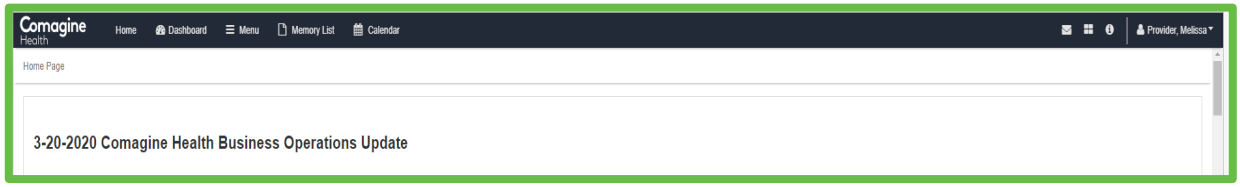
New Mexico Quick Start Guide – Comagine Health Provider Portal

Submitting Prior Authorization Requests for Applied Behavioral Analysis (FFS)

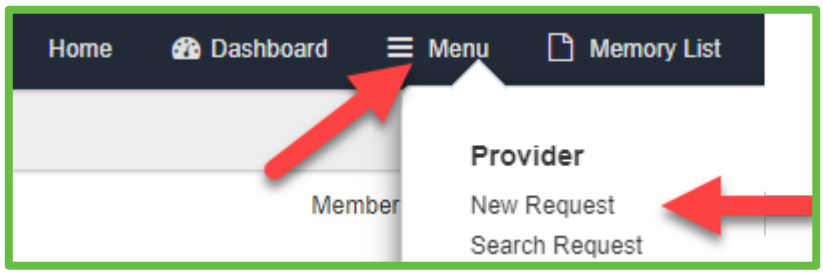
OVERVIEW

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 stay/admission request (not extending a stay already in the system), 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).

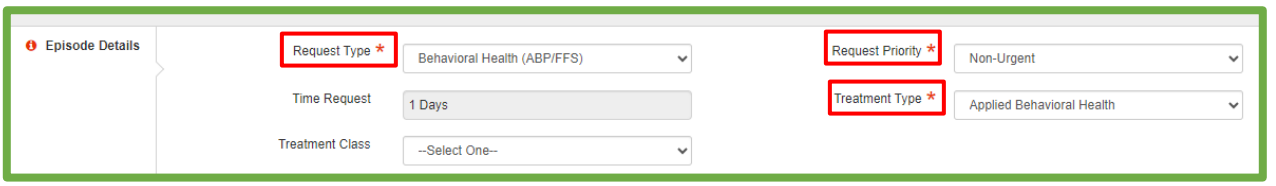


4) Click on **Search**.

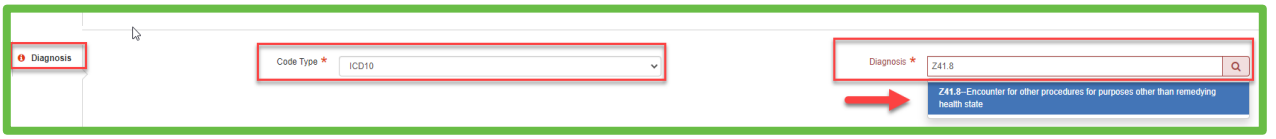
5) Under **Action**, click on the **Add Request** drop-down menu and select **Outpatient**.



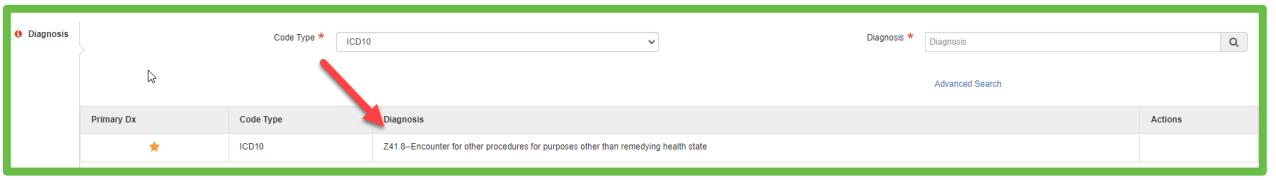
6) In the **Episode Details** section complete the following:
   A. For **Request Type** – Select **Behavioral Health (ABP/FFS)**.
   B. For **Request Priority** – Select **Non-Urgent**.
   C. For **Treatment Type** – Select **Applied Behavioral Analysis**.
   D. For **Treatment Class** – Skip this field.



