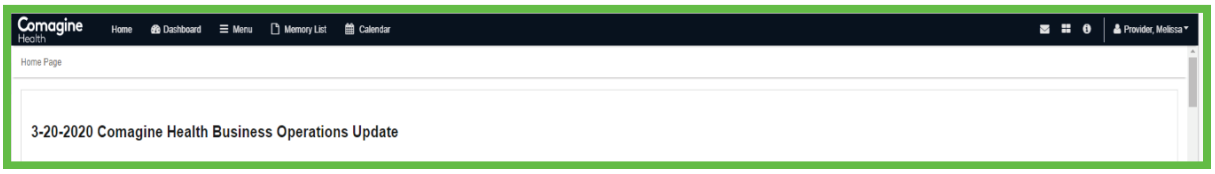
New Mexico Quick Start Guide – Comagine Health Provider Portal

Submitting Fee-for-Service (FFS) Requests

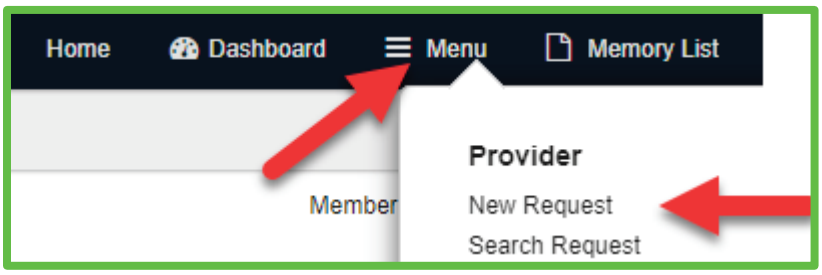
OVERVIEW

The 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 NEW REQUEST

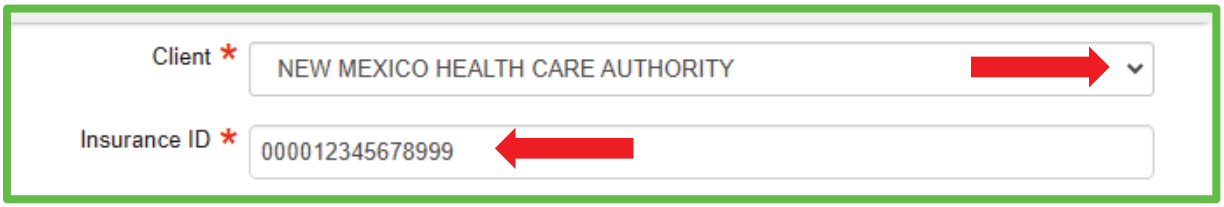
1) To add a new request, click on **Menu** and select **New Request**.



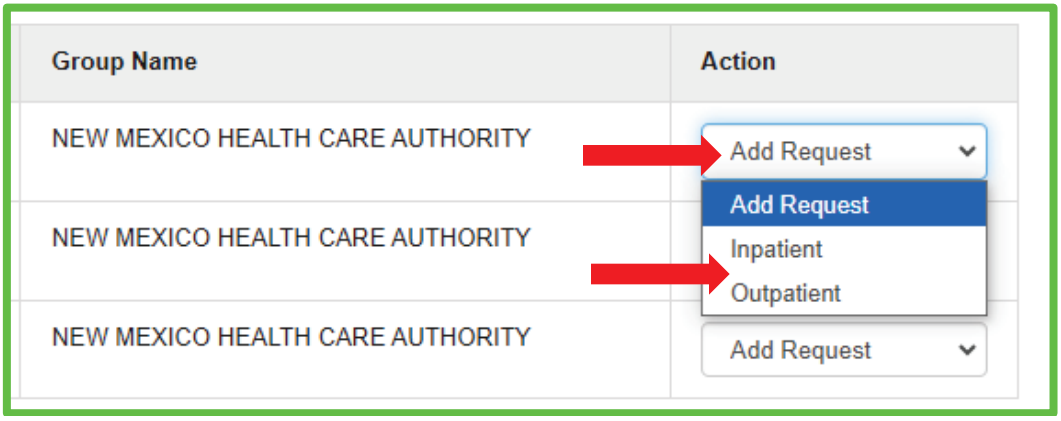
2) From the Client drop-down menu, select **NEW MEXICO HEALTH CARE AUTHORITY**.

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

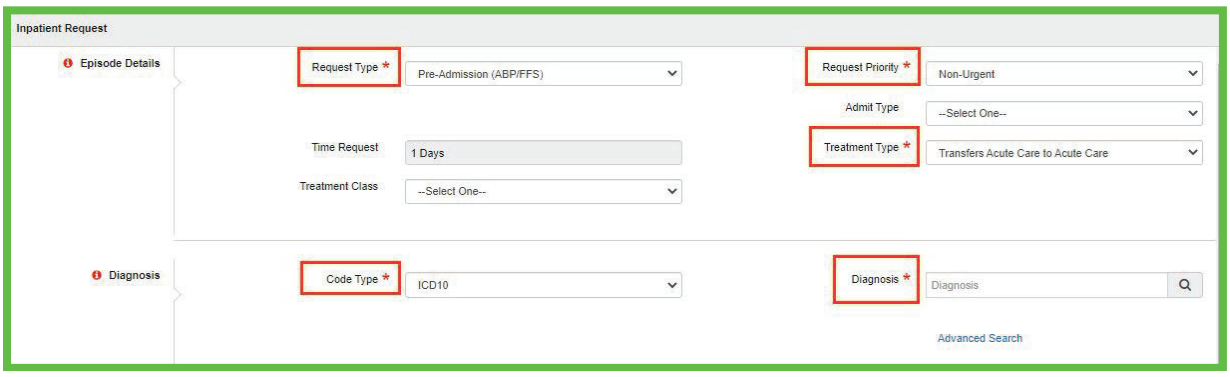
4) Click on **Search**.



