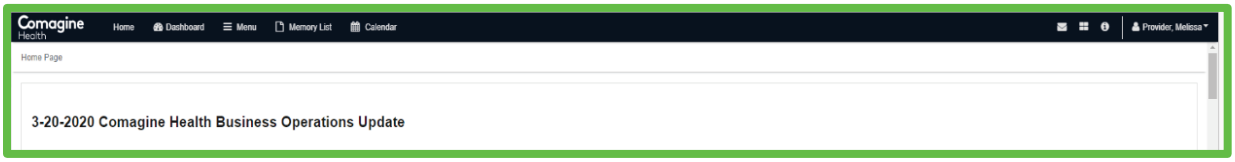
New Mexico Quick Start Guide – Comagine Health Provider Portal

Submitting an Admission Request for All Residential Facilities and Therapeutic Foster Care

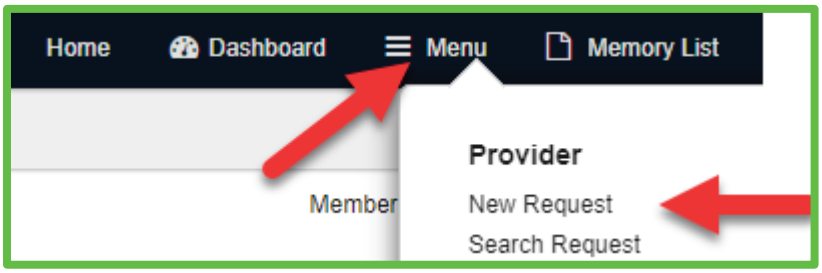
OVERVIEW

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 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** or **Outpatient**.



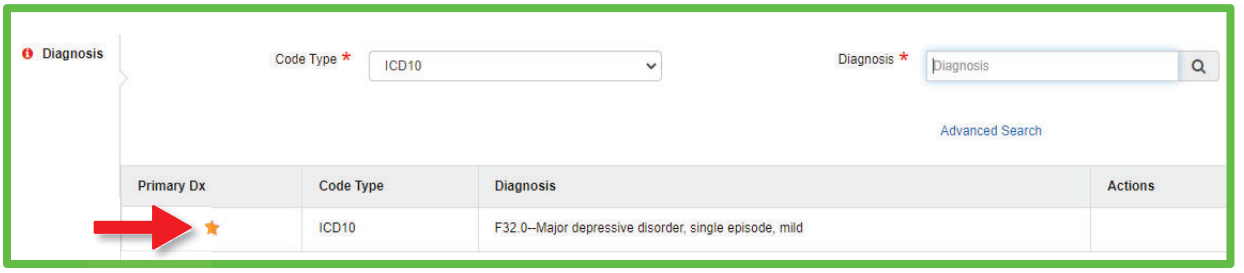
6) In the **Episode Details** section complete the following:
   A. **Request Type** – Select **Behavioral Health (ABP/FFS)**.
   B. **Request Priority** – Select **Non-Urgent**.
   C. **Treatment Class** – Skip this field.
   D. **Treatment Type** – Choose your facility's appropriate treatment type. Be sure to select the correct setting, as this cannot be changed after submission. The options are:
      i. **Residential Accredited**
      ii. **Residential Non-Accredited**
      iii. **SUD Residential Accredited**
      iv. **Treatment Foster Care I**
      v. **Treatment Foster Care II**
      vi. **Group Home**



7) In the **Diagnosis s**ection – 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.



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.