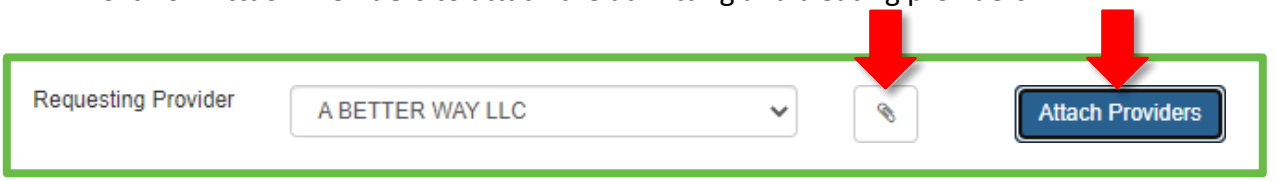
7) In the **Diagnosis** section – fill in the fields with the red asterisks only (left to right/top to bottom):
   A. For the **Code Type**, ICD10 will auto-populate.
   B. For the **Diagnosis**, enter the applicable diagnosis code per the patient's authorization in the **Diagnosis** field. You will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



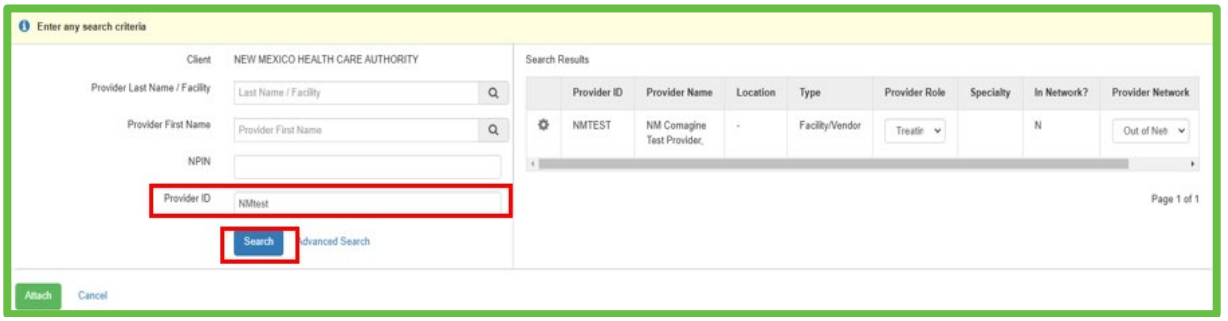
   C. Select the diagnosis from the drop-down menu. Once selected, the primary diagnosis (**Primary Dx**) will appear in the section below. Multiple diagnoses can be entered, up to three – ensure the correct primary diagnosis is indicated with the yellow star.



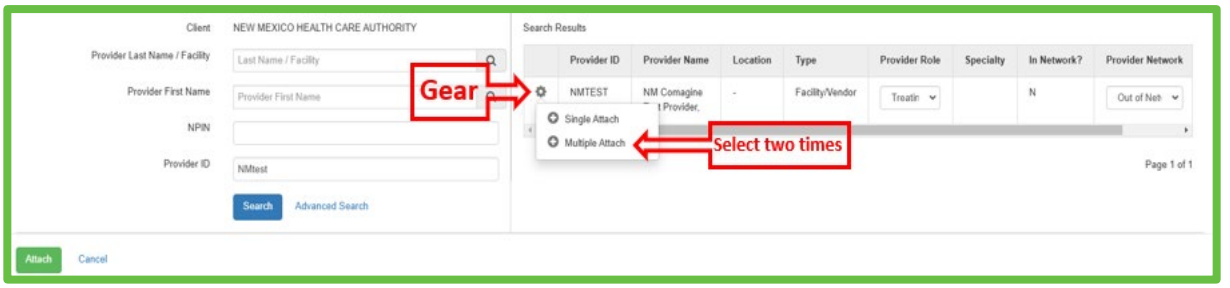
8) In the **Provider Details** section:
   A. Click on the **paperclip icon** to add your organization automatically.
   B. Click on **Attach Providers** to attach the admitting and treating providers.



