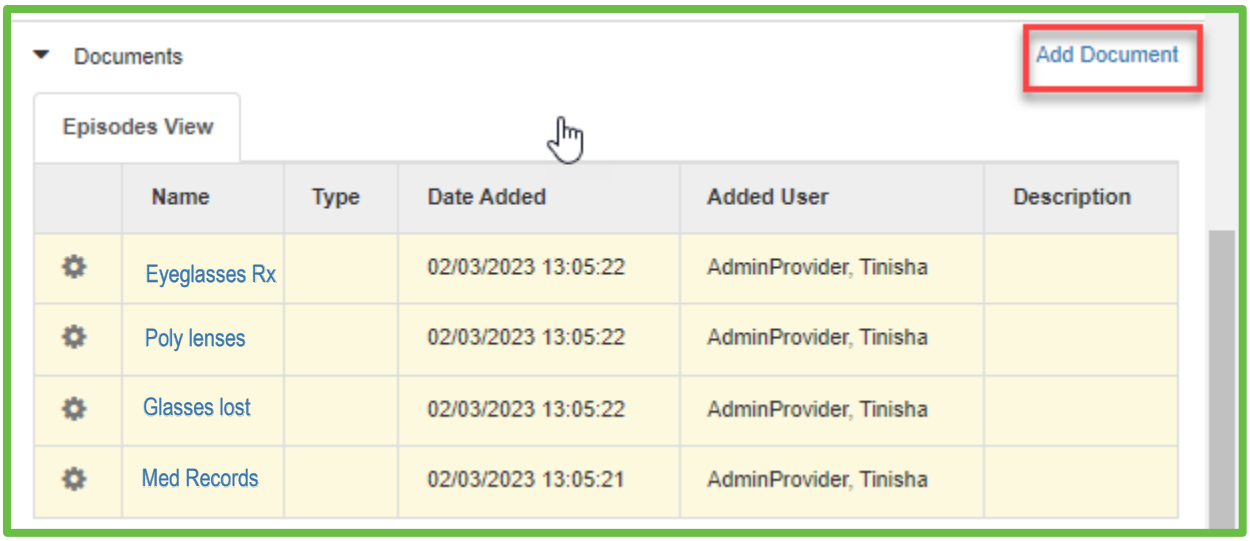


18) If additional documents need to be added to the episode, select **Memory List** at the top of the portal window.

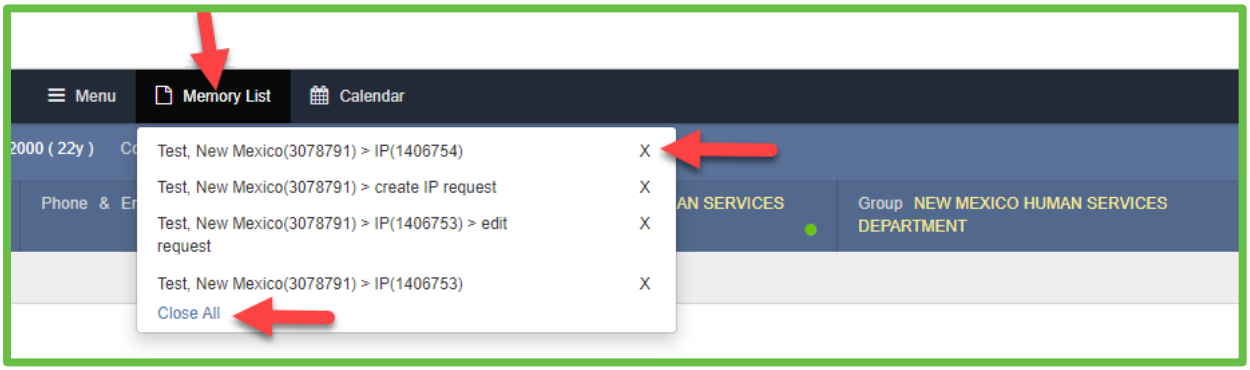
A. Select the episode to which the additional documents should be added.



B. Click **Add Document** and follow the directions in Steps 12-13 above to add new documents.



19) **Always go to Memory List and close out of Episodes. This ensures Comagine Health administrative and clinical staff have access to review your submission.** Click the "X" 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	11/16/2025	Revision to customize for Vision – Glasses requests.	Valeria S.