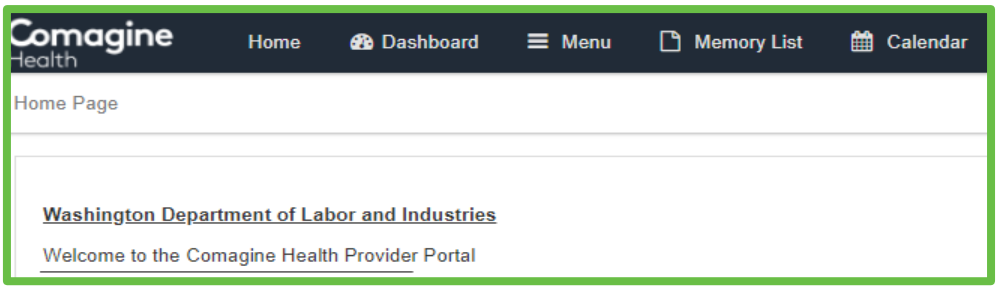
Submitting Inpatient Requests

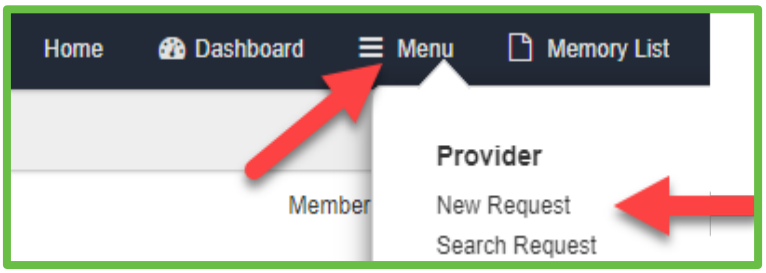
Via the Comagine Health Provider Portal (CHPP)

This document will provide instructions for entering requests for all Inpatient services (pre-admission, admission, and retrospective) for Washington State Department of Labor and Industries (LNI) injured workers (IWs). Upon login from the OneHealthPort Single Sign-On page, the user will land on the CHPP Home Page.

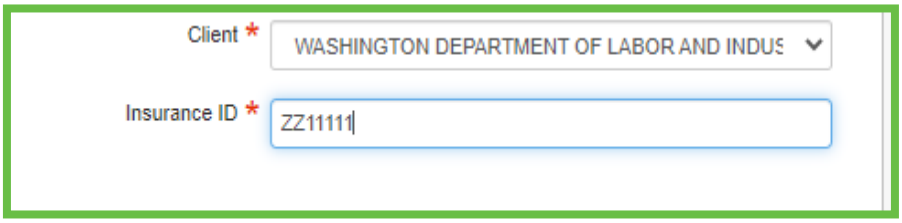
1) **Home Page:**
   - **A. Home Page** – Where Comagine Health posts announcements, documents, and helpful links.
   - **B. Dashboard** – Where requests can be tracked and managed.
   - **C. Menu** – To start **New Request** or **Search Request**.
   - **D. Memory List** – Items the logged in user has open.
   - **E. Calendar** – Not in use.



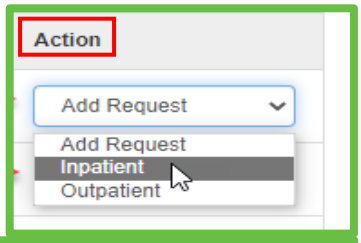
2) **New Request:**
   - **A.** Click on **Menu** and from the drop down, select **New Request**.



   - **B.** Under **Client**: Select **WASHINGTON DEPARTMENT OF LABOR AND INDUSTRIES**.
   - **C.** Under **Insurance ID**: Enter the LNI claim number.
   - **D.** Click on **Search**.

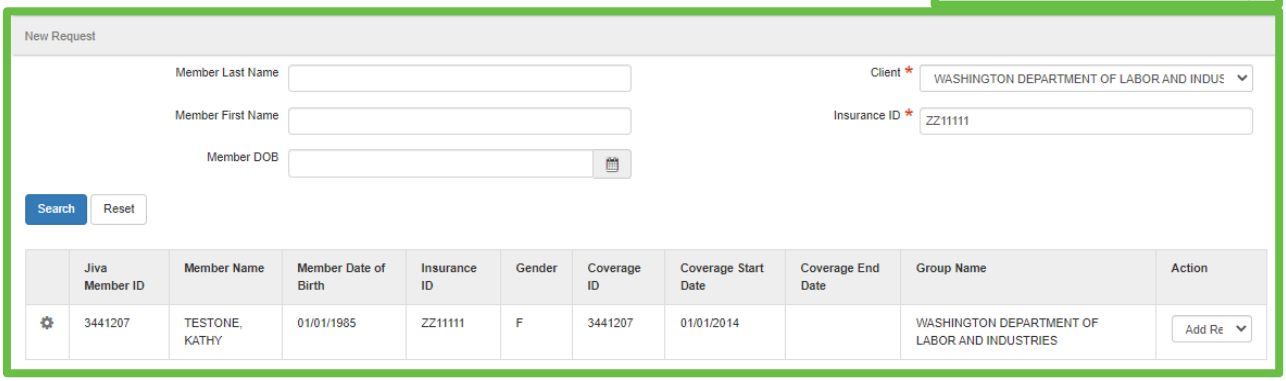


If the search returns no results, confirm the claim number is correct and if so, you will need to enter the IW before you can add a new request. Please see document titled 'WA Gov Entering a member into Jiva' for instructions.



E. The search will display the IW for whom you are trying to enter a request**.** In the **Action** column, select **Add Request:**

i. Select **Inpatient** (IP).



3) Episode Details Section. For Inpatient Requests complete the following (from top to bottom, left to right):

A. Request Type*: **Pre Admission** or **Retrospective**.

B. Time Request: Auto populates to **1 day**, no change needed.

C. Treatment Class: Select the appropriate status for the patient at the time the request is being submitted, as follows:

i. Currently Admitted: In the facility at the time of the request.