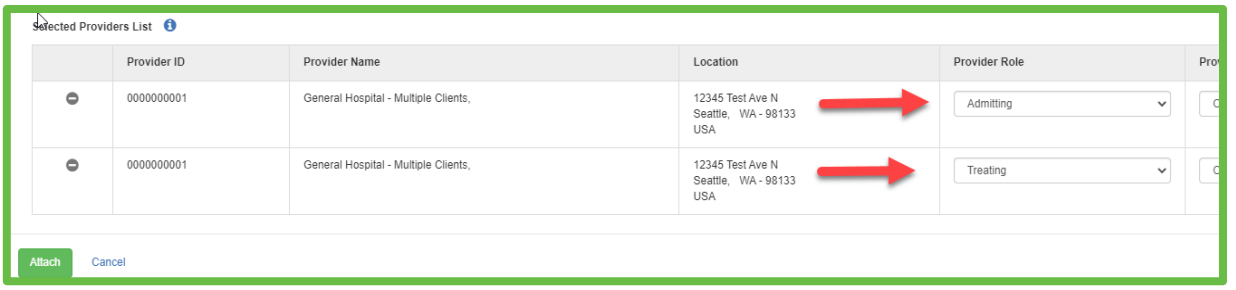
   C. In the **Provider ID** field, enter the Provider ID number.
   D. Click **Search**.



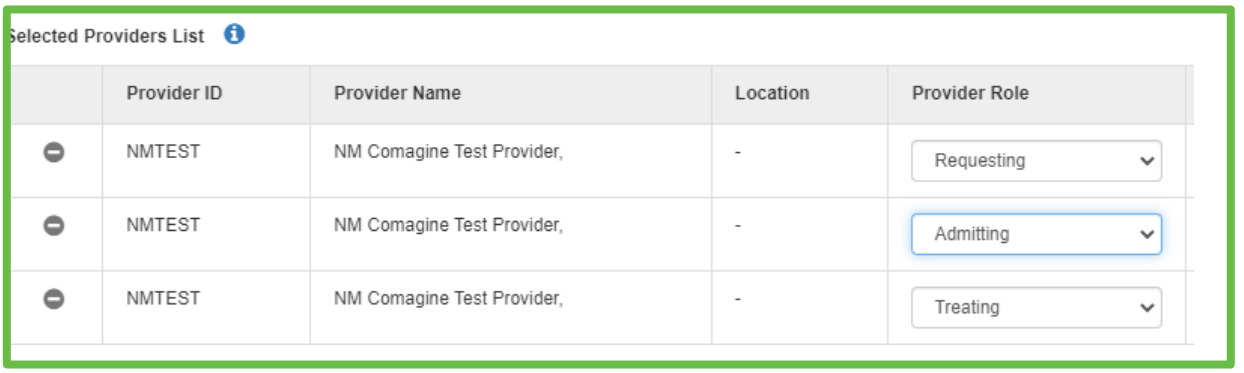
E. Click on the **gear icon** on the left and choose **Multiple Attach** two (2) times. The list of the providers will appear under the **Selected Provider's List**. Selecting **Single Attach** will allow the attachment of one provider role at a time.



