

Quick Start Guide – Community Support Service Requests

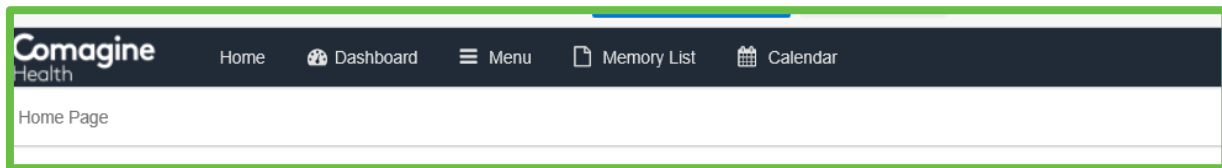
District of Columbia-Department of Health Care Finance

This is a Quick Start Guide for Providers submitting a prior authorization request for Community Support services via the Comagine Health Provider Portal (CHPP). No personal health information is used in this guide.

Steps

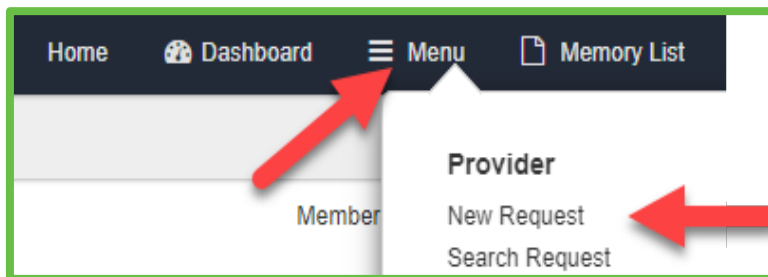
1) Main View:

- A. **Home (Splash) Page** – Where Comagine Health posts provider announcements.
- B. **Dashboard Menu (New Request or Search Request)** – Where work can be managed individually (through the **To Do** tab) or as a team (through **Team** tab).
- C. **Menu** – To start a **New Request** or **Search** for a request.
- D. **Memory List** – Keeps a running list of the episodes viewed so they can be found easily while in the CHPP. Should be cleared out at the end of each session.

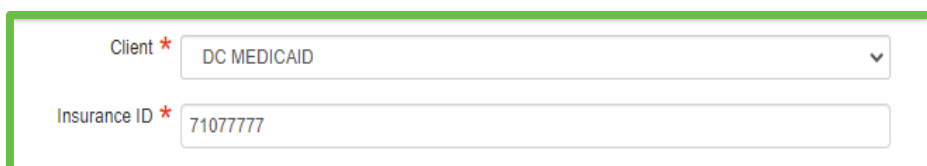


2) Submit a New Request:

- A. Click on **Menu** for **New Request**.



- B. **Client:** Select **DC MEDICAID**.
- C. **Insurance ID:** Enter the **Medicaid ID number**, starting with 7 and has nine digits (for uninsured, please reference the Uninsured Consumers Quick Start Guide).
- D. Click on **Search**.



3) Medicaid Recipient Search:

A. Verify correct member name, date of birth, and Medicaid insurance ID.

Jiva Member ID	Member Name	Member Date of Birth	Insurance ID	Gender	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
4387977	MEDICAID, SADE	01/01/2001	71077777	F	4387977	02/01/2014		DC MEDICAID	Add Request

4) Under **Action**, click where it says **Add Request** and select **Outpatient (OP)** from the drop-down menu.

Action

Add Request

Add Request

Inpatient

Outpatient

5) Fill out the **Episode Details** with the red asterisks, including the Treatment Class. For **Outpatient** requests, complete:

A. **Request Type***: Enter **Prior Authorization**.

B. **Time Request**: Does not need to be filled in, automatically populates to 1 day.

C. **Treatment Class**: Select **N/A** (this field **MUST** be completed even though an asterisk is not present).

D. **Request Priority***: Will auto-populate with **Standard**.

E. **Treatment Type***: Select **Community Support**.

Outpatient Request

Episode Details

Request Type* Prior Authorization

Request Priority* Standard

Treatment Type* Community Support

Time Request 1 Days

Treatment Class --Select One--

6) Fill out the **Diagnosis** section:

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

Diagnosis*: Only enter one of the qualifying diagnoses (Schizophrenia or Other Psychotic Disorders, Delusional Disorders, Affective Disorders, Trauma-Related Disorders, Obsessive Compulsive Disorder, Personality Disorder, Anxiety-Related Disorders) a time.