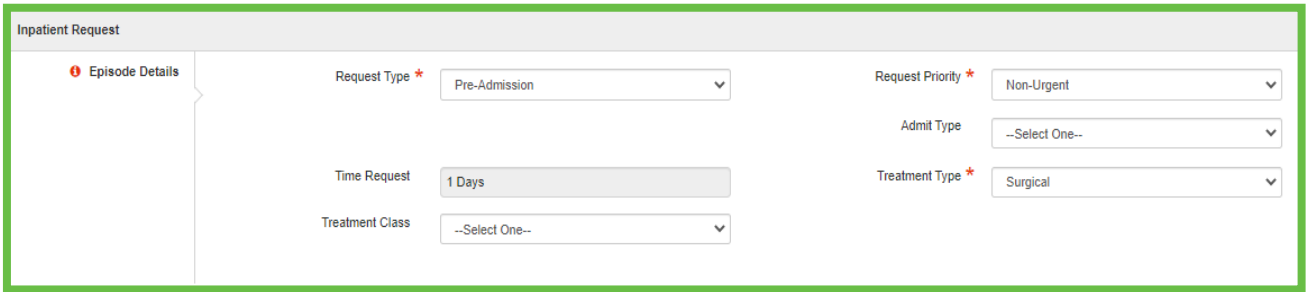
ii. Discharged: No longer in the facility OR if being discharged SAME DAY as request.

iii. Future Admission: Prior authorization request for a future planned admission.

D. Request Priority*: **Non-Urgent** will auto-populate.

E. Treatment Type*: Select **Surgical, Medical, LTAC or Rehab.**

Episode Details View:



4) Diagnosis:

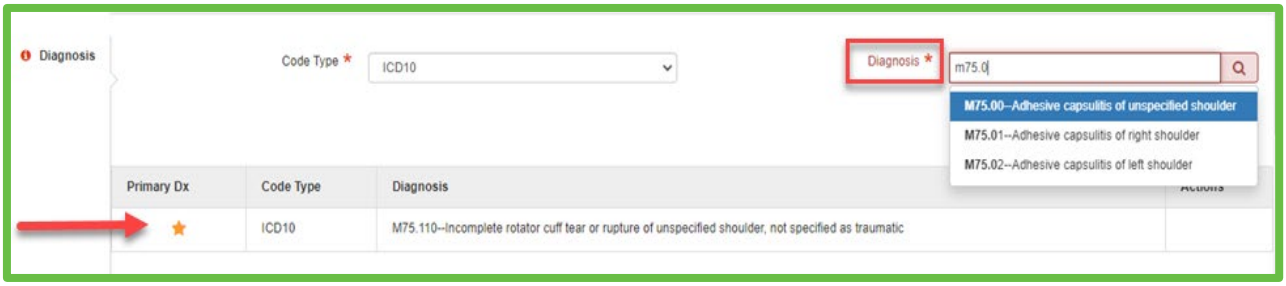
A. Code Type*: **ICD10** will auto-populate.

B. Diagnosis*: Only enter one diagnosis at a time.

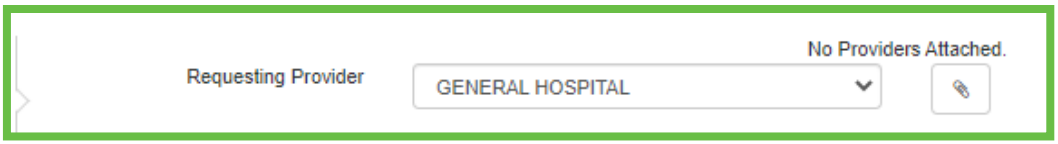
i. The diagnosis codes will appear in a drop-down menu as you start typing, you can then select it.

ii. The first diagnosis code entered becomes the primary diagnosis (**Primary Dx**). This can be amended by selecting the **yellow star** on the **Primary DX** line.

iii. Only three diagnoses can be submitted through the portal.



5) **Provider Details**: Attach yourself as the **Requesting Provider** the first step by clicking the **paperclip** button next to your organizational name. This step is required if you want other staff within your organization to be able to see the request in the system.

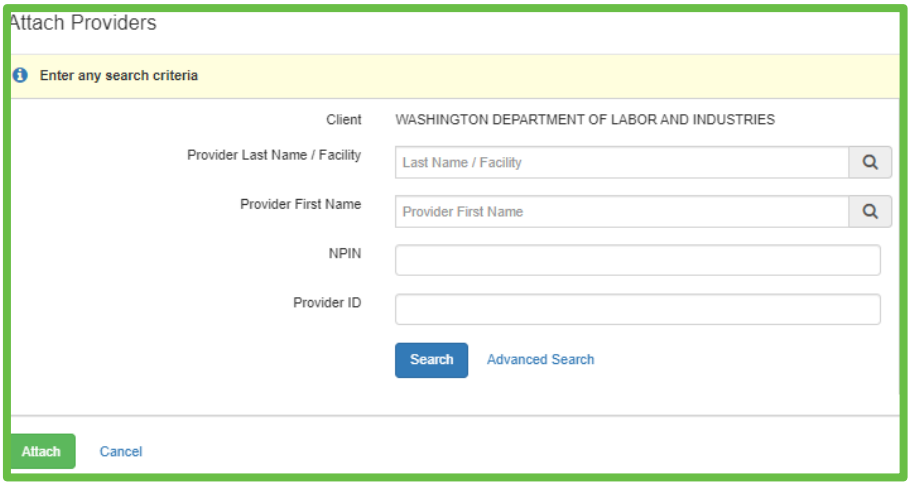


A. Select **Attach Providers** by clicking on the blue **Attach Providers** button to add two additional providers:

i. **Treating:** The provider performing surgery or the admitting provider for Medical, LTAC, or Rehab.

ii. **Admitting:** The facility where the patient is, or will be, inpatient.

