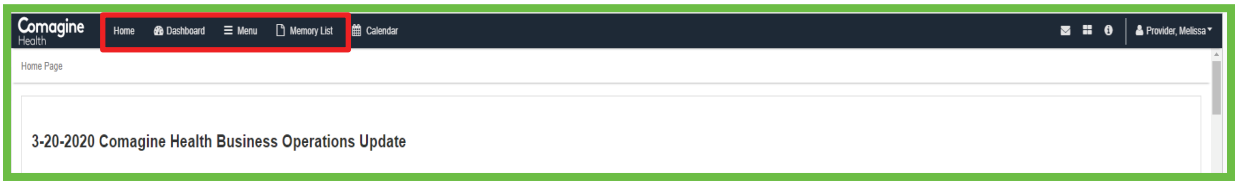
New Mexico Quick Start Guide – Comagine Health Provider Portal

Submitting Level of Care Requests for Waivers

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 on the episode.



SEARCH FOR REQUEST

1) To access an existing episode, or to review a previous LOC episode, select **Menu** from the top left of the screen, then select **Search Request**.

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

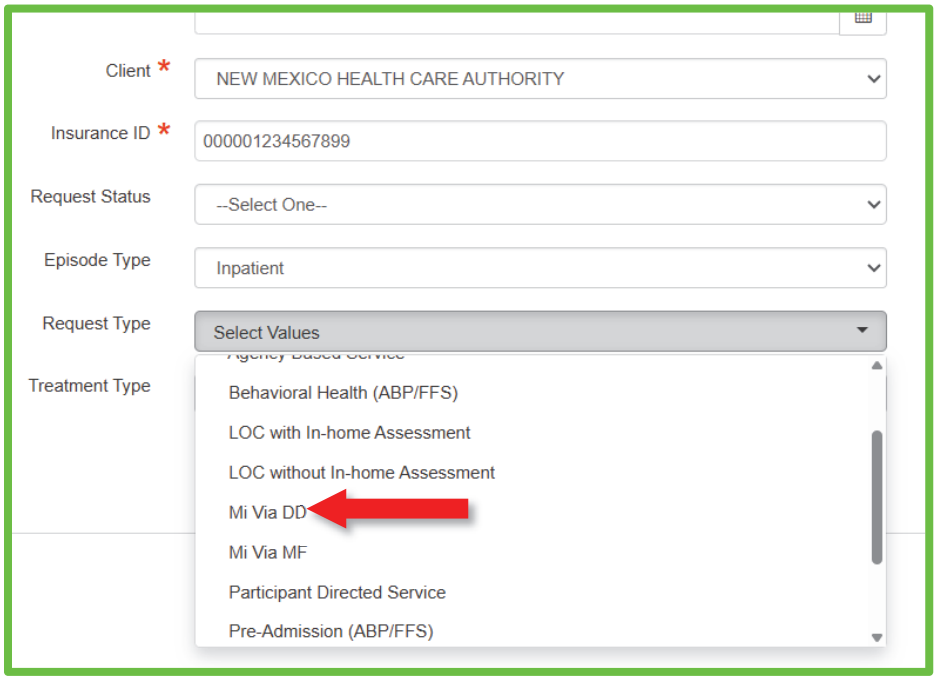
3) Enter the **Medicaid ID number** - including the four (4) leading zeros (0) - in the **Insurance ID** field.

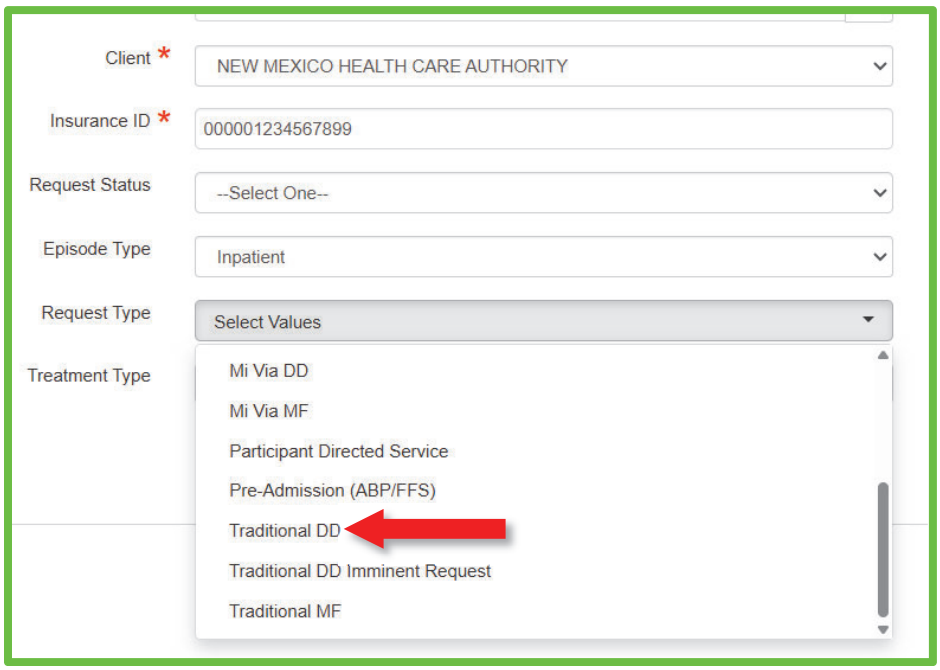
4) If the user has the **Reference ID** available, enter the **Reference ID** number in the **Reference ID** field.