- The diagnosis codes will appear in a drop-down menu as you start typing and can then be selected.
- Example: F20.9 will appear below and can be selected by clicking on it.

- iii. If there are multiple diagnoses, the primary diagnosis (Primary Dx) can be amended by selecting the **yellow star** on the **Primary Dx** line.

7) Fill out the **Provider Details** section:

- A. To add your organization, click the paperclip icon beside the **Requesting Provider** drop-down underneath **Provider Details**.
 - i. This entry is required for users to access the case via the CHPP and receive update on the status from Comagine Health.
- B. After adding your organization, please select **Attach Providers** by clicking on the blue **Attach Providers** button to the right of the paperclip.

- C. Once selected, you will see the screen below. You can do a basic **Search** or **Advanced Search** for providers. Enter the agency name under **Provider Last Name/Facility**, or **NPIN**, or **DC Medicaid Provider ID**.
- D. Click **Search**. The search results for the agency will appear on the right.

- E. Click on the **gear (⚙)** under search results and choose **Multiple Attach**.
 - i. The list of the providers will appear under **Selected Provider's List**.
 - ii. When all entries are selected and you are ready to attach, select **Attach** at bottom left of the screen.

- iii. If you prefer selecting **Single Attach** instead of **Multiple Attach**, this will allow you to attach one provider at a time. You will have to recomplete step C- forward for any additional entries.
- F. Select each **provider role** from the drop-down menu. They will appear under **Provider Details**.
 - i. **Admitting:** Community Support Facility whom the PA is issued to.
 - ii. **Treating:** The treating provider.
 - iii. **Requesting:** Ensure ID is selected; this allows access to the episode.
- G. Once all providers have been selected, click on the green **Attach** button to save all providers.

Attach Providers

Enter any search criteria

Client: DC MEDICAID

Provider Last Name / Facility: Last Name / Facility

Provider First Name: Provider First Name

NPIN:

Provider ID: 011111111

Search Advanced Search

Search Results

Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Provider Network	Keyword
011111111	JOHN DOCTOR,	2222 DC MEDICAID ST WASHINGTON, DC - 22222 USA	Individual	Treat		N	Out of Ne	

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Selected Providers List

Provider ID	Provider Name	Location	Provider Role	Provider Network
013333333	MHRS PROVIDER,	123 MEDICAID STREET WASHINGTON, DC - 22222 USA	Admitting	Out of Network
QH044444	MHRS PROVIDER,	123 MEDICAID ST WASHINGTON, DC - 22222 USA	Requesting	Out of Network
011111111	JOHN DOCTOR,	2222 DC MEDICAID ST WASHINGTON, DC - 22222 USA	Treating	Out of Network

Attach Cancel

- H. 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**.

quest

ICD10

ICD10

Message from webpage

Do you want to detach from request?

OK Cancel

Provider Details

ID	Name	Location	Role	Network	Phone	Action
GH1	General Hospital,	100 Main Street Dallas, TX - 75024 USA	Requesting	Out of Network		
GH1	General Hospital,	100 Main Street Dallas, TX - 75024 USA	Requesting	Out of Network		
GH1	General Hospital Admitting,	-	Admitting	Out of Network		

Requesting Provider: General Hospital

Attach Provider

- 8) **Service/Specialty Drug Request** (OP only), enter the following information:
 - A. **Service Type:** Leave blank.
 - B. **Place of Service:** Leave blank.
 - C. **Code Type*:** Select appropriate code type (HCPC).
 - D. **Service Code*:** Enter code **H0036** or search for code; select code **H0036** by clicking from the drop-down box.

- E. **Time Frame:** Auto-populates to *per day*. Up to **6 months** and **must align with treatment plan service dates**.
- F. **Time Period:** Leave blank.
- G. **Modifier:** Leave blank.
- H. **Start Date***: Enter MM/DD/YYYY or select from calendar. Service start date to align with treatment plan.
- I. **End Date***: Auto-populates and can be modified based on request days. Service end date to align with treatment plan, not to exceed 180 days.
- J. **Requested #***: Enter the number of units you are requesting. Ensure the units are aligned to the applicable functional assessment score, up to 200 units (see table at the end of this document).
- K. **Units:** Auto-populates to 1 and can be adjusted, must match requested number.
- L. Click on the blue **Add** button.