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



6) For **Inpatient** – In the **Episode Details** section complete the following:
   A. For **Request Type** – select **Pre- Admission (ABP/FFS)**.
   B. For **Request Priority** – select **Non-Urgent**.
   C. **Admit Type** – Skip this field.
   D. **Time Request** – Skip this field.
   E. For **Treatment Type** – Choose the appropriate treatment type for the facility. Be sure to select the correct setting, as this cannot be changed after submission.
      i. **Medical/Surgical** (IP)
      ii. **Transfer Acute to Acute Care** (IP)
      iii. **Rehab – Acute Inpatient** (IP)
      iv. **Non-DRG Hospital** (IP – LTAC)
      v. **Transplant** (IP)
      vi. **Out of State Services** (IP)
   F. **Treatment Class** – Skip this field.

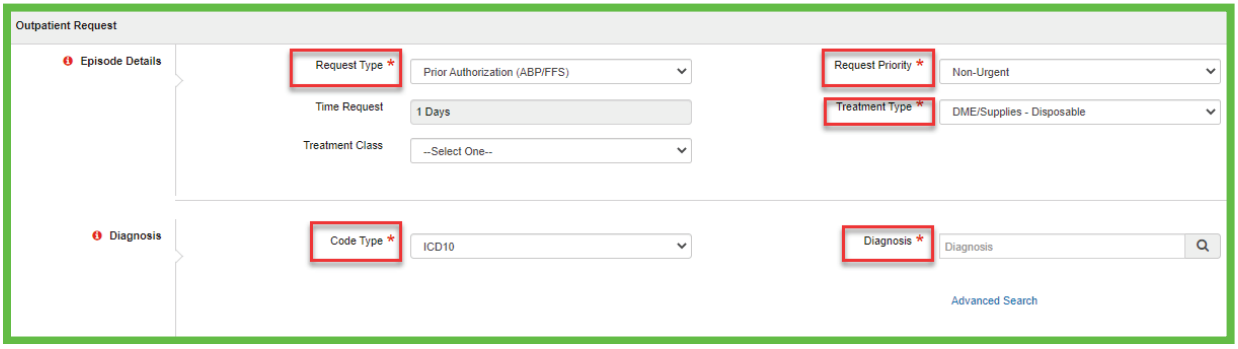


7) For **Outpatient** – In the **Episode Details** section complete the following:
   A. For **Request Type** – Select **Prior Authorizations** (ABP/FFS)
   B. For **Request Priority** – select **Non-Urgent**.
   C. **Time Request** – Skip this field.
   D. For **Treatment Type** – Choose the appropriate treatment type for the facility. Be sure to select

the correct setting, as this cannot be changed after submission.

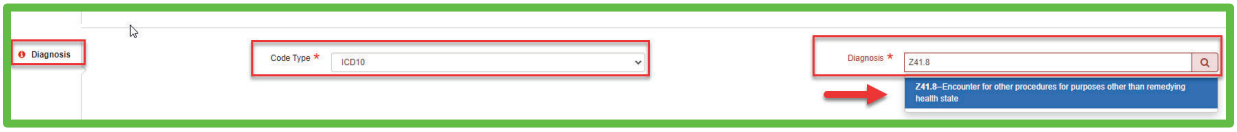
i. **DME/Supplies Non-Disposable** (OP – includes Equipment, Hearing Aids, Vision, Wound Care, Prosthetic and Orthotics and Outpatient Surgery)
ii. **DME - Disposable** (OP – includes Diapers, Contact Lens, Nutritional Supplements)
iii. **Therapies** (OP – Speech, Occupational, and Physical)
iv. **Home Health** (OP)
v. **Medical/Surgical** (OP)
vi. **Transplant** (OP)
vii. **Out of State Services** (OP)

E. **Treatment Class** – Skip this field.

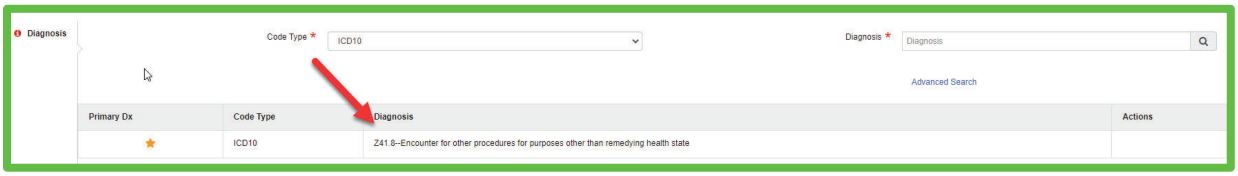


8) In the **Diagnosis** section – Fill in the fields with red asterisks only (left to right/top to bottom):

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.