A. Additional search criteria can be entered to narrow down the results.

i. To find a LOC episode created by the TPA complete the steps above and set the search criteria to the following:

- **Episode Type** – Select **Inpatient**.
- **Request Type** – Select **LOC without In-Home Assessment** for Traditional-DD and Traditional Med Frag. Select **LOC with In-Home Assessment** for Mi Via DD and Mi Via Med Frag.
- **Treatment Type** – Select the appropriate waiver program:
  - **Mi Via - DD**
  - **Mi Via Med Frag**
  - **Traditional - DD**
  - **Traditional Med Frag**





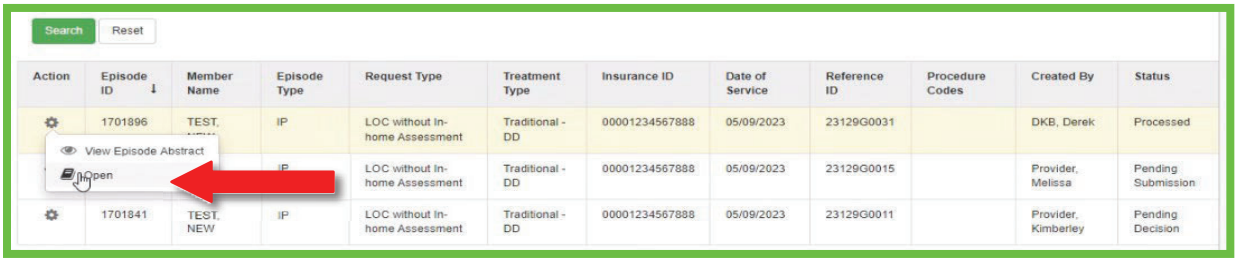
5) Click on **Search**.

6) Results will appear on the bottom half of the page.

7) To identify a LOC request, **Episode Type** will be **IP**, review the **Request Type** as *LOC with In-home Assessment* or *LOC without In-home Assessment* and **Treatment Type** will reflect program type as:

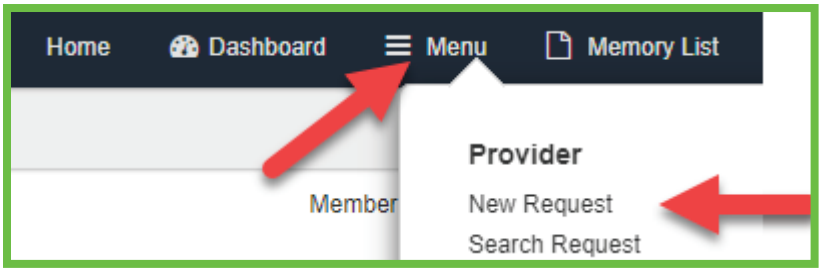
A. **Mi Via DD** – In Home Assessment (to view annual Vineland)
B. **Mi Via Med Frag** – LOC with In-home Assessment.
C. **Traditional DD** – LOC without In-home Assessment.
D. **Traditional Med Frag** – LOC without In-home Assessment.

8) To open the episode, click on the gear in the **Action** column, and select **Open**.



SUBMIT A NEW REQUEST

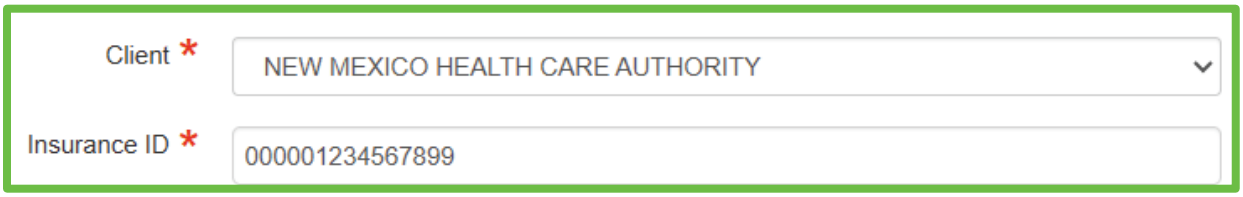
9) To add a new request, click on **Menu** and select **New Request**.



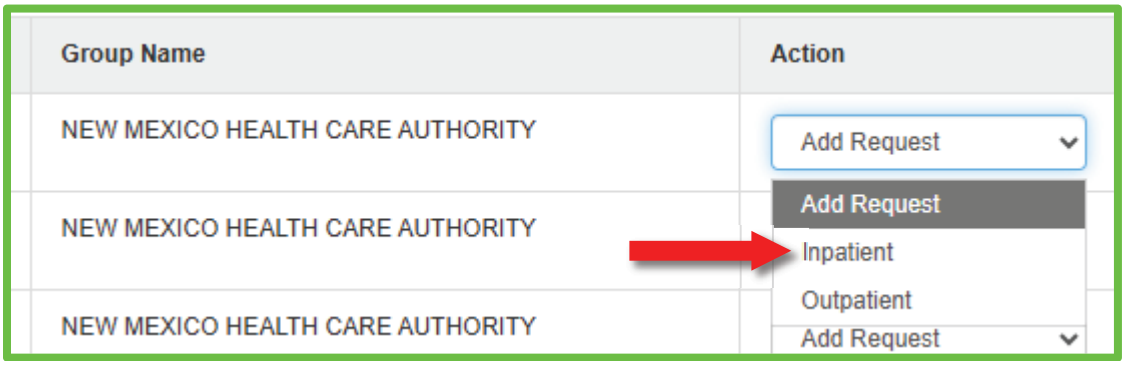
10) From the **Client drop down menu**, select **NEW MEXICO HEALTH CARE AUTHORITY**.

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

12) Click on **Search**.