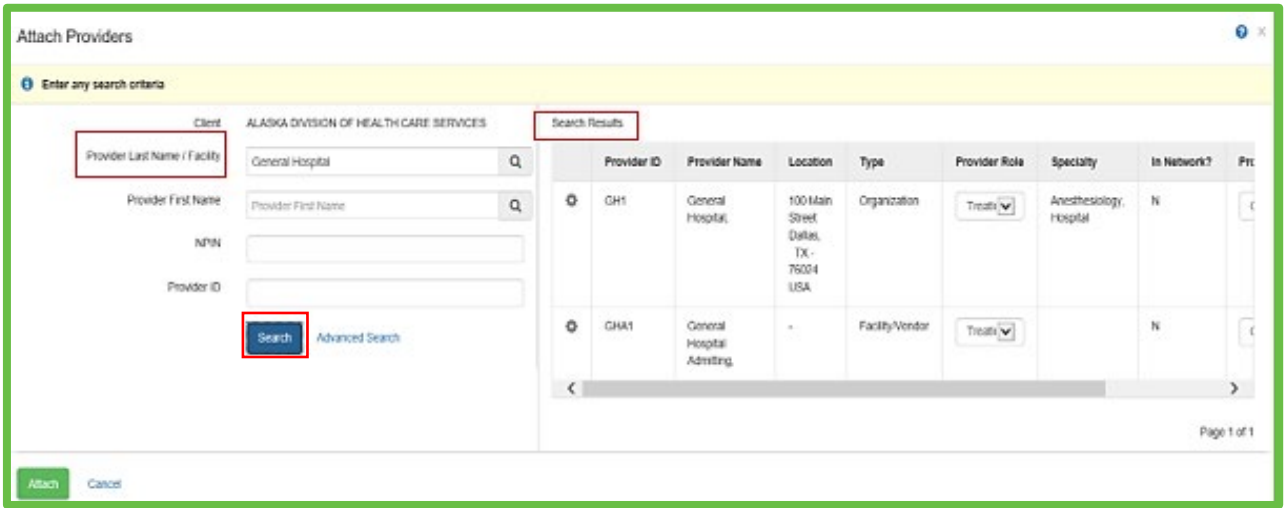
B. After clicking the **Attach Providers** button, the screen below will appear. You can do a basic **Search** or **Advanced Search** for Providers.



B. For the facility, search by entering the agency name, NPIN, or Provider ID under **Provider Last Name/Facility**, **NPIN**, or **Provider ID**. NOTE: Using NPIN or LNI Provider ID number is recommended to start.

C. Select from the drop-down menu.

D. Click **Search**. The search results for the facility will appear on the right if the facility exists in the system for the LNI or WAM client. Use **Advanced Search** to narrow the list if needed.



E. Click on the **gear icon** (⚙) under the search results and chose **Multiple Attach** to create a list and allow you to select another provider before attaching. **Single Attach** will allow you to attach one provider at a time to the episode.

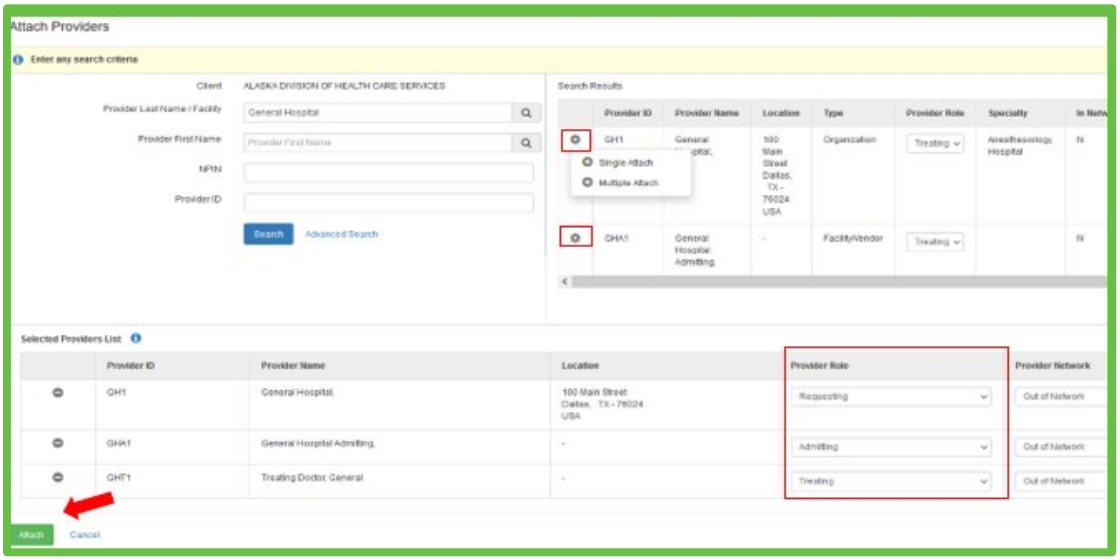
F. The list of the providers will appear under the **Selected Provider List**.

i. Select the appropriate role for each provider – only one of each of these provider types can be added to a request and one of each is required for submission.