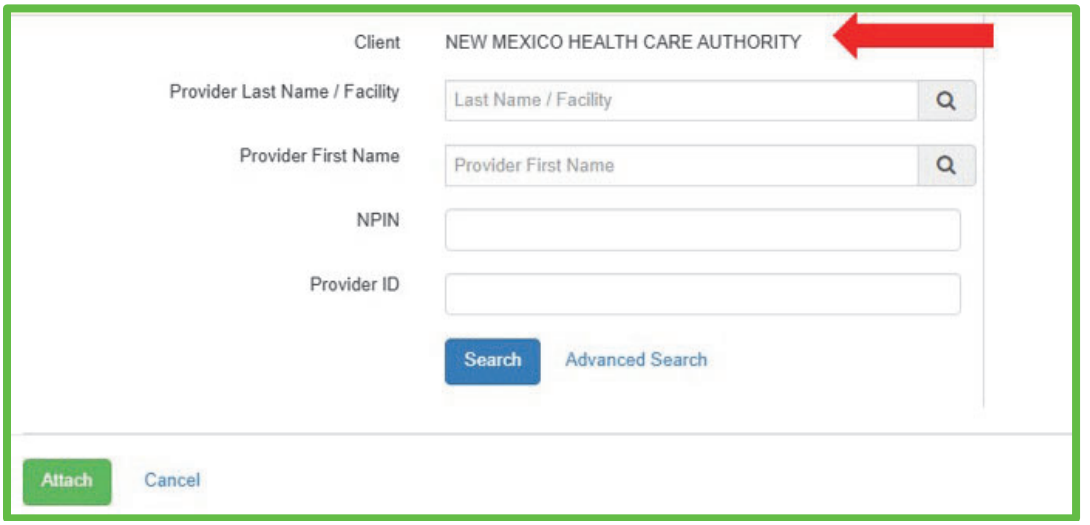


8) In the **Provider Details** section:

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

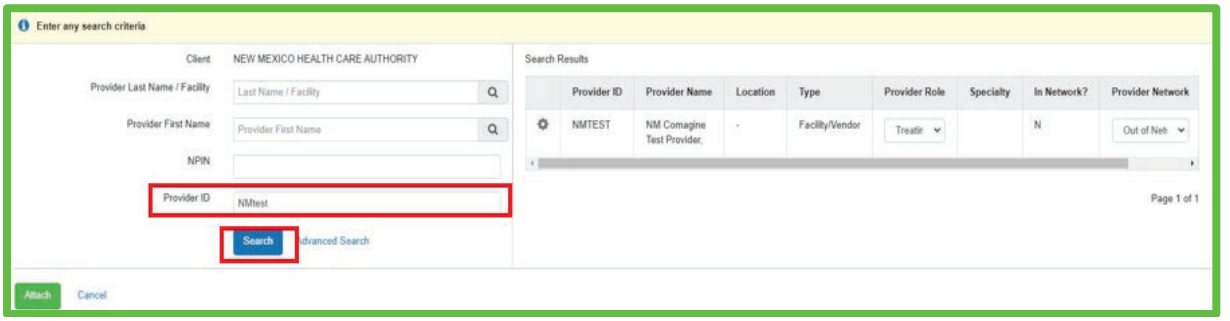


B. Click on **Attach Providers** to attach the admitting and treating providers.

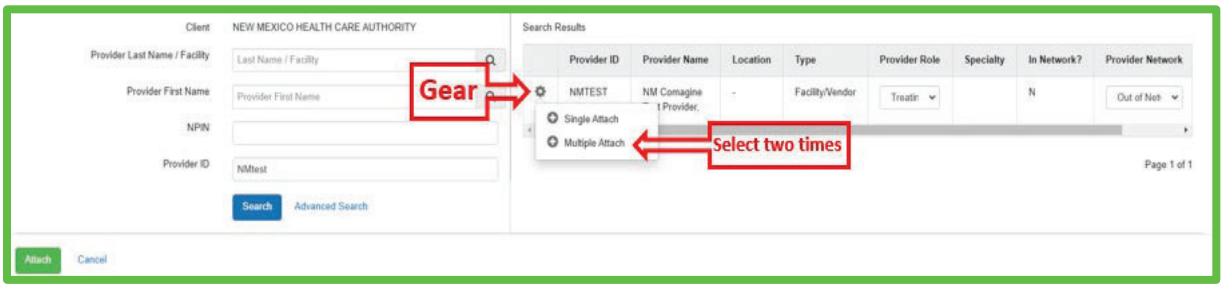


C. In the **Provider ID** field, enter the Provider ID number.

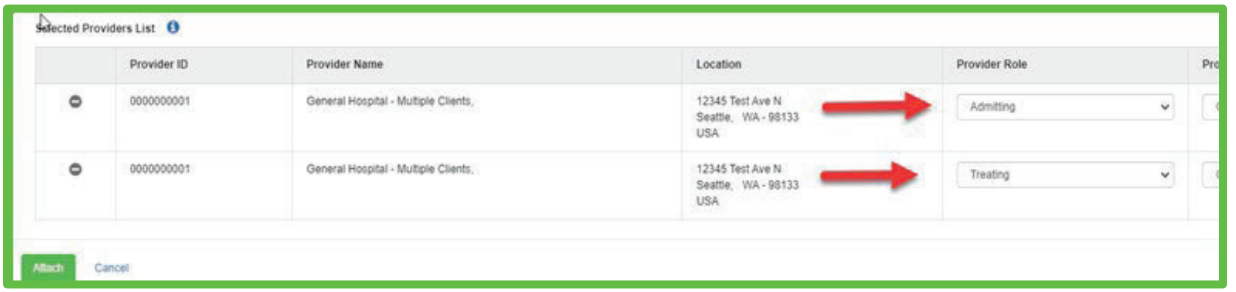
D. Click **Search**. The search results for the agency will appear on the right.