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

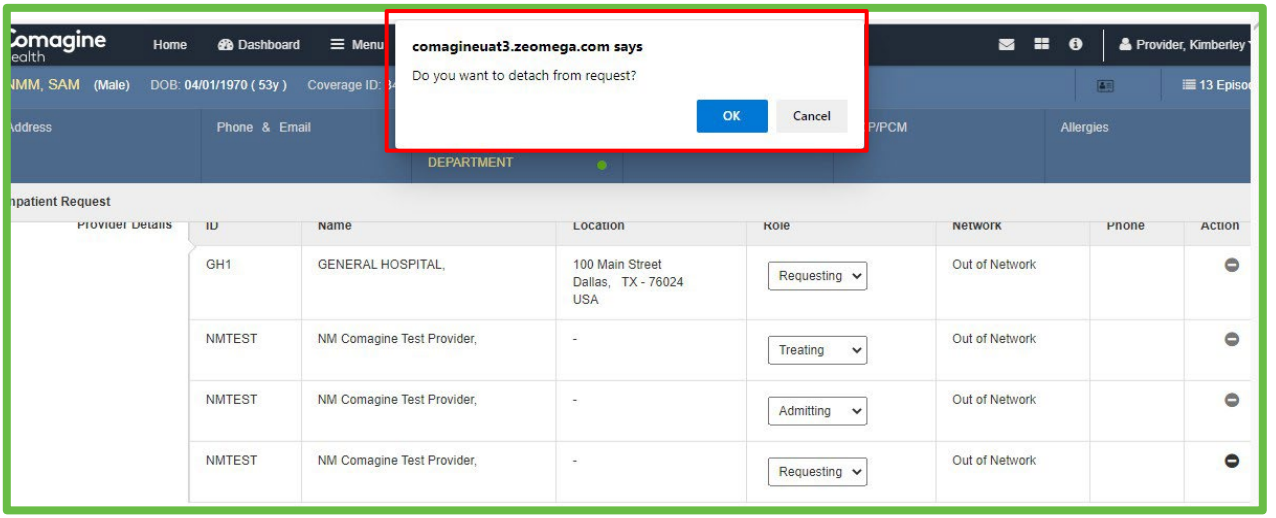


G. Once the providers are correct, select **Attach**.

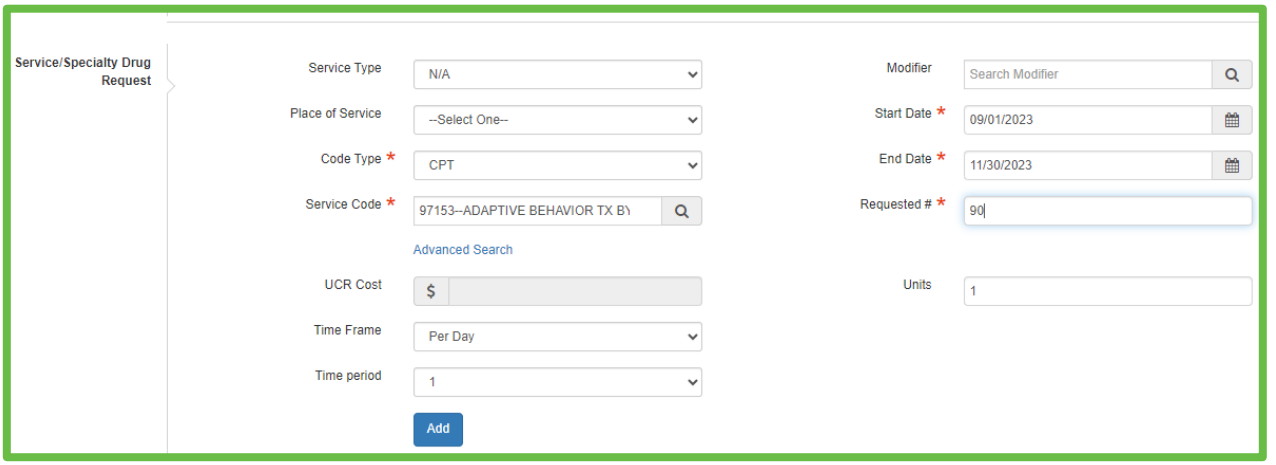


H. The providers will appear under **Provider Details** for Admitting, Treating, and Requesting. If a provider was selected in error, click the **gear icon** in the **Action** column to remove the provider.