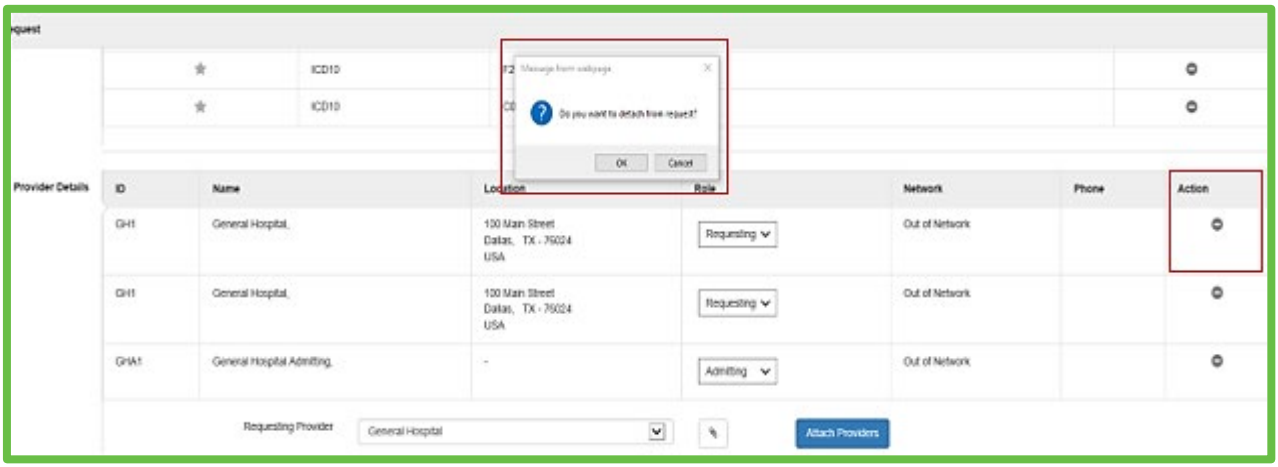
- **Admitting**: Hospital or facility where patient is, or will be, admitted.
- **Treating**: Provider admitting the patient OR the provider performing the surgery.

ii. Once all providers have been selected and the appropriate roles assigned, then click on the green **Attach** button to add the providers to your request.

If the provider you need to add is not in the system, call Comagine Health immediately at 800-541-2894. Staff can add the provider so that you can complete your request.

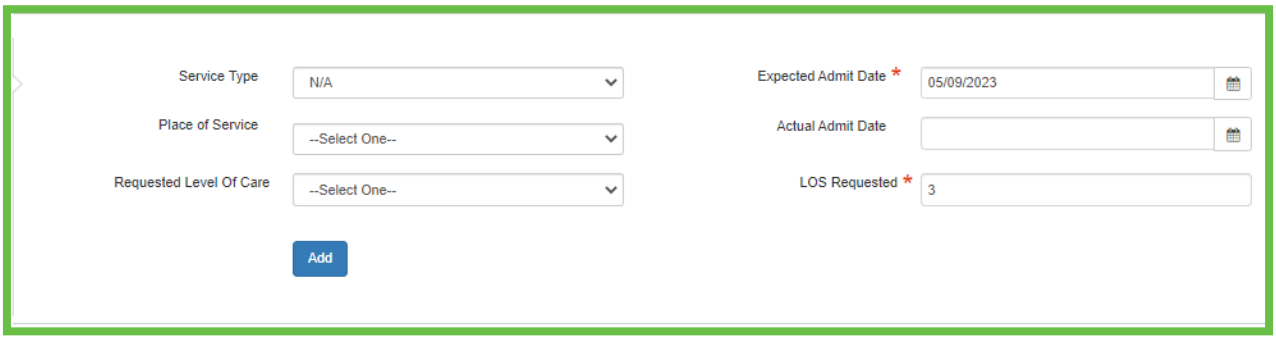


G. If a provider is selected in error, click the icon under **Action** to detach the provider. A pop-up message will ask, "Do you want to detach from request?". Click **OK.** Then click **Attach Providers** to search for and add the correct provider if needed.

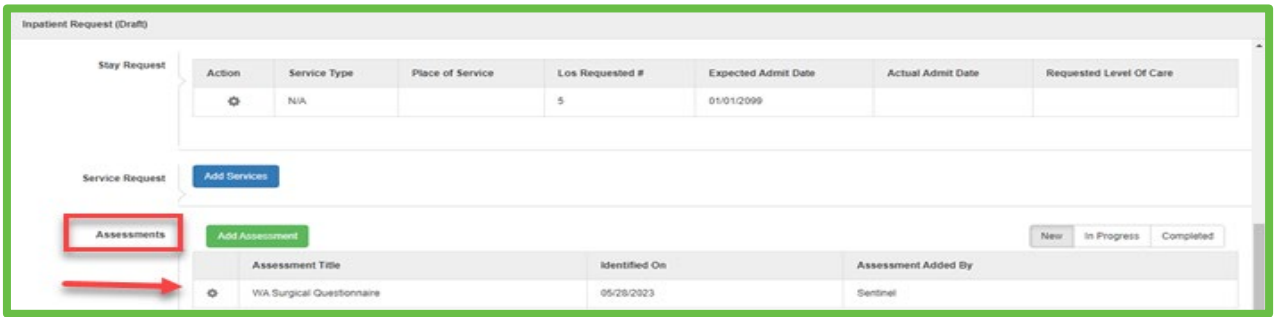


6) Stay Request:

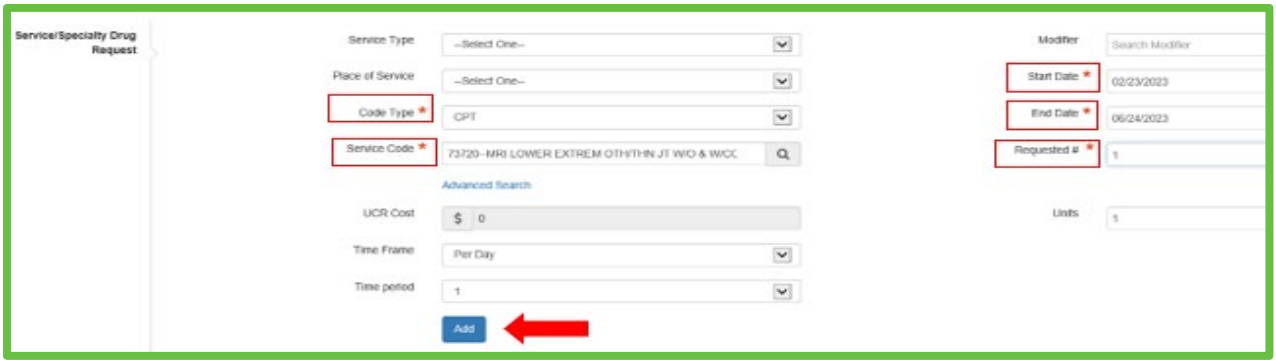
- **A. Service Type**: N/A.
- **B. Place of Service**: Leave blank.
- **C. Requested Level of Care**: Leave blank.
- **D. Expected Admit Date***: This field is mandatory – enter as follows:
  - **i. Currently Admitted**: Use the actual admit date.
  - **ii. Discharged**: Use the actual admit date.
  - **iii. Future Admission**: Date scheduled to be admitted. If not scheduled, or unknown, use 01/01/2099.
- **E. Actual Admit Date***: Only complete if patient is currently in house or already discharged.
- **F. LOS Requested**: Enter number of days you are requesting or for retro request, total number of days needed.



NOTE: When the **Add** button is selected, the request will be saved as a draft, and the **Assessments** section will become available. A mandatory assessment will become available based upon the **Treatment Type** selected in the **Episode Details** section above. The assessment must be completed before submitting the request. If a **Surgical** treatment type has been selected, at least one service must be added before the request can be submitted. Assessments will be covered after the **Service Request** instructions below.



7) **Service Request:** Required for **Surgical** treatment type (not needed for Medical/LTAC/Rehab).
   - **A. Service Type**: N/A.
   - **B. Place of Service**: Leave blank.
   - **C. Code Type***: Select **CPT** (NOTE: If ICD-10 codes are used, they will be converted to CPT before review).
   - **D. Service Code***: Enter the code or search for a code, then select the code by clicking from the drop-down box.
   - **E. Time Frame**: Auto-populates to **per day**.
   - **F. Time Period**: Leave blank.
   - **G. Modifier**: Leave blank.
   - **H. Start Date***: Enter MM/DD/YYYY or select from the calendar based on the **Treatment Class** selection:
     - **i. Currently Admitted:** Enter date of actual admit.
     - **ii. Discharged:** Enter date of actual admit.
     - **iii. Future Admission:** Enter date of scheduled/expected admit.
   - **I. End Date***: Auto-populates based on start date.
     - **i.** For **Retrospective** requests: Enter the actual discharge date.
   - **J. Requested #***: Enter number requested, usually **1**.
   - **K. Units**: Auto-populates to **1** and can be adjusted, must match requested number.
   - **L.** Click on the blue **Add** button.

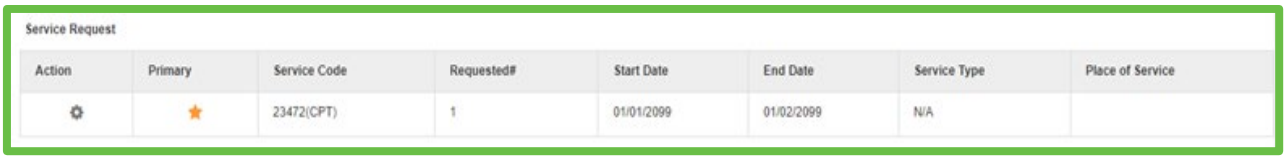


8) **Service Request** view:

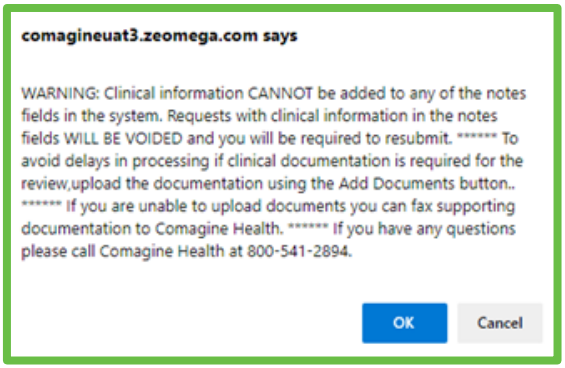
A. To edit a service request, click on the **gear icon** under **Action**. A new screen will open for edits.

B. Before removing a service request, a box will open to confirm you want to remove it. Click **OK** to remove.

C. To change a service to primary, click the **yellow star** in the **Primary** column.

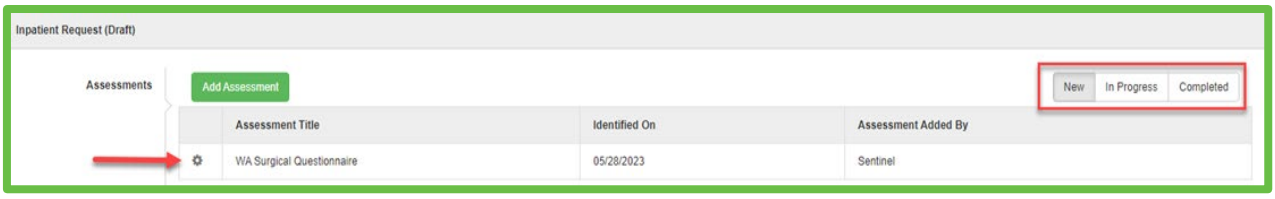


D. The following message may appear when the **Add** button in the stay or service section is selected. This is a warning to remind the user that clinical information cannot be typed or copied and pasted into the notes sections. Click **OK** to continue.