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



14) In the **Episode Details** Section complete the following:

A. For **Request Type**- Select one of these options:

i. **LOC with In-Home Assessment** (pertains to Mi Via DD and Mi Via Med Frag).

ii. **LOC without In-Home Assessment** (pertains to Traditional DD, and Traditional Med Frag).

B. For **Request Priority**- Select **Non-Urgent**.

C. For **Treatment Class**- Choose **Annual** for LOC renewals or **Initial** for new LOCs.

D. For **Treatment Type**- Choose the appropriate waiver. Be sure to select the correct waiver, as this cannot be changed after submission.

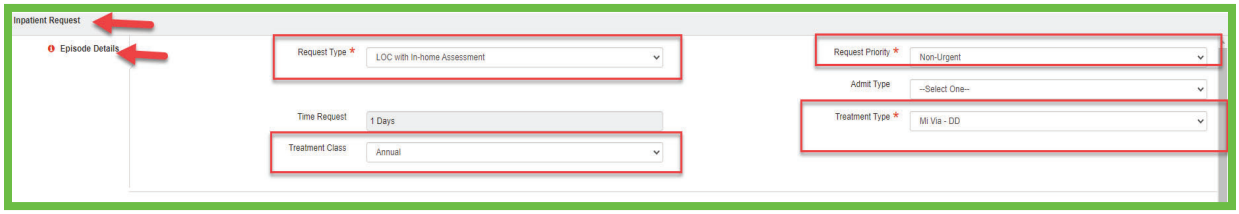
i. **Mi Via-DD (Mi Via) for initials**

ii. **Mi Via – DD In Home Assessments – to view annual Vineland**

iii. **Mi Via-Med Frag**

iv. **Traditional-DD**

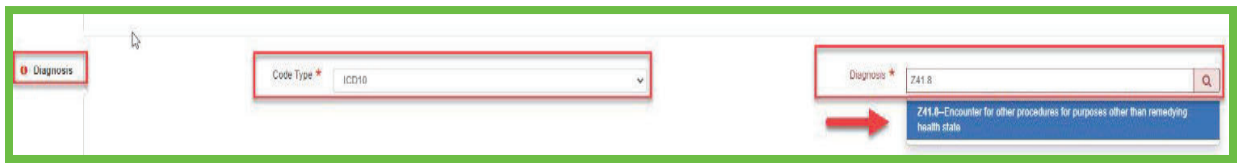
v. **Traditional-Med Frag**



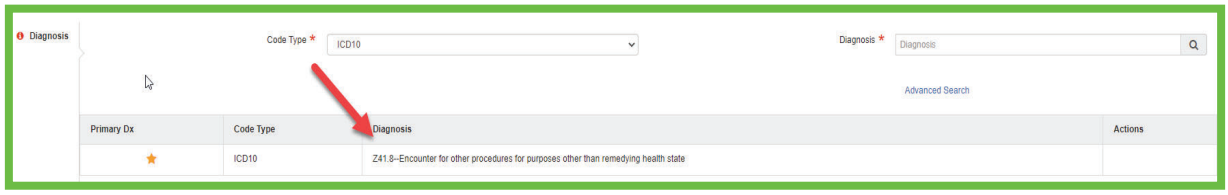
15) In the **Diagnosis** Section – Fill in red asterisk fields only (Left to Right/Top to Bottom):