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.

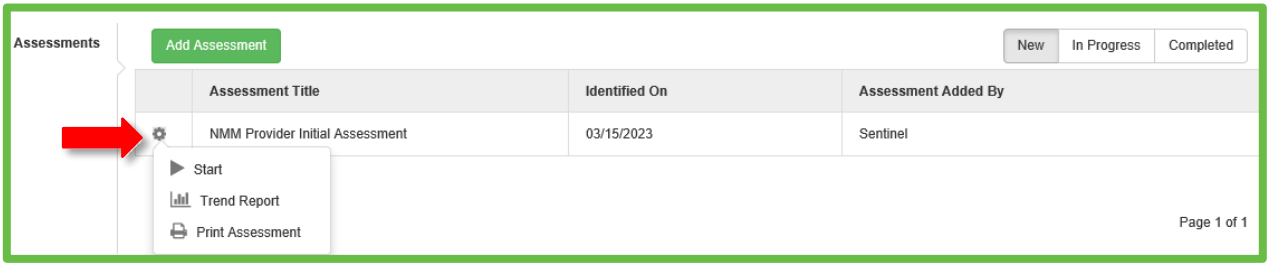


9) Fill in the **Service/Specialty Drug Request** section:
   A. **Service Type** – Skip this field.
   B. **Place of Service** – Skip this field.
   C. **Code Type** – Select **CPT**.
   D. **Service Code** – Add in the service code number.
   E. Select a **Modifier** if needed, otherwise leave it blank. If more than one modifier is needed, it will be added post-submission based on the Services Request Form uploaded.
   F. **Start Date** – Enter the start date for this authorization period.
   G. **End Date** – Enter the end date based on the number of units you requested.
   H. **Requested** – Enter the number of days requested.
   I. Skip all other fields.
   J. Click on **Add**.
   K. Continue this process until all service codes are added. These must match the uploaded Services Request Form.

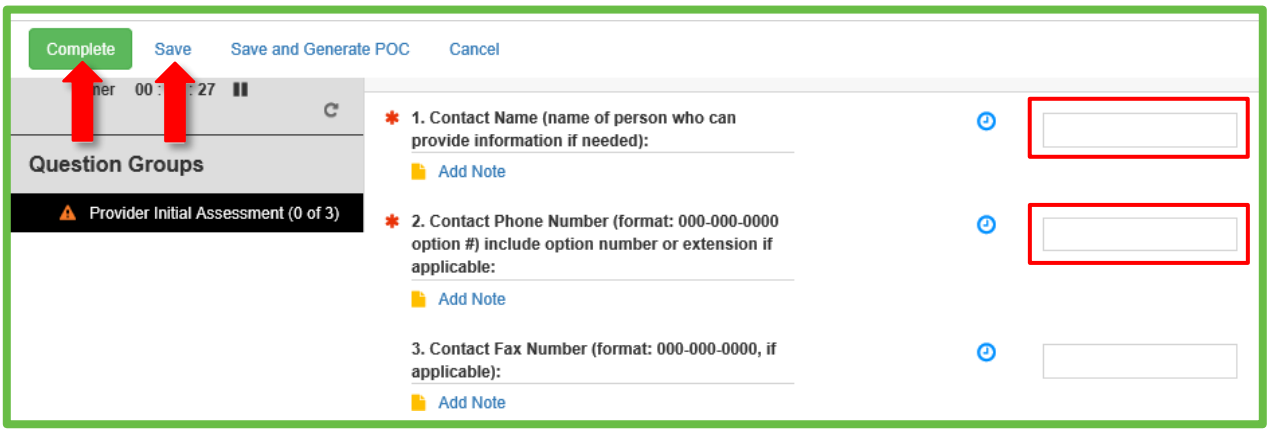


10) Under **Add Assessment** section, click on the gear icon next to **NMM Provider Initial Assessment.**

A. Click **Start**.



B. Fill in the two questions and click **Save** in the upper left and then **Complete**.



C. This is the only **Assessment** to complete. Clinical Assessments are not used for Applied Behavioral Analysis and can be skipped.