The screenshot shows the 'Service Request' form. Red boxes highlight the following fields: 'Start Date' (09/17/2025), 'End Date' (03/16/2026), 'Requested #' (6), and the 'Add' button at the bottom. Other visible fields include 'Service Type' (N/A), 'Place of Service' (Select One), 'Code Type' (HCPC), 'Service Code' (H0036), 'UCR Cost' (\$), 'Time Frame' (Per Day), and 'Time period' (0).

9) OP Service Request view:

- A. To edit a service request, click on the **Gear** under **Action**. A new screen will open for edits.
- B. To remove a service request, a box will open to confirm removal. Click **OK** to remove.

Service Request								
Action	Primary	Service Code	Requested#	Start Date	End Date	Service Type	Place of Service	Modifier
		H0036(HCPC)	200	09/17/2025	03/16/2026	N/A		

10) Assessments.

- A. Select and complete the **DCM Community Support**. This is mandatory to save and submit.
 - i. Click the **Gear** next to the assessment and click **Start**.

The screenshot shows the 'Assessments' table. A red box highlights the 'Start' button next to the 'DCM Community Support Services' assessment. Other visible elements include the 'Add Assessment' button, a filter bar with 'New', 'In Progress', and 'Completed' tabs, and a dropdown menu with 'Trend Report' and 'Print Assessment' options.

Assessment Title			Identified On	Assessment Added By
	DCM Community Support Services		05/21/2026	Sentinel

- ii. Complete the assessment questions.
- iii. Always select **Complete** when finished with an assessment and not just **Save**.

Comagine Health Home Dashboard Menu Memory List Calendar

Assessment: DCM Community Support Services Version: 2 (CLIENT)

Complete Save Save and Generate POC Cancel Assessment (POC) Review Share With Member

Note: The question numbers may not be sequential. The questions that need to be answered may be based on how a specific question is answered. The system will present the questions to be answered.

Question Groups

DCM Community Support Services (0 of 5)

1. Contact Name (first name, last name): Add Note

2. Contact Phone Number (format: 000-000-0000): Add Note

3. Contact Fax Number (format: 000-000-0000, optional): Add Note

4. Has the consumer's Medicaid eligibility or Incedo Provider-Connect (IPC) ID number (if uninsured) been confirmed? ☐ Yes ☐ No - STOP DO NOT PROCEED and verify eligibility on the DC Medicaid website prior to submitting an authorization request, or contact Department of Behavioral Health for uninsured individuals IPC ID number.

9. Please affirm and acknowledge these statements: ☐ I ACKNOWLEDGE that if any clinical documentation contained in or attached to this authorization request is found to include false, fraudulent, or misleading information, the Department of Behavioral Health will be notified and may take regulatory action, including revocation of provider certification. ☐ I AFFIRM that the submitted clinical documentation confirms the requested service(s) and is medically necessary and consistent with the recipient's current treatment plan. ☐ I ACKNOWLEDGE the services are subject to post payment review of medical necessity and completeness of documentation according to Medicaid program rules and that the Department of Health Care Finance or the Department of Behavioral

B. To preview the assessment, click on the **Gear** and select **Preview**.

C. The tab on the right side also needs to be selected – to either **Completed** or **In Progress**.

Assessments Add Assessment New In Progress Completed

Assessment Title	Identified On	Completed On	Completed By	Completed Questions	Total Questions	Assessment Added By
DCM Community Support Services	05/21/2026	05/21/2026 13:01:17	Provider, Sade	9	10	Sentinel

Preview Trend Report Copy Assessment

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11) In the **Documents** section:

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

Documents Add Documents

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

C. **Document Type and Description**: Can be left blank.

D. **Select Document***: Choose **Browse** and locate your document to upload.

i. Tip: Please only use PDF or Tiff files.

ii. Tip 2: DOC files will not be accepted and Comagine Health will ask for clinicals to be resubmitted in either PDF, JPEG or Tiff format.

E. Once you have selected the document to be added, click the green **Add** button.

Add Documents

Document Title * Clinical Progress Notes

Document Type --Select One--

Document Description Allows 5000 characters only

Select Document * Browse No File Selected

Add

Save Cancel

- F. Required documents to be submitted are listed at the end of this guide. If you have multiple documents, please complete Steps A through E for each document.
- G. Once all documents have been uploaded, select **Save**.