A. For the **Code Type**, the ICD-10 will auto-populate.

B. For the **Diagnosis**, enter **Z41.8**.

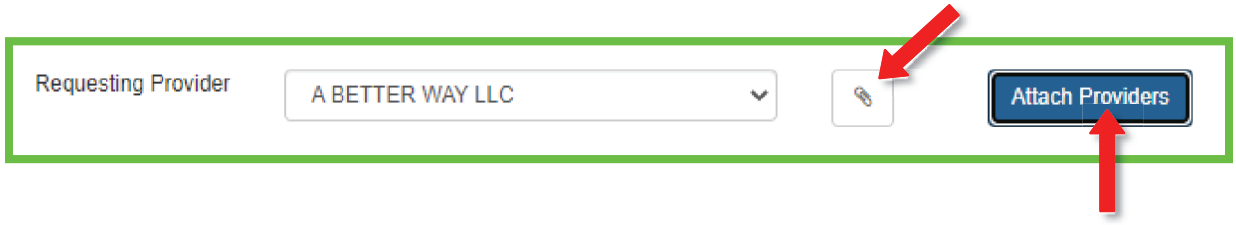


C. Select **Z41.8** from the drop-down menu. Once selected, the Primary Diagnosis code will appear in the section below.

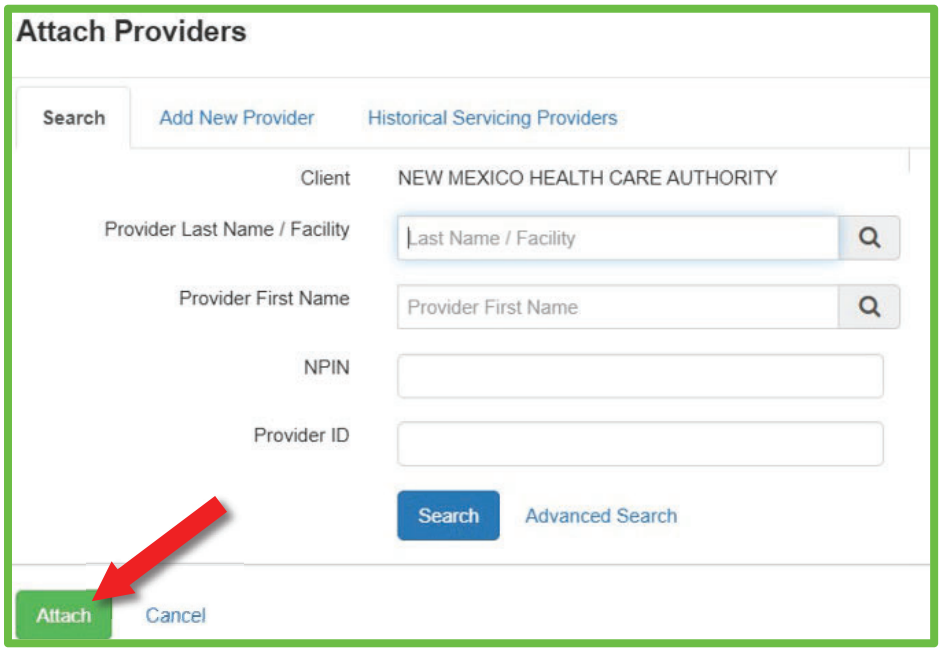


16) In the **Provider Details** Section:

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

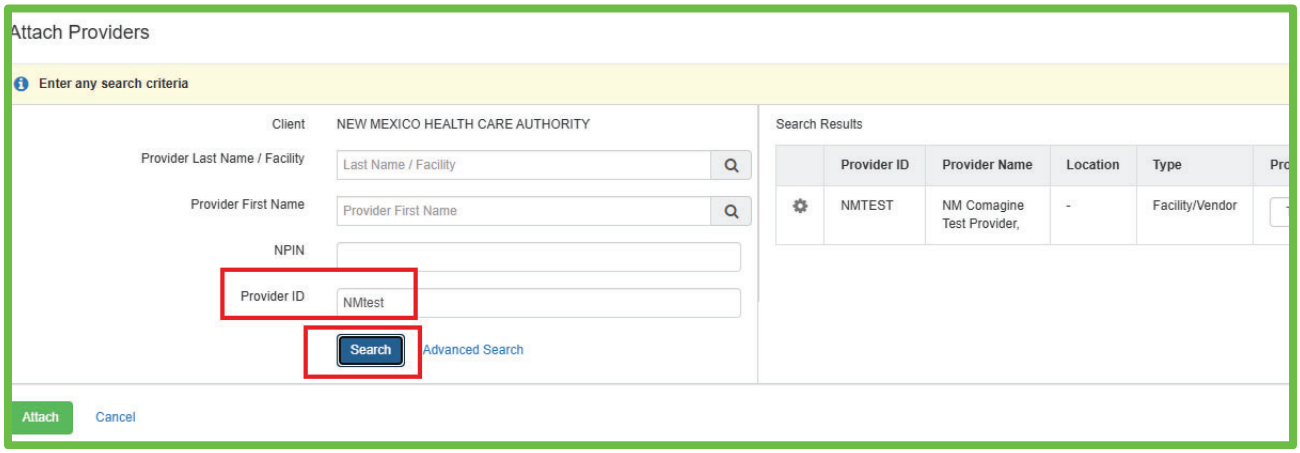


B. Click on **Attach Providers** to attach the admitting and treating providers.

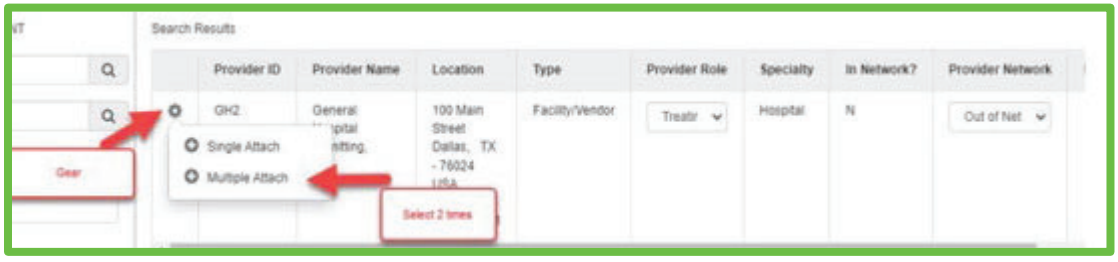


17) In the **Provider ID** field, enter the Provider ID number.

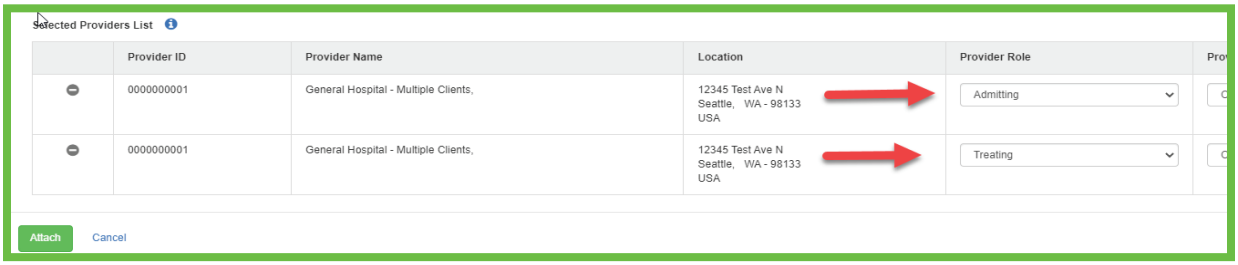
18) Click **Search**. The search results for the agency will appear on the right.