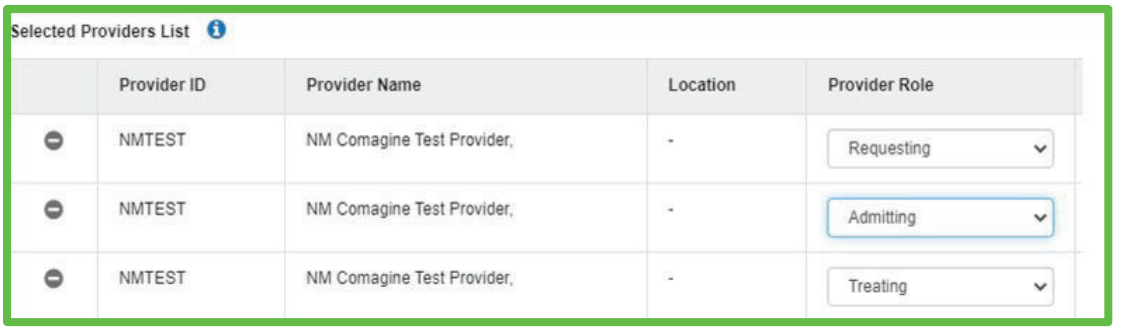
E. Click on the **gear icon** on the left and choose **Multiple Attach** two (2) times. The list of providers will appear under the **Selected Provider's List**. Selecting **Single Attach** will allow the attachment of the one provider role at a time.



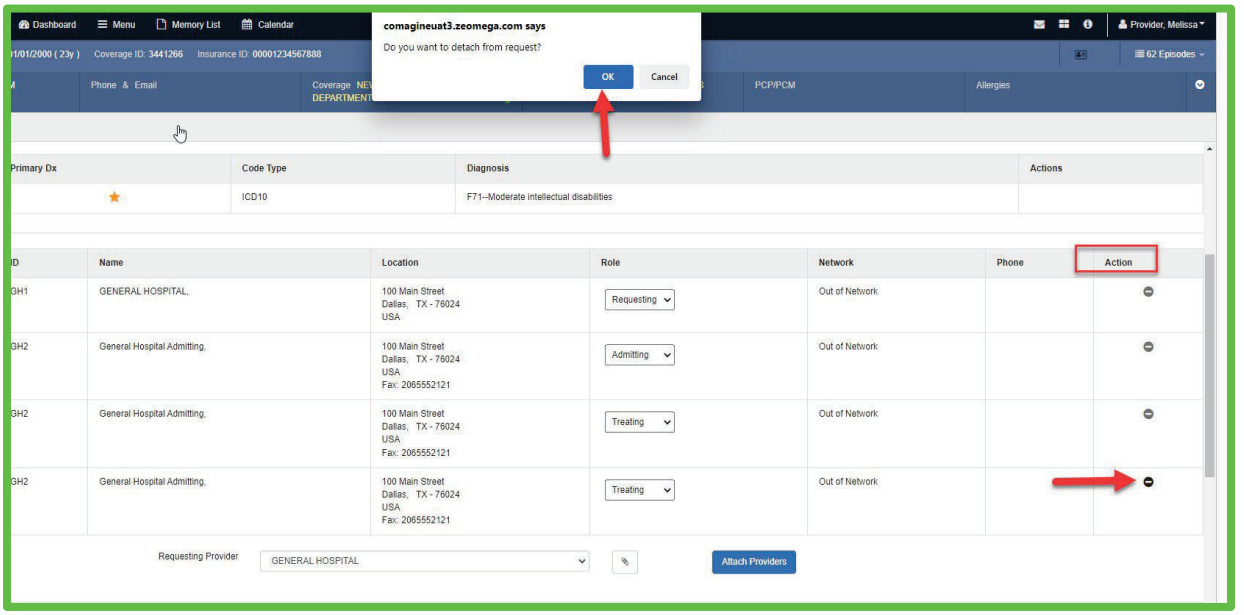
F. Add the **Admitting** and the **Treating** roles by selecting each **Provider Role** from the drop-down menu.