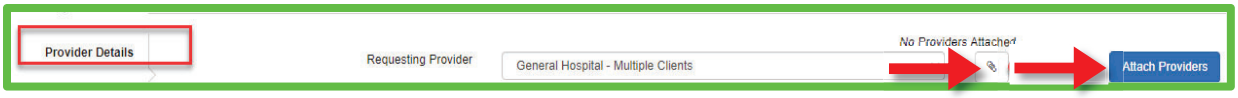


C. Select the diagnosis code from the drop-down menu. Once selected, the primary diagnosis (**Primary Dx**) will appear in the section below.

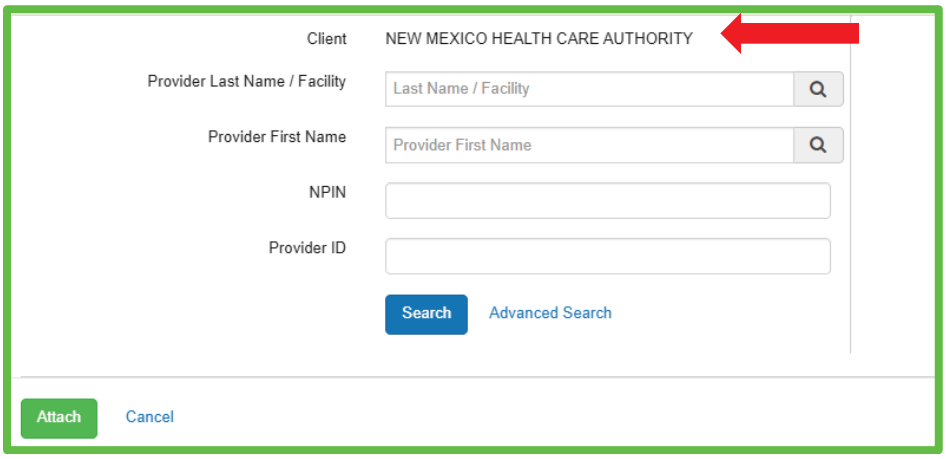


9) In the **Provider Details** section:

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

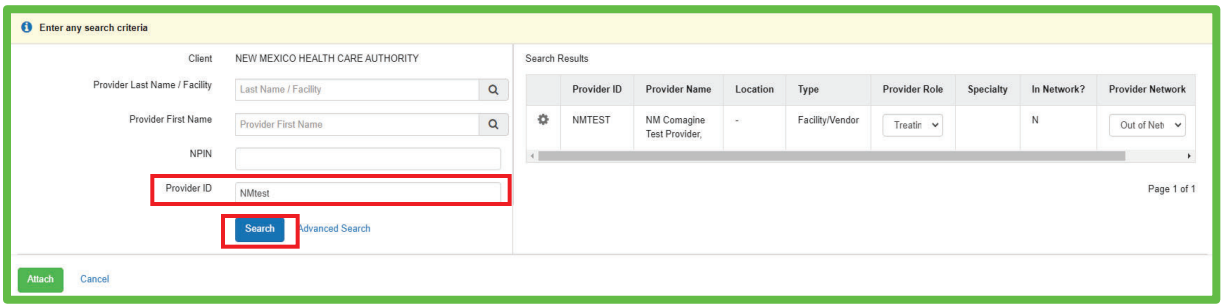


B. Click on **Attach Providers** to attach the admitting and treating providers.

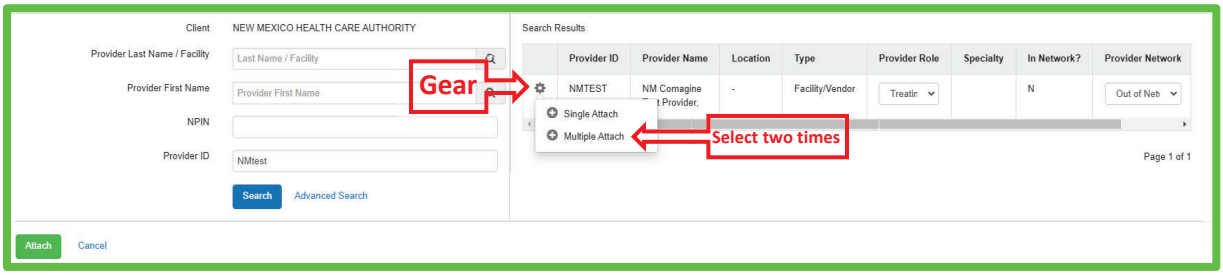


C. In the **Provider ID** field, enter the Provider ID number.

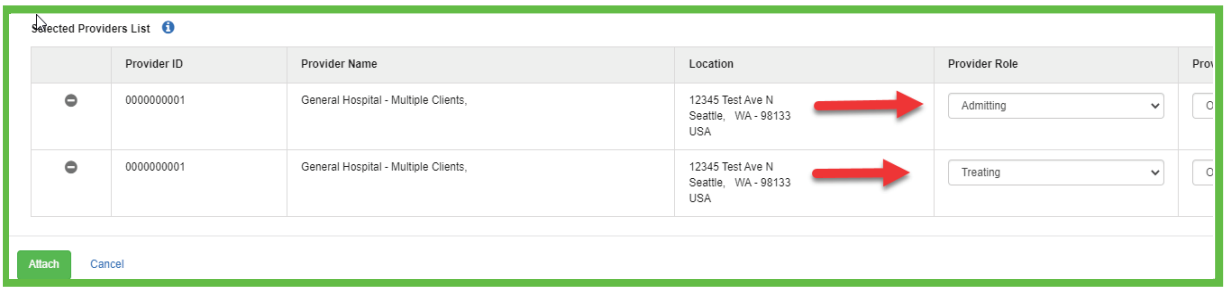
D. Click **Search**. The search results for the agency will appear on the right.