Add Documents

Document Title *

Document Type --Select One--

Document Description Allows 5000 characters only

Select Document * Browse No File Selected

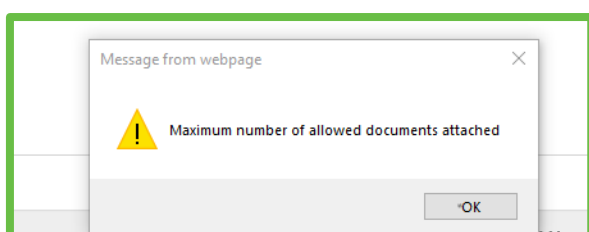
Add

Selected Files

	Name	Type	Date Added	Added User
	Clinical Progress Notes		02/23/2023	AdminProvider, Yvette
	Hx & Physical		02/23/2023	AdminProvider, Yvette
	Xrays		02/23/2023	AdminProvider, Yvette
	CT Scan		02/23/2023	AdminProvider, Yvette

Save Cancel

- H. **The maximum number of allowed documents attached is four (4).** If the number of documents uploaded exceeds four an error message will appear (see below). Click **OK**. If you need to add more than this, you may either combine documents into one attachment or attach additional documents after the request has been submitted to Comagine Health. The process for this is outlined below in Step 15.



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

- A. **Note Type:** Auto-populates to **Web**.
- B. **Note Text:** Add notes according to the request (i.e., additional information submitted).
- C. **Note Encounter Date** and **Note Encounter Time:** Will auto-populate the date and time.
- D. Click **Save**.

The screenshot shows the 'Notes' section of the Comagine Health interface. The 'Note Type' dropdown is set to 'Web'. The 'Note Encounter Date' is 02/23/2023 and the 'Note Encounter Time' is 11:45. The 'Note Text' area contains the text: 'Please review this pre-admission request for acute rehab.'

13) **Submit, save, or delete.**

- A. **Submit:** Episode will be submitted to Comagine Health. Review to ensure your entered information is correct and click **Submit**. It will ask you to confirm – click **OK**.
- B. **Save as Draft:** Episode will not be submitted to Comagine Health but will be saved as draft for later to edit.
- C. **Delete:** The request will be deleted.

The screenshot shows the action buttons: 'Submit', 'Save as Draft', 'Delete', and 'Cancel'. The 'Submit' button is highlighted with a red box.

14) 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; however, you cannot edit from here.

The screenshot shows the 'Episode Abstract' section of the Comagine Health interface. The 'Reference ID' is 92508220002. The 'Request Details' table shows the following data:

Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision	Modifier
2706764	99493(CPT)	6	6	0	08/22/2025	02/20/2026	N/A	Per Day	Approved	

B. You can print by selecting **Printable View** in the upper right corner on this screen.

Episode Abstract

Printable View

Member Details

Policy Holder

Episode Overview

Notes

Diagnosis

Providers

Stay Summary

Service Summary

Drug Service Summary

Assessment Summary

Member Details

Policy Holder

Episode Overview

Notes

Diagnosis

Providers

Stay Summary

Service Summary

Drug Service Summary

Assessment Summary

Name	MEDICAID, SADE	Jiva Member ID	3441113	Member ID	3441113
Gender	F	DOB	02/01/2001	Insurance ID	71077777
Marital Status		Phone		Alternate ID	
Address	1222 DC MEDICAID, WASHINGTON, DC, 22222			Client	DC MEDICAID

Policy Holder

Episode Overview

Reference ID	92509170008	Start Date	09/17/2025	Type of Episode	OP
Episode ID	1716865	Treatment Class		Episode Status	Decisioned
External Episode ID		Request Type	Prior Authorization	Assigned To	Intake Portal
		Treatment Type	Community Support		

Notes

Diagnosis

Diagnosis #	Diagnosis Type	Description
F32.1	ICD10(MDC)(Primary)	Major depressive disorder, single episode, moderate

Providers

Name	Provider ID	Role	Service Location	Contact Information	Type	Specialty
MHR8 PROVIDER,	01333333	Admitting	123 MEDICAID STREET WASHINGTON, DC - 22222 USA		Facility/Vendor	-
JOHN DOCTOR,	01111111	Treating	2222 DC MEDICAID ST WASHINGTON, DC - 22222 USA		Individual	-

15) If additional documents need to be submitted, locate the submitted episode by clicking on **Memory List** at the top of the screen, or by completing a search by clicking **Menu** and then **Search Request**.