9) **Assessments** (also known as questionnaires):

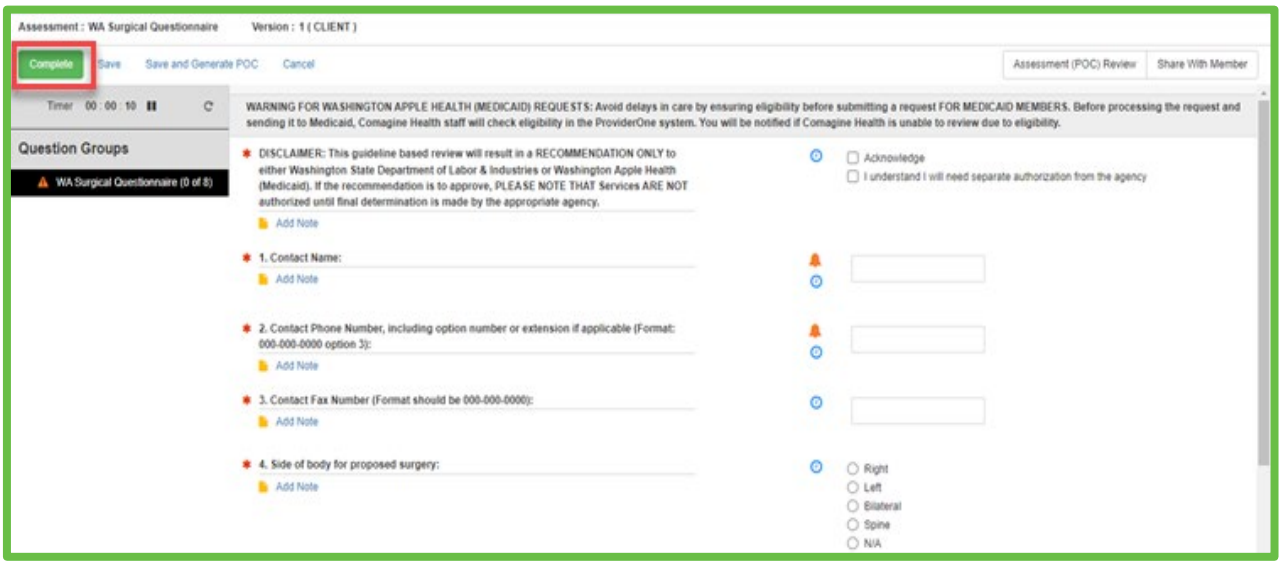
A. The assessment that must be completed will display under the **New** tab. Select the **gear icon** '⚙' and then click **Start** to begin answering the questions.



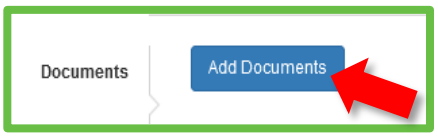
B. You MUST answer the mandatory questions and mark the assessment complete to submit the request.

i. Once you have answered the questions, mark the assessment **Complete**. If you only click **Save** and do not mark it as **Complete**, your answers will be saved, and the assessment will move to the **In Progress** tab.

ii. After the assessment is marked **Complete**, you can view it under the **Completed** tab.



10) Documents. Documents can be added to the request prior to submission. Records should be current and include history, physical exams, relevant radiology or lab reports, and the notes must contain the ordering provider's rationale for surgery, or the admission being requested. Retro reviews should include the same and a discharge summary with operative reports and consultations if appropriate. A limit of four (4) documents can be attached prior to submission.



A. Click on the blue **Add Documents** button.

B. **Document Title**: Enter the name of the document.

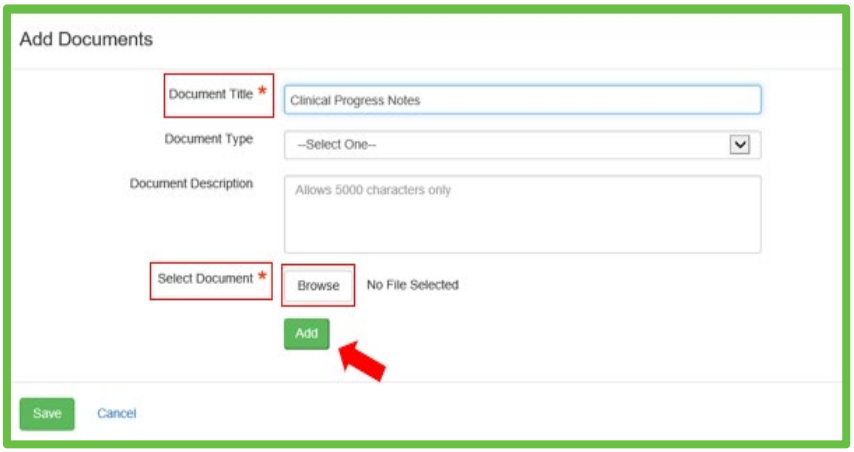
C. **Document Type**: Optional to select.

D. **Document Description**: Not required to complete but is available to add a note to indicate what is being uploaded.

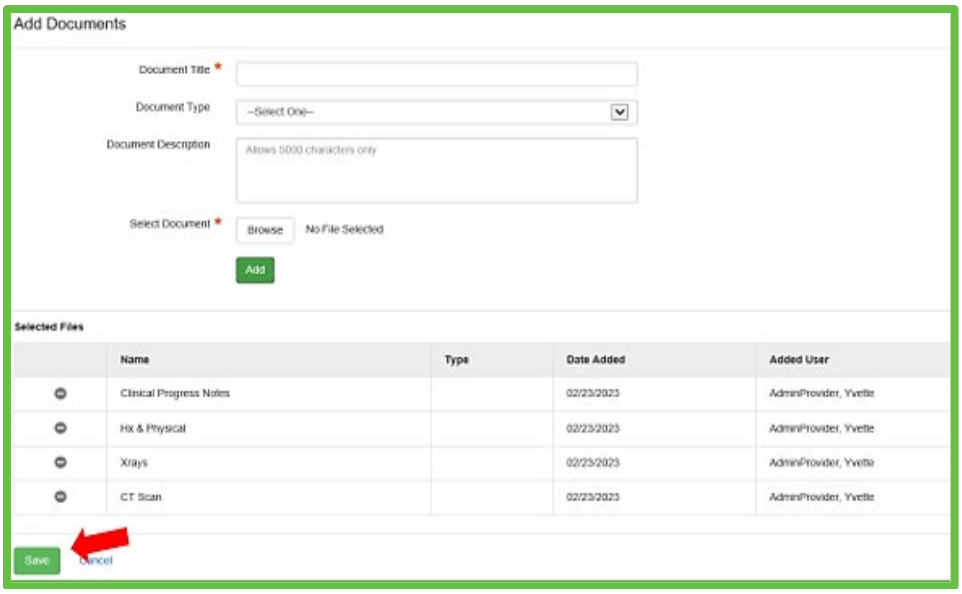
E. Select the document by clicking the **Browse** button which will open a window to allow you to search your computer for the document you wish to attach.