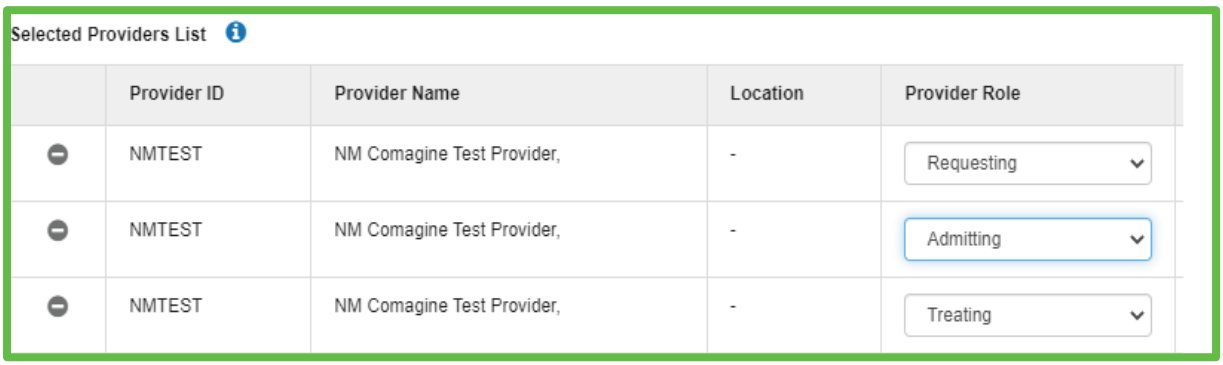
E. Click on the **gear icon** on the left and choose **Multiple Attach** two (2) times. The list of the providers will appear under the **Selected Provider's List**. Selecting **Single Attach** will allow the attachment of one provider role at a time.



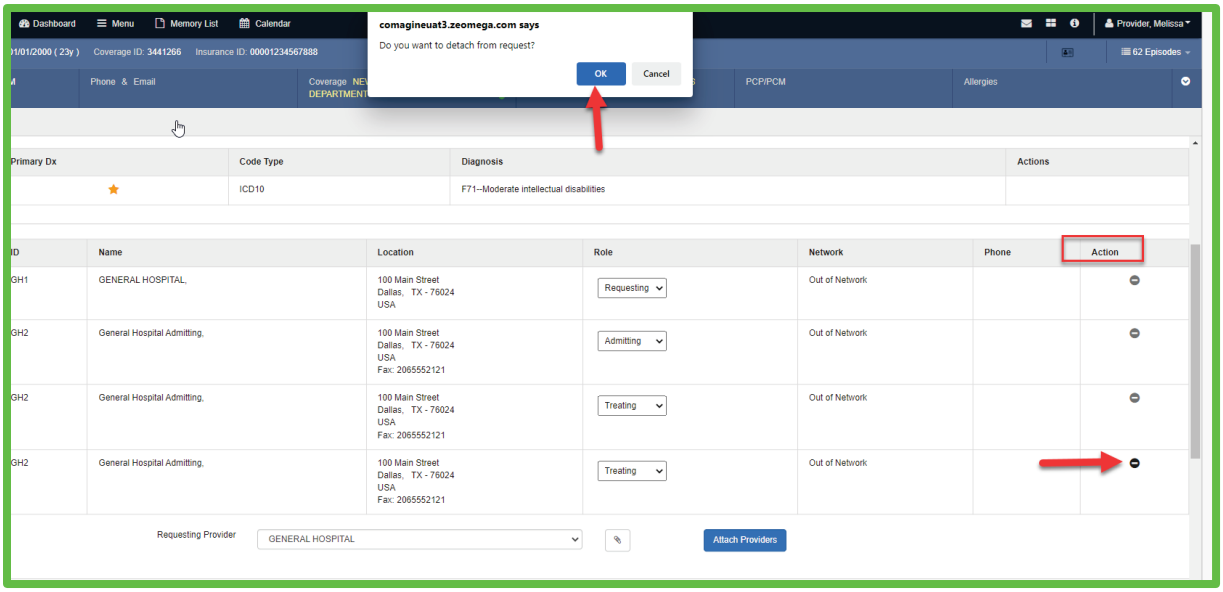
F. Add the **Admitting** and **Treating** roles by selecting each **provider role** from the drop-down menu.