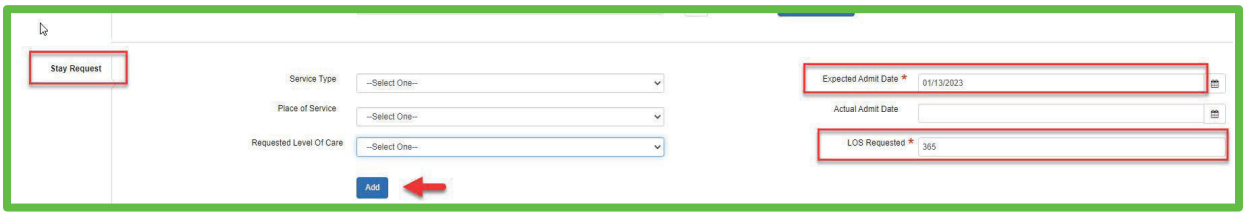
G. Once the providers are correct, select **Attach**.



H. The providers will appear under **Provider Details** for Admitting, Treating, and Requesting. If a provider was selected in error, click on the 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.

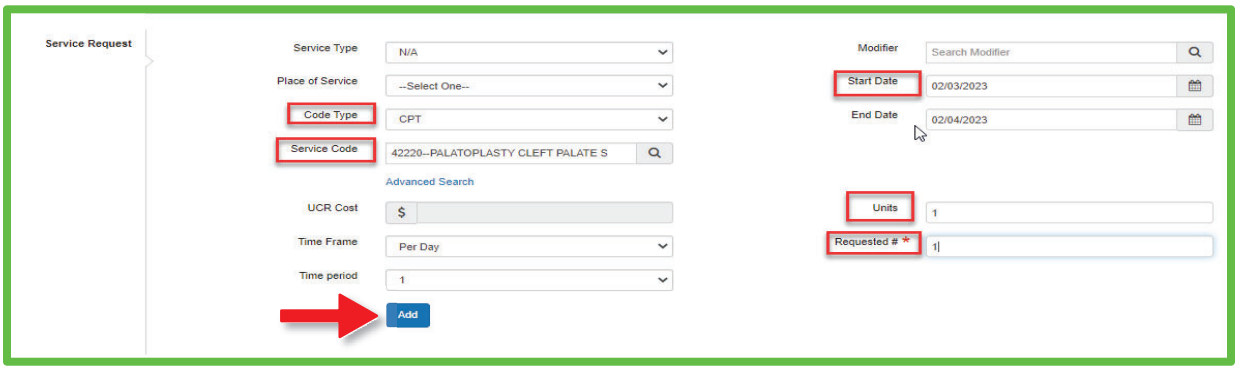


9) Fill in the **Stay Request s**ection with the following information:
   A. The **Service Type** – Skip this field.
   B. The **Expected Admit Date** – Enter the start date.
   C. The **Place of Service** – Skip this field.
   D. The **Actual Admit Date** – This is the admission date that has already occurred.
   E. The **Requested Level of Care** – Skip this field.
   F. The **LOS Requested** – Enter the number of days allowed per facility type.
   G. Click **Add** when complete.

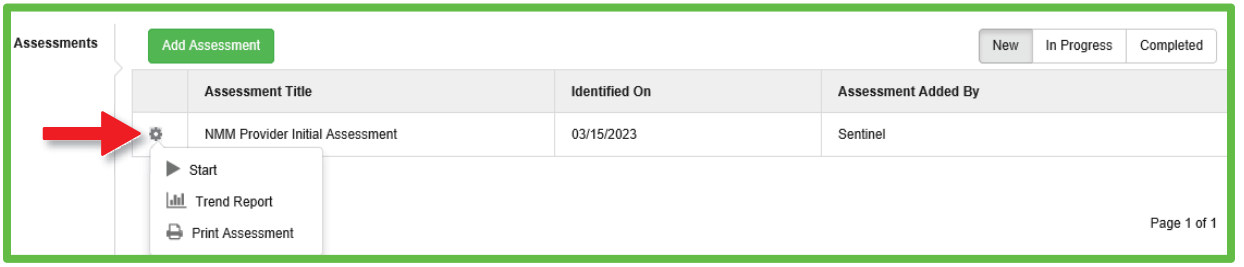


10) The **Service Request** section - This section is used **only once** when you are building a brand new episode. On all extensions Comagine Health will fill this section in.
   A. To fill in for a new episode, click on **Add Service**.
   B. **Service Type** – Skip this field.
   C. **Place of Service** – Skip this field.
   D. **Code Type** – Choose Revenue Code.
   E. **Service Code** – Add the Rev Code.
   F. **UCR Cost** – Skip this field.