11) In the **Add Documents** section, enter:

A. **Document Title** – The name of the document.

B. **Document Type** – Can be skipped.

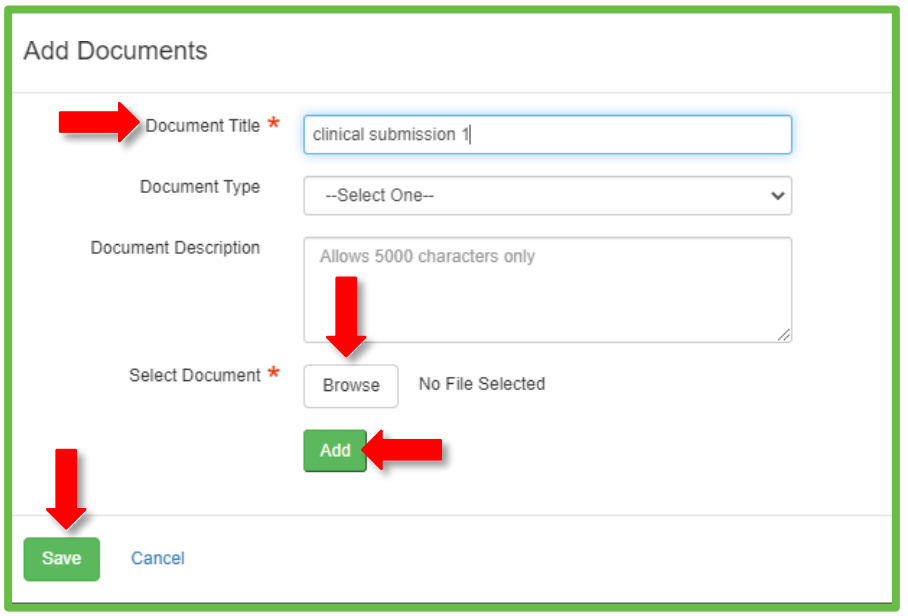
C. **Document Description** – This is not a required field, but you can enter a brief description of the uploaded documents.

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**.

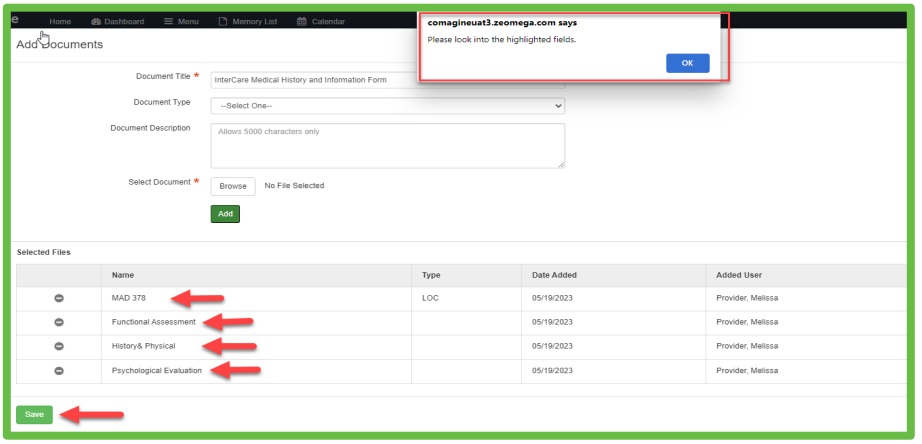
ii. Once the documents have been uploaded, click **Add**.

iii. Confirm that all documents have been added. Once the documents have been added successfully, select **Save**. If **Save** is not clicked the documents will not be uploaded.