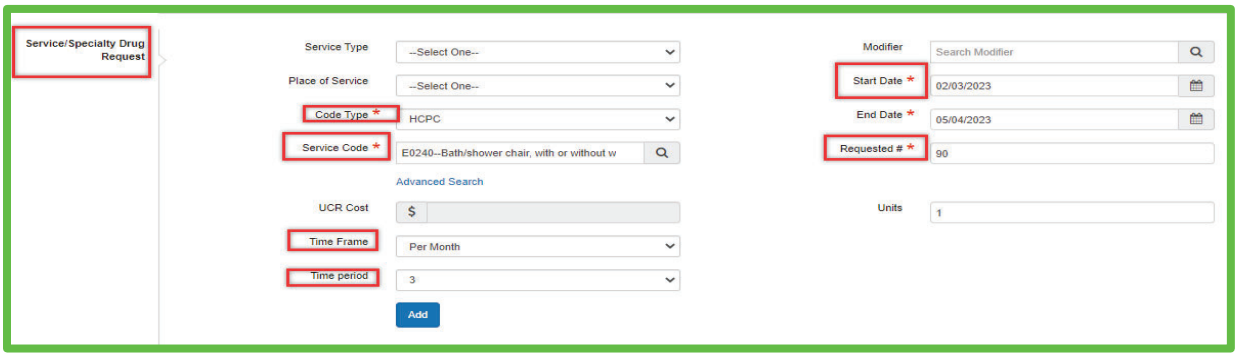
G. Once the providers are correct, select **Attach**.



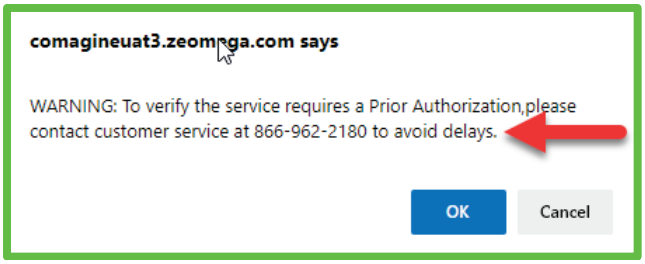
H. The providers will appear under **Provider Details** for Admitting, Treating, and Requesting. If a provider was selected in error, click the gear icon in the **Action** column to remove the provider.
   i. A message will appear, "Do you want to detach from request?"
   ii. Select **OK** if the provider/provider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



10) For **Outpatient** requests – 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 service code.
    D. **Service Code** – Select the appropriate code.
    E. **Time Frame** – Skip this field.
    F. **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.
    I. **End Date** – Enter the end date of the requested services.
    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/Specialty Drug Request** steps.



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



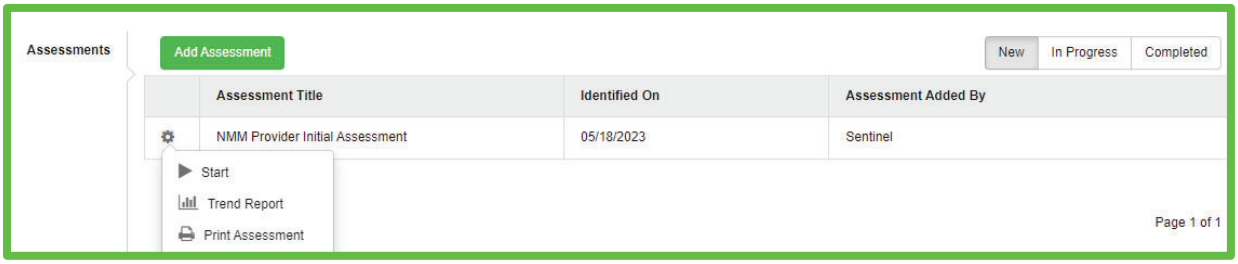
11) For **Inpatient** requests – Skip the **Service/Specialty Drug Request** section.

12) For **Inpatient** requests – Fill in the **Stay Request** Section with the following information:
    A. **Service Type** – Skip this field.
    B. **Place of Service** – Skip this field.
    C. **Requested Level Of Care** – Skip this field.

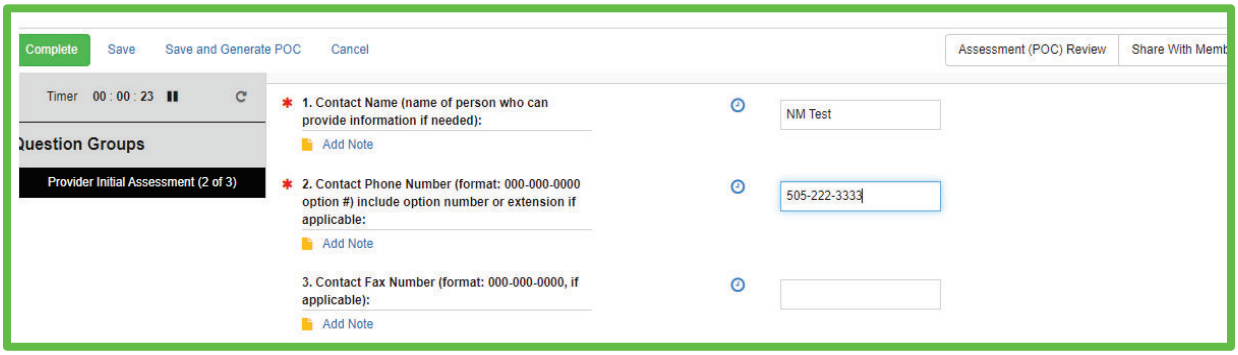
D. **Expected Admit Date** – Should be the expected date if the patient has not been admitted. If they have already been admitted, this date should match the **Actual Admit Date**.
E. **Actual Admit Date** – Should match the **Expected Admit Date**.
F. **LOS Requested** – The number of allowed days for request (example: 7 days).
G. Click **Add** when complete.