F. Once you find the document and select it, click the green **Add** button. The document will be added to a list at the bottom of the documents section of the screen.

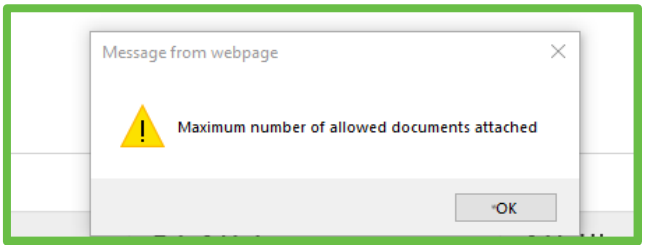
G. Repeat these steps until you have all the documents you want to attach in your **Selected Files** list.



H. Once you have selected all the documents to be attached, click **Save** to attach the documents to the request.



I. The maximum number of allowed documents attached is 4. If the number of uploaded documents exceeds 4, an error message will appear.



If more than 4 documents need to be attached, contact Comagine Health for assistance.

11) Notes:

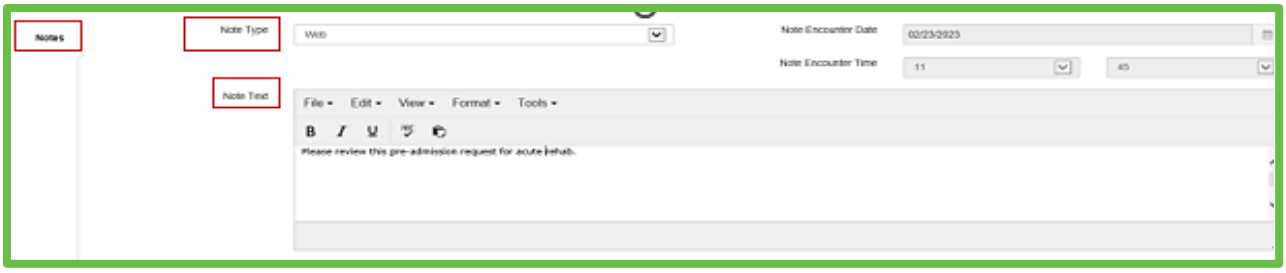
A. Please DO NOT type in or copy and paste clinical information into ANY of the note fields in the system. **IF YOU DO, THE CASE WILL BE VOIDED AND YOU WILL BE REQUIRED TO ENTER IT AGAIN**. Having clinical data here will interfere with the transfer of the case to the LNI and WAM systems.

B. If you are responding to a request for information from Comagine Health, please ALWAYS enter a web note to let us know you have attached documents or an assessment so the case will move to the top of our pending worklist.

C. After entering a case, look at the **Notes** fields in your pending decision cases as well as the **Further Information Required** cases as Comagine Health will send notes to you to advise of the case status AND to request information if needed.

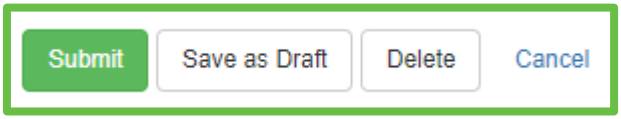
D. Notes are not required to submit a request. You can use the notes to communicate information you want Comagine Health to have to process a request.

E. **PLEASE NOTE IF YOU NEED URGENT PROCESSING, you MUST call Comagine Health after you submit the request. Entering a note will NOT ensure urgent processing.** Staff will notify their supervisor if a request to process a service as urgent is received.

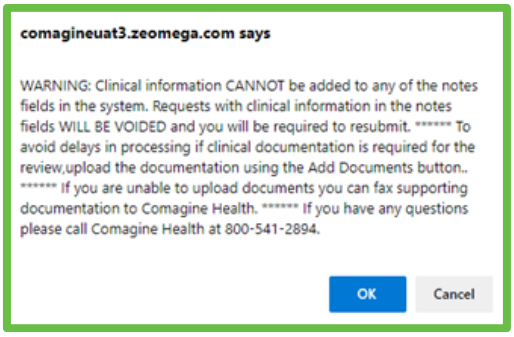


11) Submit. At this point you have three options to continue:

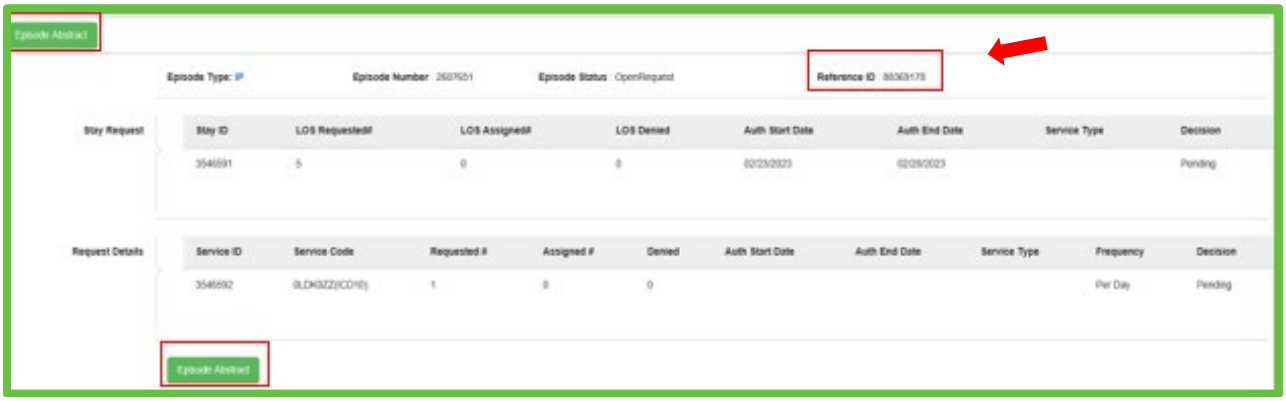
A. **Submit**: Episode will be submitted to Comagine Health.
B. **Save as Draft:** Episode will not be submitted to Comagine Health but will be saved as draft for later edits.
C. **Delete**: The request will be deleted.



D. You will see this message (also may have seen at Step 8). Ensure you have not pasted clinical information into a note and then click **OK**.

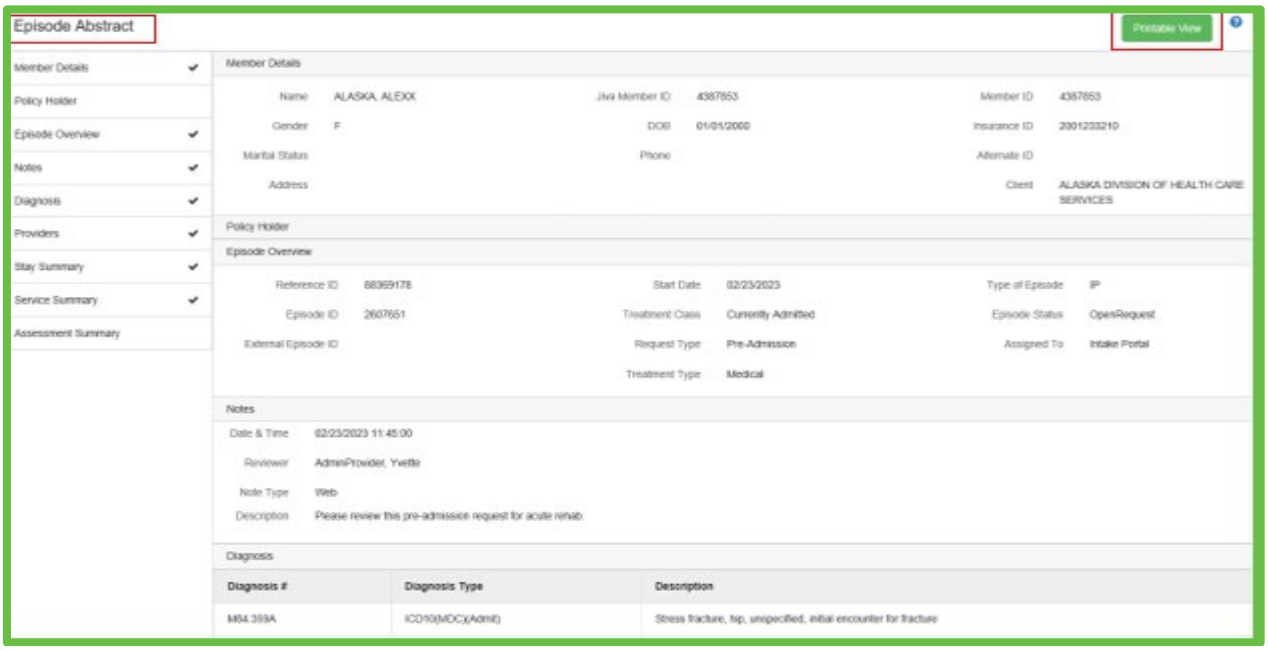


12) Make a note of the CHPP **Reference ID** number for your records to locate the episode faster.

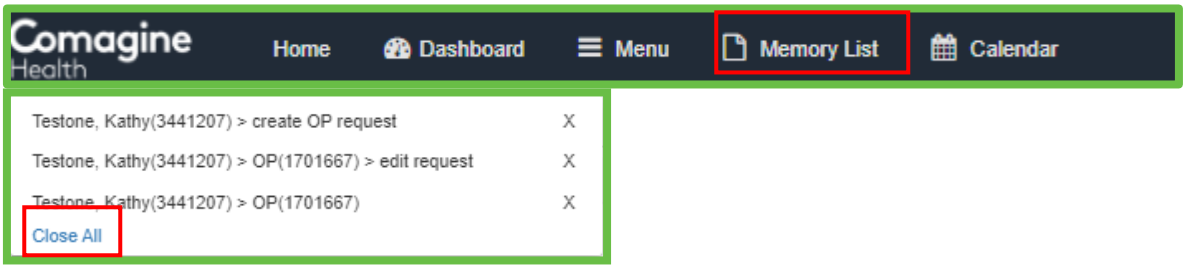


A. Selecting **Episode Abstract** allows you to review what was submitted including answers to the assessment. The request cannot be edited from this screen.

B. You can print the abstract by selecting **Printable View**.



13) **FINAL STEP:** To ensure the request can be accessed by Comagine Health staff immediately, click on **Dashboard** and then click on the **Memory List** and select **Close All** (or if you have other cases open, close the windows associated with the case just submitted). ***NOTE: Comagine Health staff cannot work on a request if it is open in a provider's Memory List.***



For assistance while entering a request, you can call Comagine Health. The staff will be able to help you complete your request.

Labor and Industries: 800-541-2894