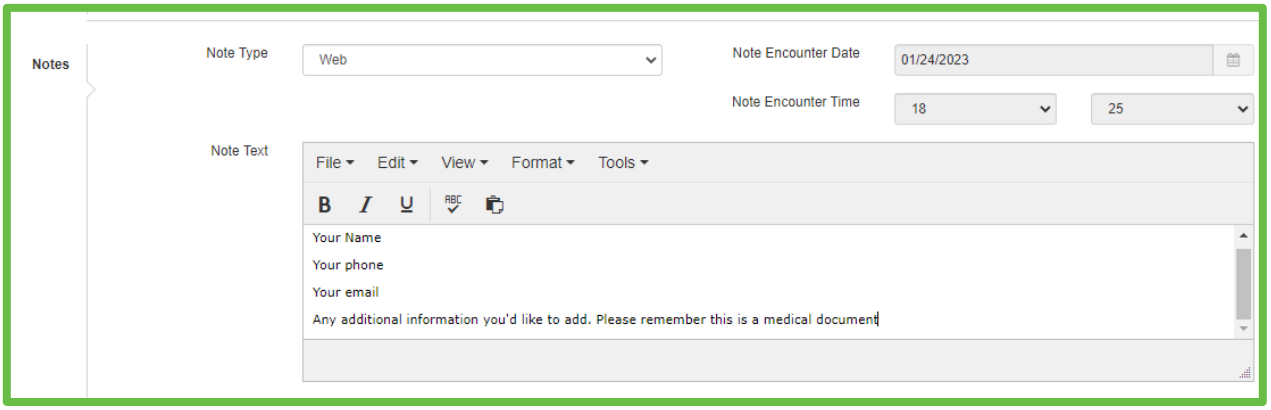


12) Use the steps above to upload documents into the provider portal. To add additional documents, repeat each step above until all documents have been uploaded. Only four (4) uploads can be successfully added during the initial submission. If users chose to combine documents into one upload, the system 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).



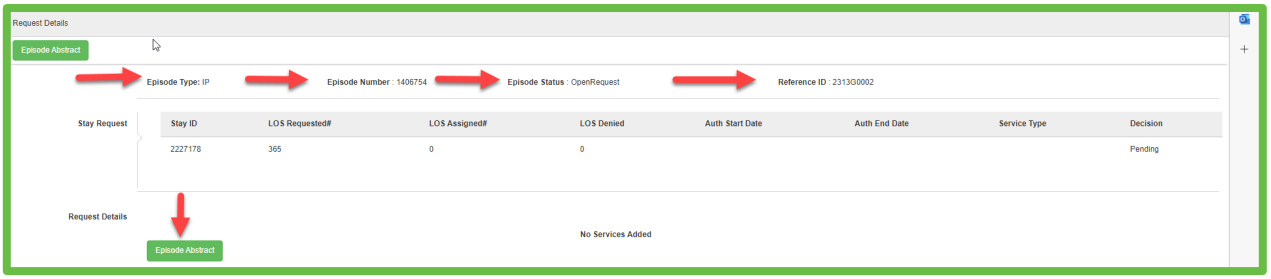
14) The **Notes** section may be skipped or used to send an additional message to Comagine Health; however, clinical information should not be placed here.