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

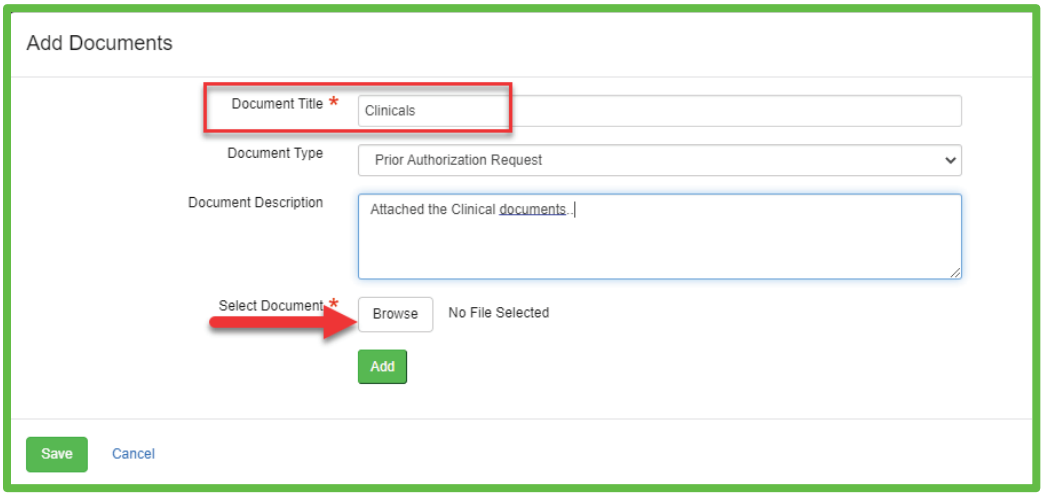


A. Fill in the first two (2) questions and click Save in the upper left and then **Complete**.



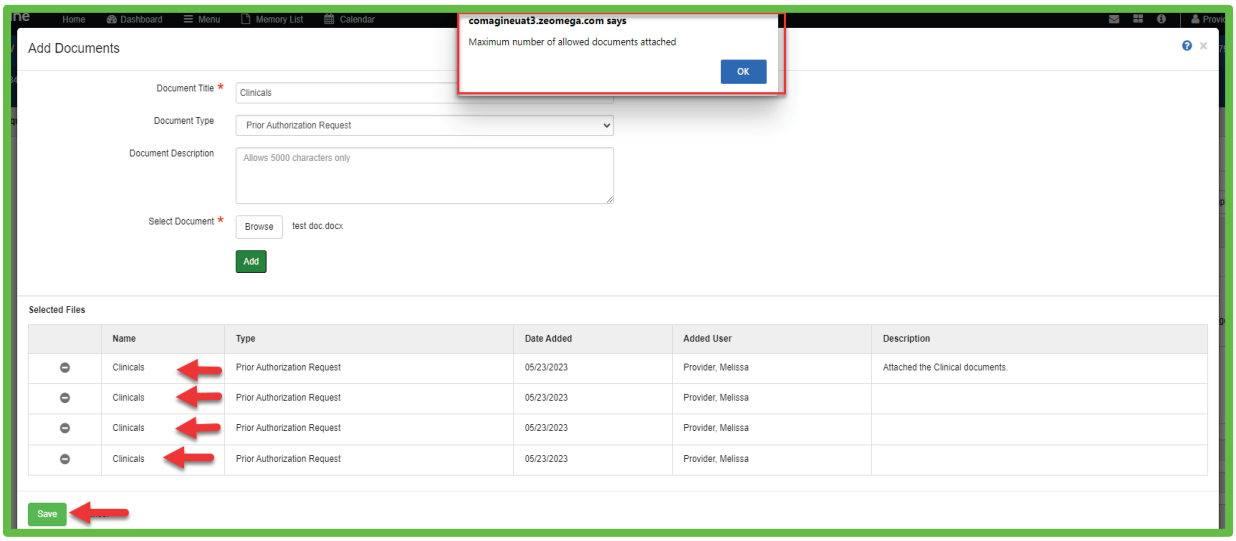
14) In the **Add Documents** section, enter:
A. **Document Title** – The name of the document.
B. **Document Type** – Select **Prior Authorization Request**.
C. **Document Description** – This is not a required field but is available for a brief description of the uploaded documents.
D. **Select Document** – 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**.



15) 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 20.