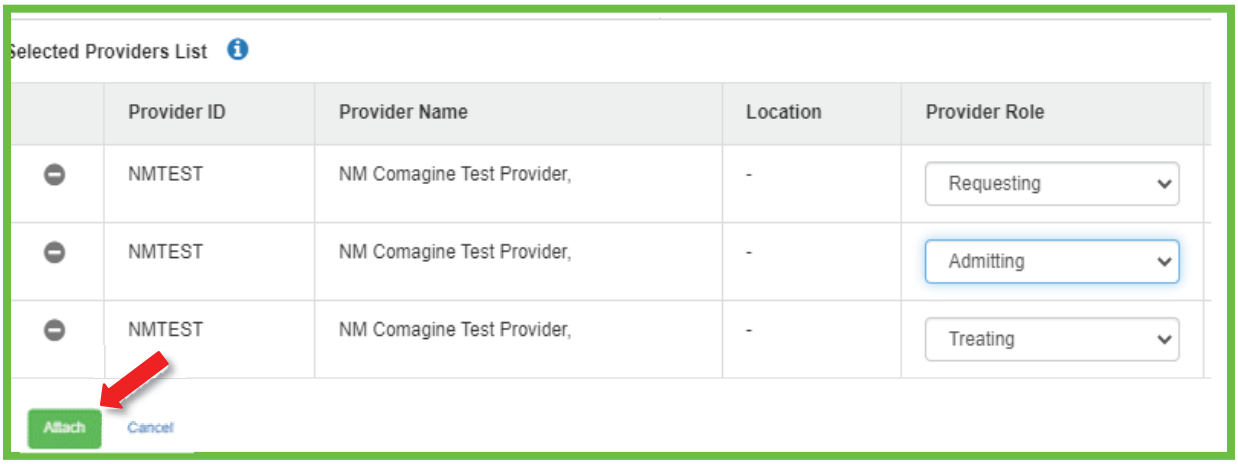
19) Click on the **gear icon** on left and choose **Multiple Attach** **two (2) times**. The list of the providers appears under **Selected Provider's List**. Selecting **Single Attach** will allow the attachment of one provider role at a time.



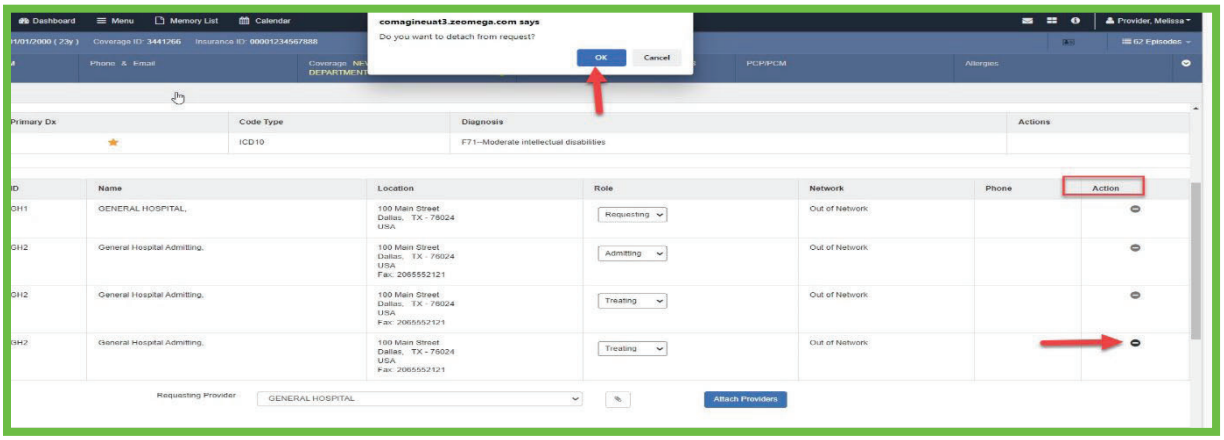
A. Add the **Admitting** and the **Treating** roles by selecting each **Provider Role** from the drop-down menu.



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

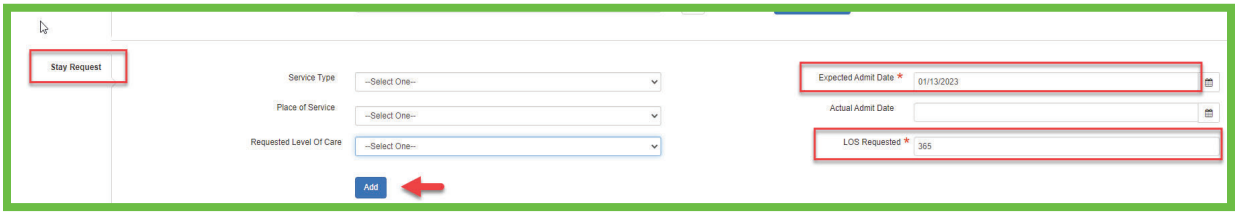


C. The providers will appear under **Provider Details** for **Admitting**, **Treating**, and **Requesting**. *If a provider was selected in error, click the icon in the Action column to remove the provider.
   i. A message will appear, “Do you want to detach from request?”
   ii. Select **OK** if the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



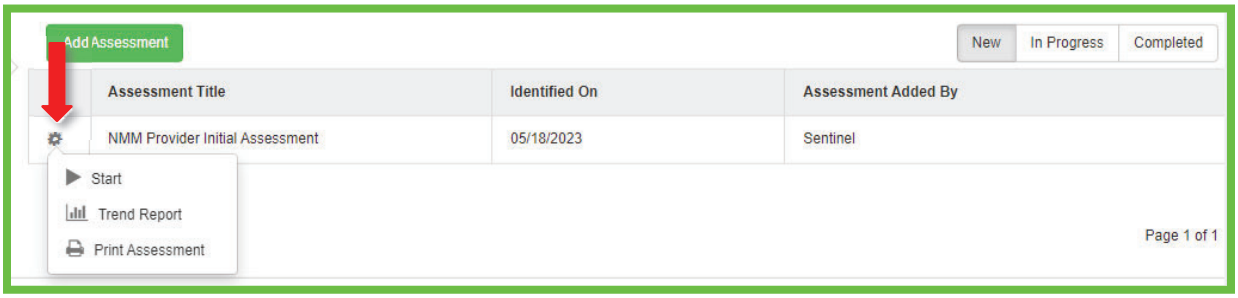
20) Fill in the **Stay Request** Section with the following information:

A. **Service Type** – Skip this field.
B. **Expected Admit Date** – Enter the start date of the requested Level of Care.
C. **Place of Service** – Skip this field.
D. **Actual Admit Date** – Skip this field.
E. **Requested Level of Care** – Skip this field.
F. **LOS Requested** – Enter **364**. (Enter 365 for a leap year)
G. Click **Add** when complete.

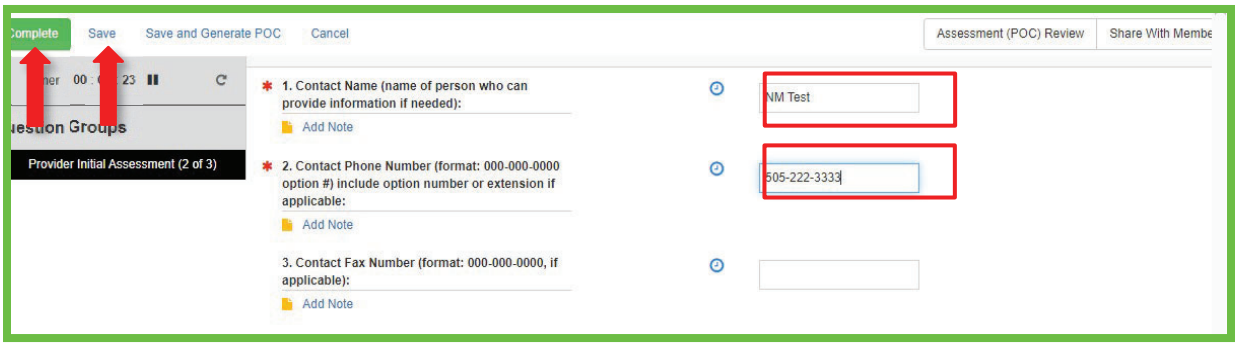


21) Skip the **Service Request** Section.

22) Under the **Assessment** Section, click the gear icon and click **Start** to begin the **NMM Provider Initial Assessment**.



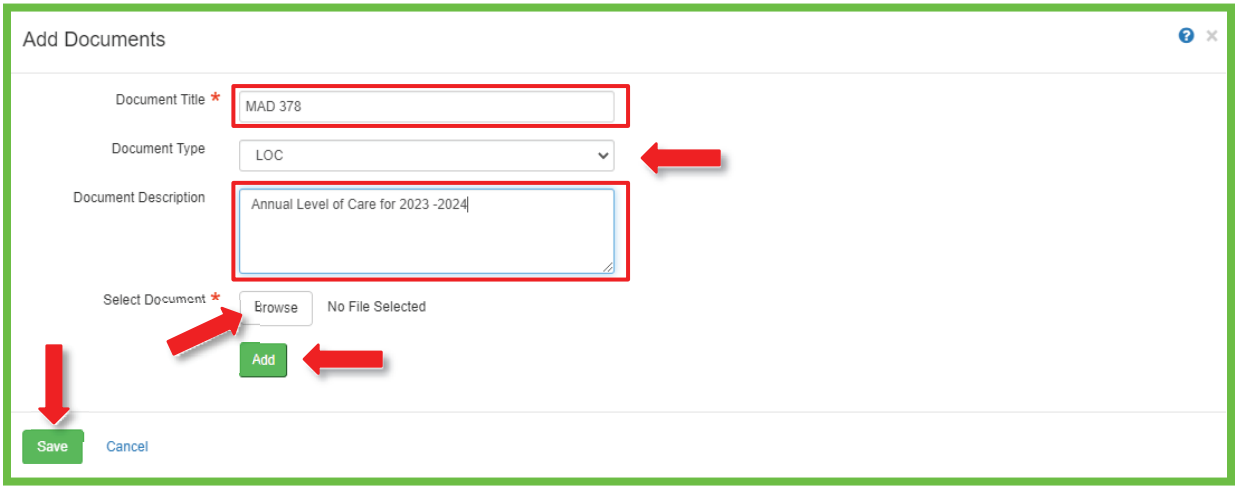
A. Fill in the first two (2) questions and click **Save** in the upper left and then **Complete**.