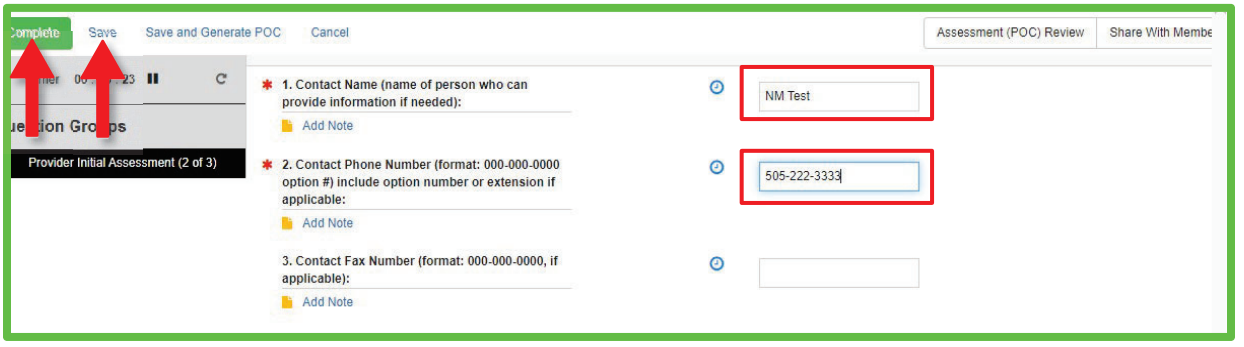
G. **Time Frame** – Skip this field
H. **Modifier** – Skip this field unless you are a TFC II.
I. **Start Date** – Add your admission date.
J. **End Date** – Add the end date based on the number of units you requested.
K. **Units** – Skip this field.
L. **Requested** field – Enter the number of days requested.
M. Click on **Add**.



11) Under the **Add Assessment** 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.**

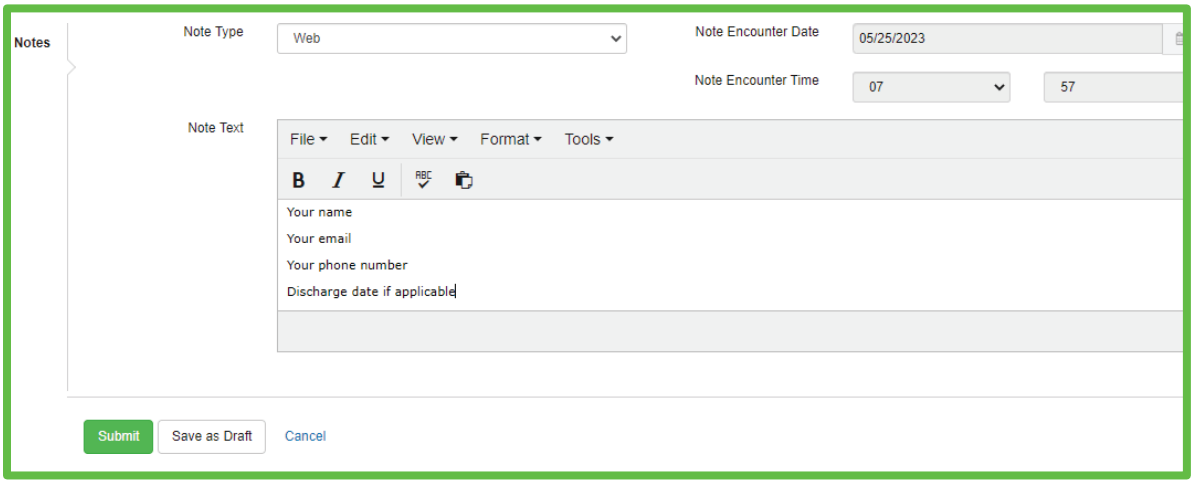


B. Click on **Add Assessment** again to select your clinical assessment.
C. Choose from the following assessments:
   i. **NM BH INITIAL Clinical Review Form** – for admission only.
   ii. **NM BH CONCURRENT Clinical Review Form** – this is for all extensions after, until discharge.