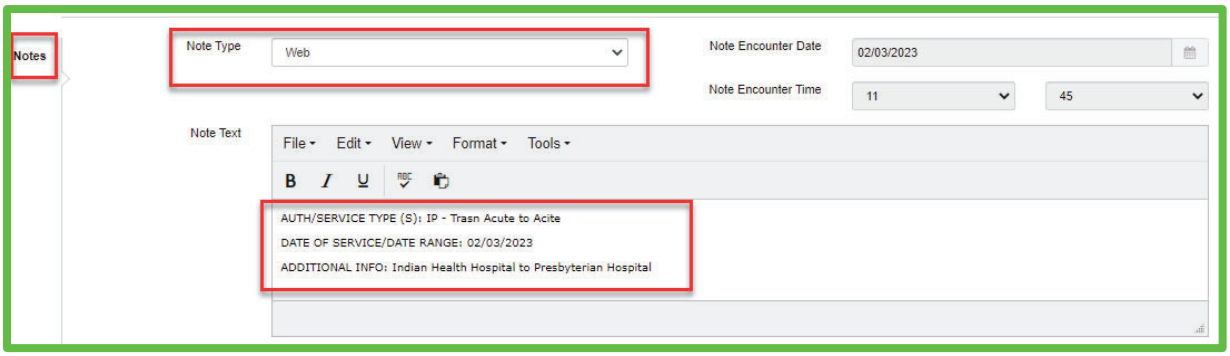
16) Click **Add** and repeat the process until all uploads have been added or the maximum number of attachments have been reached. If the number of uploaded documents exceeds four (4), an error message will appear notifying the user that the maximum number of documents has been reached (see screenshot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



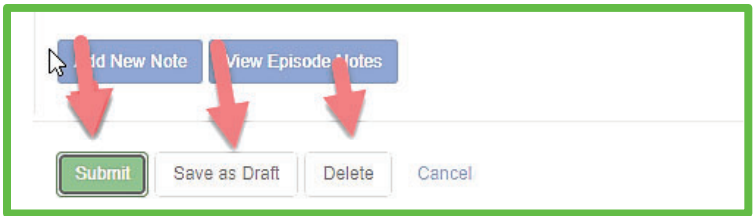
A. Once all documents have been uploaded, click **Save**.

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

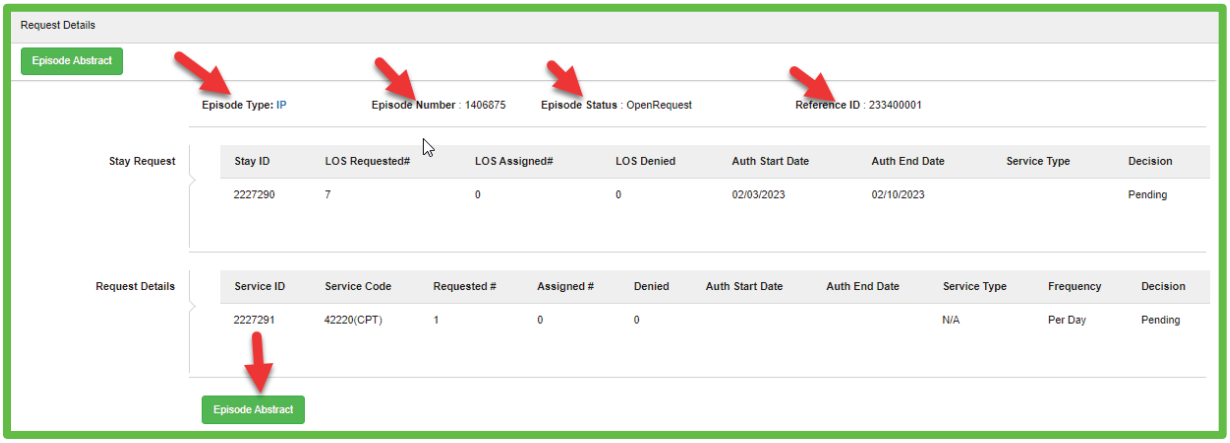
A. **Note Type** – this will auto-populate to **Web**.
B. **Notes Text** – Add notes according to the request, such as:
   i. Auth/service type.
   ii. Date of service/date range.
   iii. Any additional information.
C. **Note Encounter Date** and **Note Encounter Time** – These fields will auto-populate the date and time.



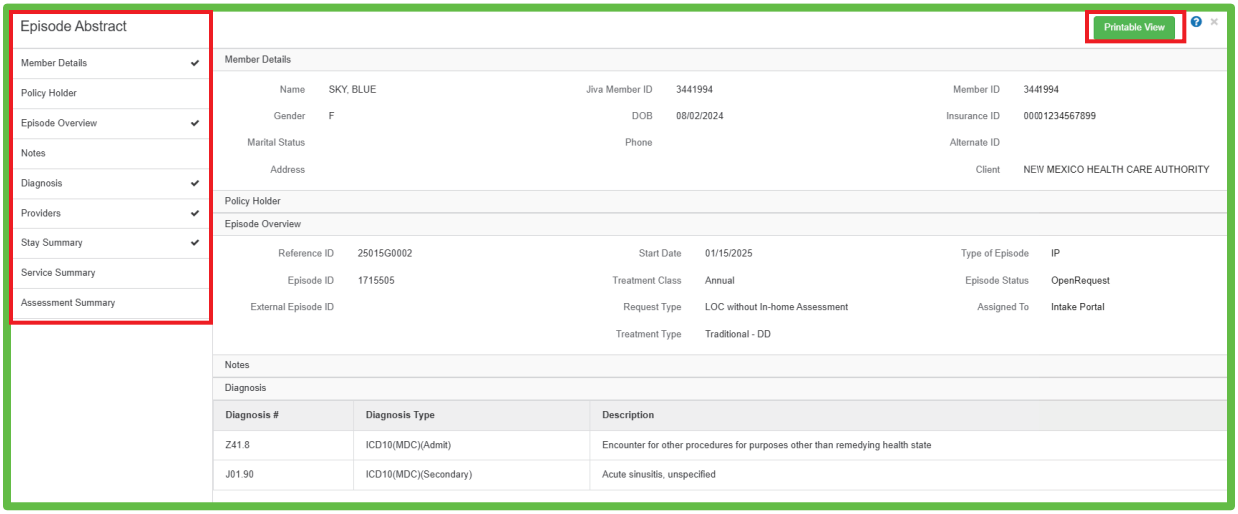
18) **Submit, Save as Draft, or Delete**. Review to ensure your entered information has been entered and click **Submit.** Verify that the information is correct and select **Confirm.** To save the episode for future edits, click **Save as Draft** (Note: By selecting this option, the episode will not be submitted to Comagine Health). Select **Delete** to delete the request.