Memory List

Calendar

Strattontest, Eve(4387857) > OP(2607736)

Strattontest, Eve(4387857) > create OP request

Strattontest, Eve(4387857) > IP(2607735)

Strattontest, Eve(4387857) > create IP request

Close All

- A. Either select the episode you were working on in the **Memory List** or search for the **Reference ID** in the **Search Request**.
- B. Click on **Add Document** and follow Step 11 above to add additional documents.

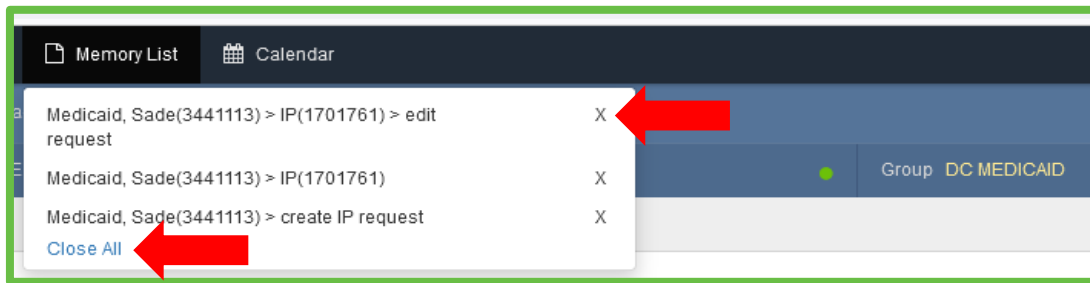
Documents

Add Document

Episodes View

	Name	Type	Date Added	Added User	Description
⚙	CT Scan		02/23/2023 12:30:03	AdminProvider, Yvette	
⚙	Xrays		02/23/2023 12:30:03	AdminProvider, Yvette	
⚙	Hx & Physical		02/23/2023 12:30:02	AdminProvider, Yvette	
⚙	Clinical Progress Notes		02/23/2023 12:30:02	AdminProvider, Yvette	

16) Always go to Memory List and close out of all episodes. This will ensure Comagine Health has access to review the submission. Click on the **X** next to the episodes or click **Close All** to clear the Memory list.



Required Documents for Community Support Reviews

- Treatment plan, completed within 180 days of the request, that is person-centered with specific goals, objectives, interventions, and a discharge/transition plan that is signed by the client and a Qualified Practitioner (QP). The treatment plan must align with the request start and end dates.
- Mental Health Rehabilitation Services Core Service Agency Consumer Choice form or Consent to Treat form confirming enrollment with the provider and signed by the client.
- Submissions must have a qualifying diagnosis from the approved list (available at <https://comagine.org/program/dc-medicaid-um/providers> under Provider Notices) and the supporting documentation attached.
- Functional Assessment – One of the following that is dated within 90 days of the date of request:
 - Preschool and Early Childhood Functional Assessment Scale (PECFAS),
 - Child and Adolescent Functional Assessment Scale (CAFAS), OR
 - Daily Living Assessment-20 (DLA-20).

Note: The units submitted for the request should align with the functional assessment score, per the table below.

Functional Assessment Scoring and Applicable Units Table

DLA-20 Score	CAFAS/PECFAS Score	Number of Allowable Units	Impairment Level/Justification
1.0-3.0	120+	0	Score denotes that mental health symptoms present severe and persistent impairments in daily living activities/functioning. Consumers should be referred to a higher level of care.
3.1-4.0	80-110	200	Score denotes that mental health symptoms present serious impairments and major impact on daily living activities/functioning.
4.1-5.0	50-70	100	Score denotes that mental health symptoms present moderate impairments in daily living activities/functioning.
5.1+	0-40	0	Mental health symptoms present minimal impairment in daily functioning. Consumer may be served in a lower level of care.

For CHPP TECHNICAL ASSISTANCE: 1-800-251-8890

CHPP LOG-ON LINK: <https://comaginepp.zeomega.com>