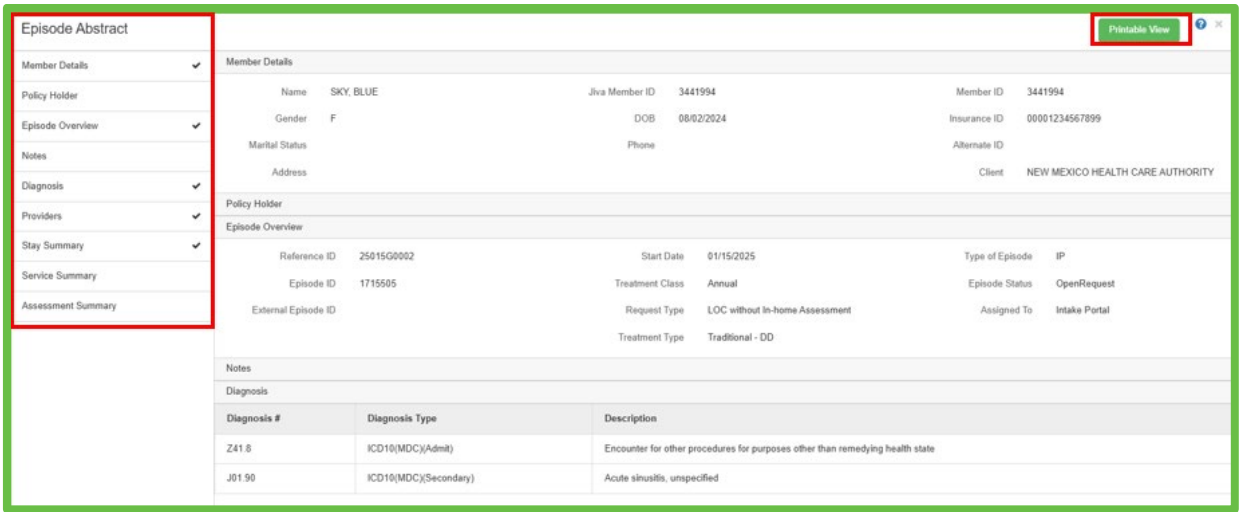
15) **Submit, save, or delete**. Review to ensure your entered information is correct and click **Submit**. Verify that the information is correct and select **Confirm**. To save the episode for future edits, click **Save as Draft** (Note: By selecting this option, the episode will not be submitted to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



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.



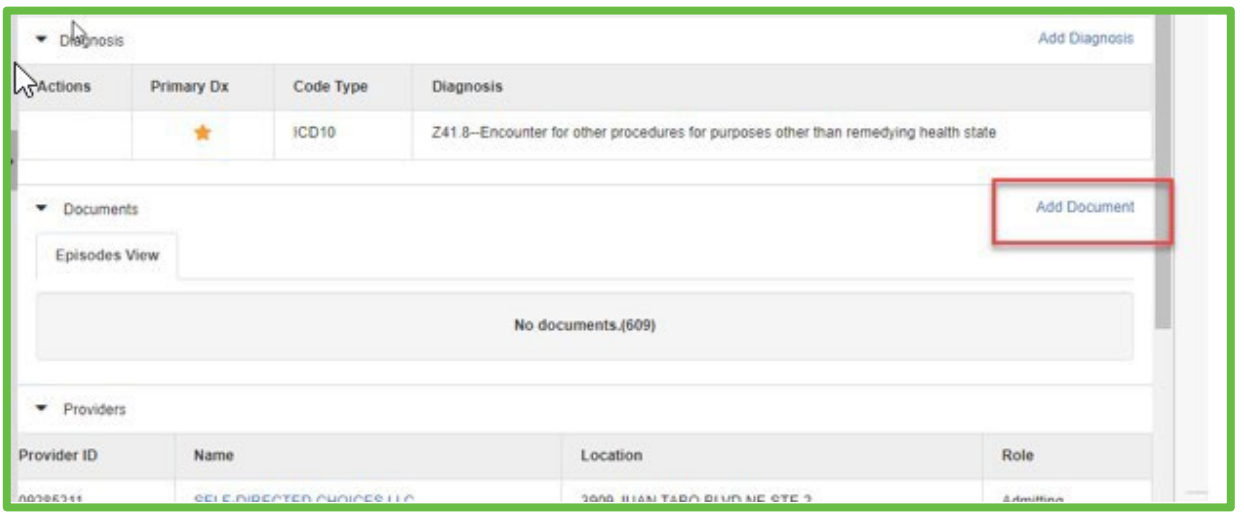
17) The **Episode Abstract** can also be printed.



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	9/27/2023	Initial	Kimberley Scott
0.2	03/05/2025	Revision to NM Health Care Authority	Natalya Wayne