19) 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.

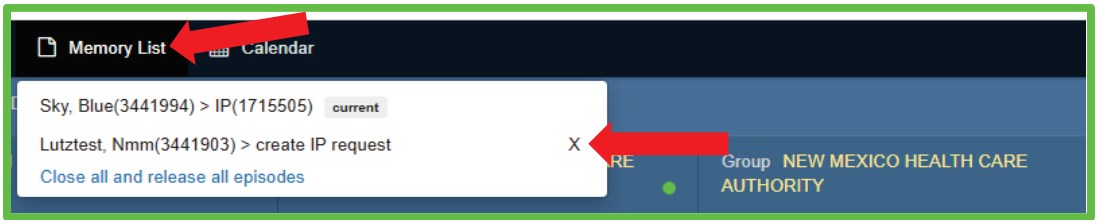


A. The Episode Abstract can also be printed.

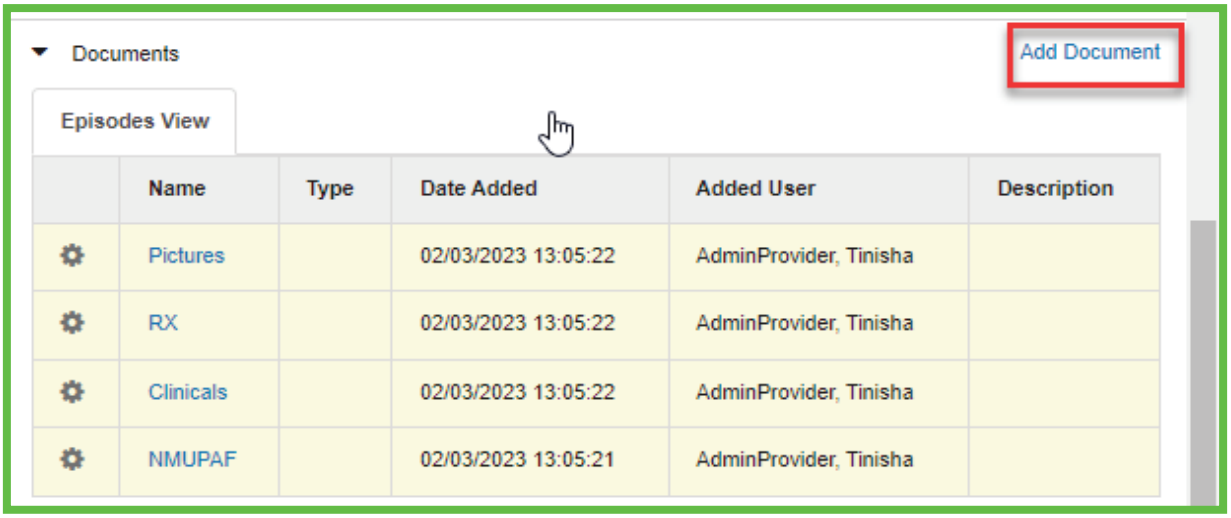


20) If additional documents need to be added to the episode, select **Memory List**.

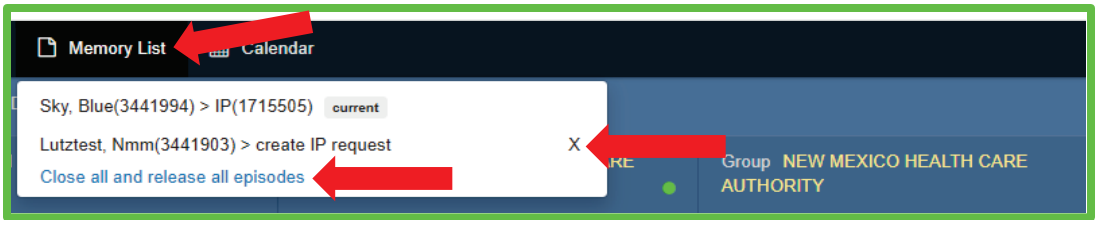
A. Select the episode that the additional documents need to be added to.



B. Click on **Add Document** and follow the directions in Step 14 above to add new documents.



21) 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