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

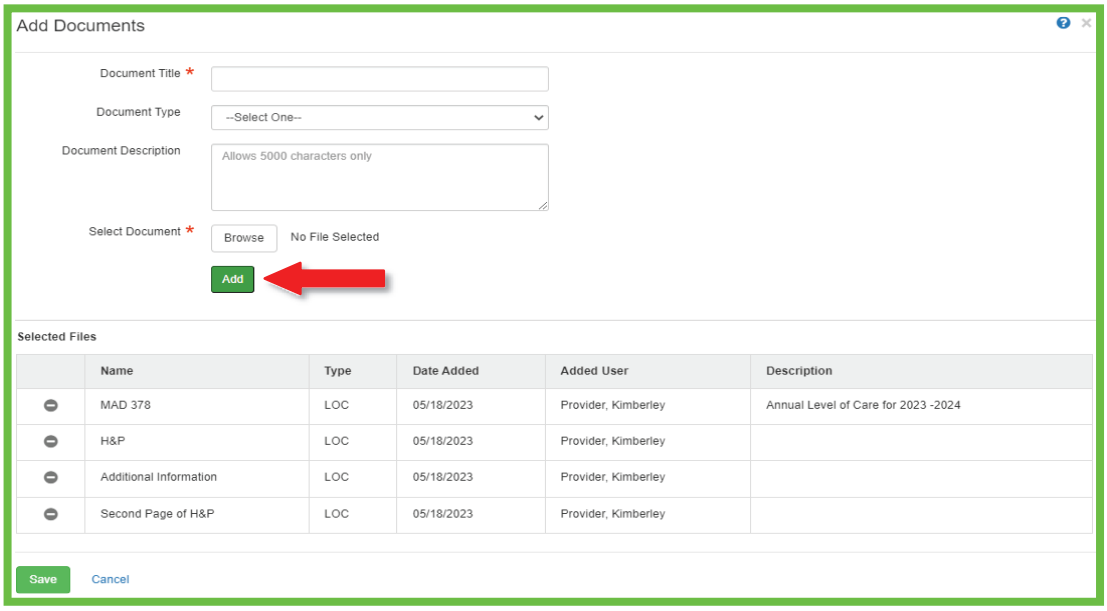
A. **Document Title** – The name of the document.
B. **Select Document** – Select **LOC**.
C. **Document Description** – This is not a required field, but you can enter a brief description of the uploaded documents.
D. **Select Document** – Select **Browse** to locate the document that needs to be attached.

i. This will allow the user to upload a document. Select the correct document to upload and click **Open**.
ii. Once all documents have been uploaded, click **Add**.
iii. Confirm that all documents have been added. Once the documents have been added successfully, select **Save**.



24) 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 31.

25) 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).



26) Once all documents have been uploaded, click **Save**.

27) Under the **Notes** Section, enter the following information:

A. **Note Type** – this will auto-populate to **Web**.

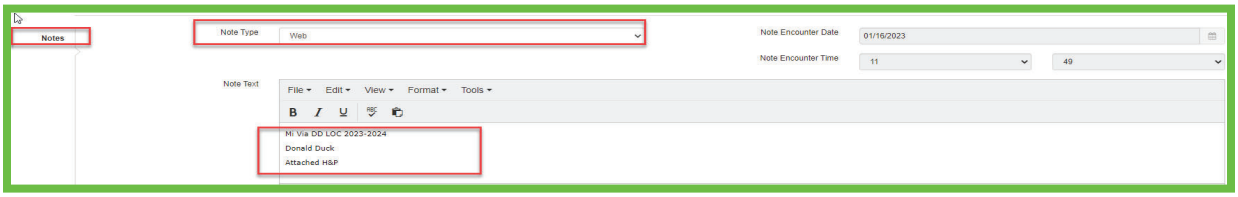
B. **Notes Text** – Add notes according to the request, such as:

i. LOC Type

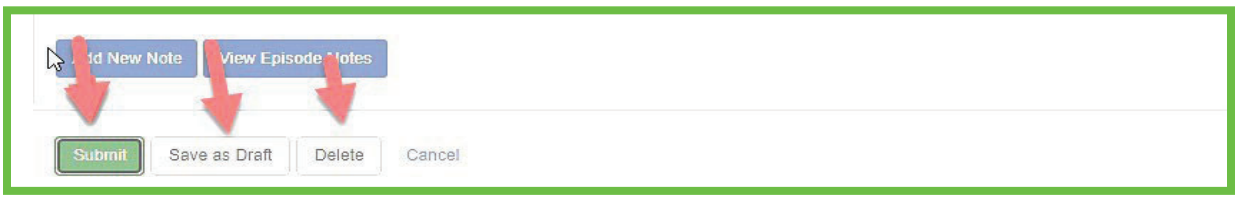
ii. LOC Dates

iii. Any additional information

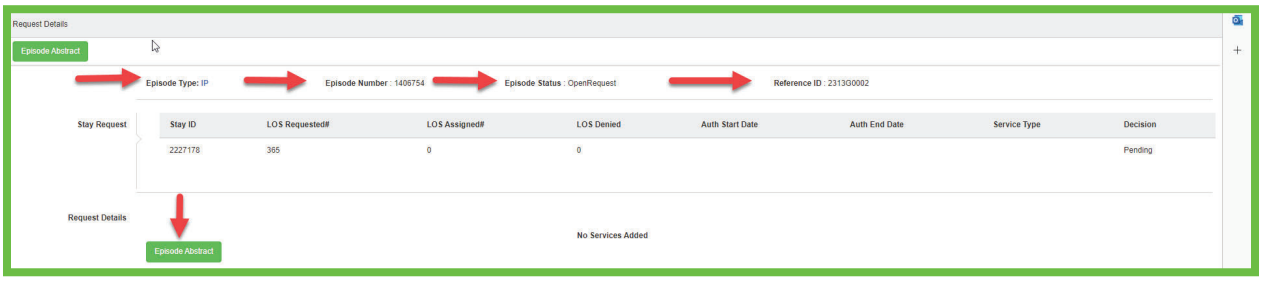
C. **Note Encounter Date** and **Note Encounter Time** – These fields will auto-populate the date and time.