D. Click on **Complete** when you are finished with the assessment. Click on **Save** periodically to save your work, or to save so that you can close and come back to finish later.

12) The **Add Documents** section can be skipped.

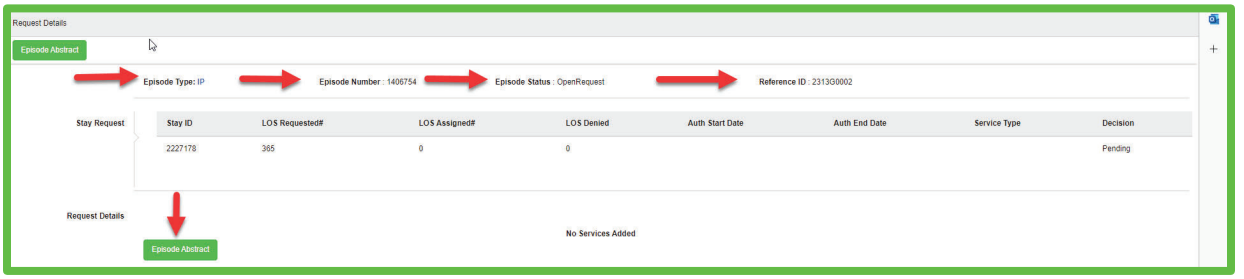
13) **Notes** section – Skip this section for the first submission. For each subsequent submission please add contact information.
   A. **Note Type** – This will auto-populate to **Web**.
   B. **Notes Text** – Add notes according to the request, such as:
      i. Name
      ii. Email
      iii. Phone number
      iv. Any additional information, such as the discharge date
   C. **Note Encounter Date** and **Note Encounter Time** – These fields will auto-populate the date and time.



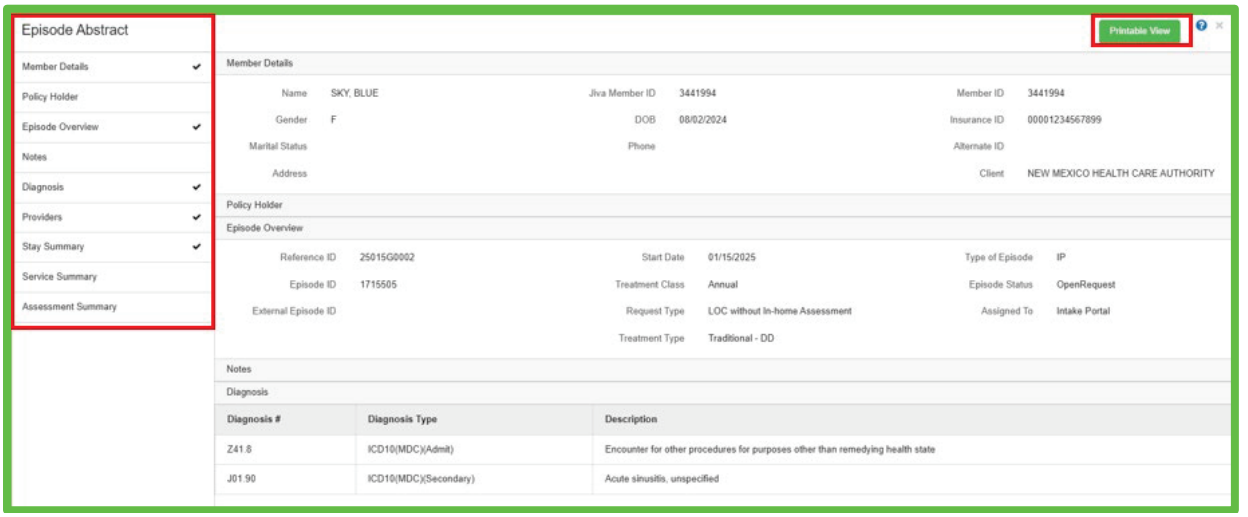
14) **Submit, save, or delete**. Review to ensure the correct information has been entered and click **Submit**. It will ask you to confirm. To save the episode for future edits, click **Save as Draft** (Note: if you click this the episode will not be submitted to Comagine Health). Select **Delete**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



15) 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 reference 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.



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



17) Always go to **Memory List** and close out of the episodes listed**.** This will ensure Comagine Health are able to review your 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