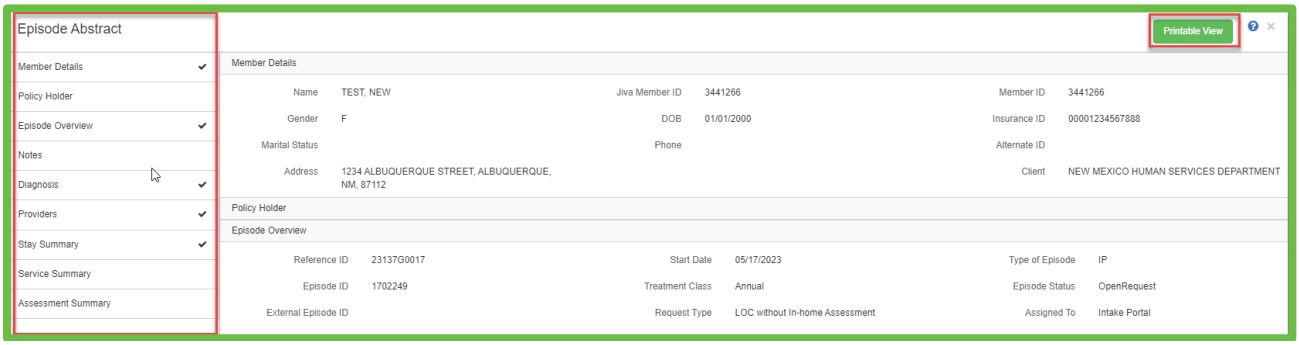
28) **Submit, Save as Draft, or Delete**. Review to ensure the correct information has been entered and click **Submit**. Verify that the information is correct and select **Confirm**. To save the episode for future edits, click **Save as Draft** (Note: By selecting this option, the episode will not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



29) 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.

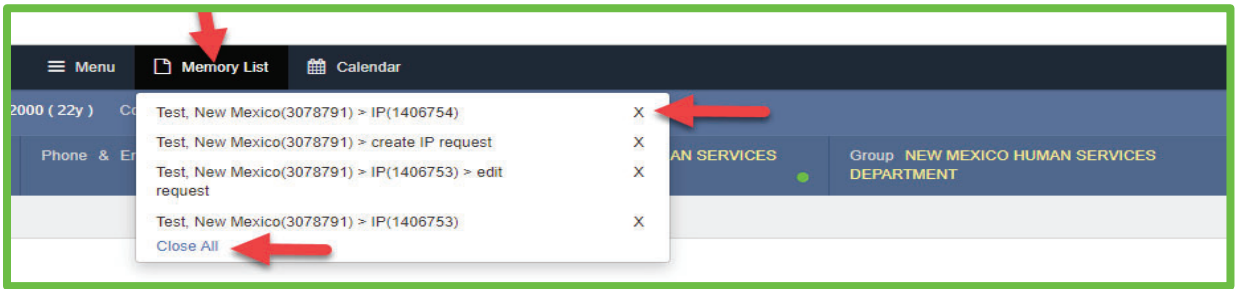


30) The Episode Abstract can also be printed.

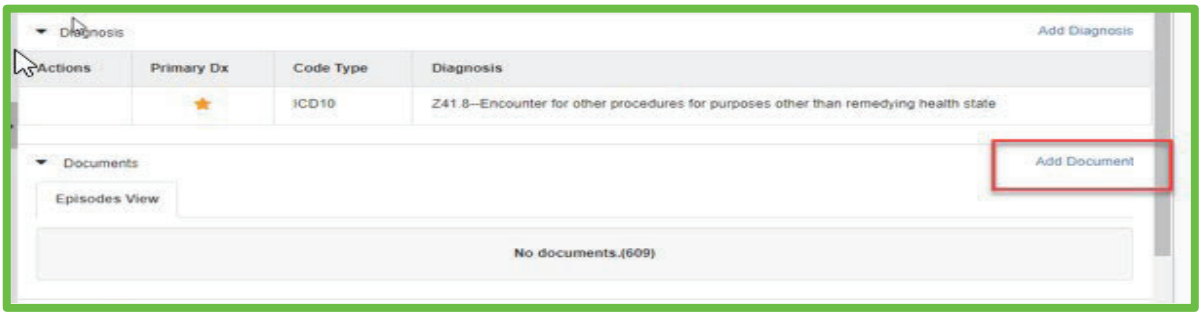


31) If additional documents need to be added to the episode, select **Memory List**.

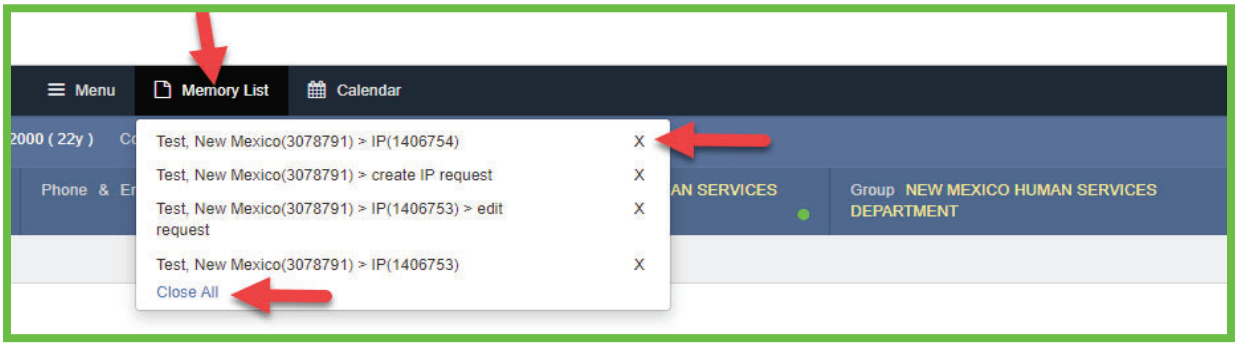
A. Select the episode that the additional documents need to be added to.



B. Click on **Add Document** and follow the directions in Step 23 above to add new documents.



32) 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	6/5/2023	Initial	Kimberley Scott