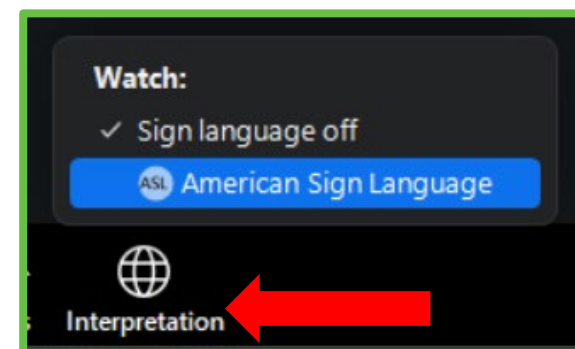
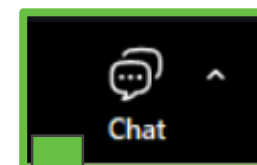
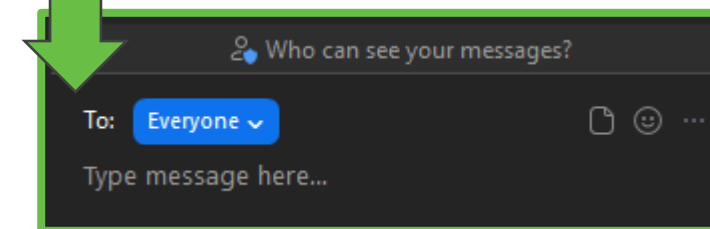


Comagine Health Provider Portal Community Support Services Training

Folasade "Sade" Akinkuowo, RN, MSN, CCM
DC Medicaid QIO Director
May 2026

Housekeeping Items Before We Get Started

- This webinar has multiple accessibility options, including American Sign Language (ASL) interpretation.
- To access, please click on **Interpretation** and then select **American Sign Language**.
- Everyone will remain on mute during the presentation. If you have questions, feel free to type them in the chat. We will monitor chat throughout the presentation and answer questions at the end.



Objectives

- Review the Comagine Health Provider Portal (CHPP)
- Review Log-on Information
- View Dashboard Features
- Community Support Prior Authorization Request: Step-by-Step Demonstration
- Review the Required Documents for Community Support
- Review Provider Resources – Quick Start Guides

Community Support Services

- Community Support services are rehabilitation supports considered essential to assist the Consumer in achieving rehabilitation and recovery goals. Community Support services focus on building and maintaining a therapeutic relationship with the Consumer.
- Title 22-A DCMR, Chapter 34, § 3421.1.
- Comagine Health began prior authorization (PA) reviews for CSS in October 2025. Recent changes mean there are updates to the process to submit PA request.

Community Support Services

- Comagine Health will review Community Support services (CSS) for beneficiaries with DC Medicaid fee-for-service, Managed Care, Alliance, QMB, and D-SNP.
- Comagine Health will review CSS for up to 200 units within each 180-day period.
- Request dates must match the service dates listed on the treatment plan.
- The number of units requested must match the units listed on the treatment plan.

Required Documents for CSS

A **current Functional Assessment Tool** that is dated within 90 days, as indicated below:

1. Preschool and Early Childhood Functional Assessment Scale (PECFAS): For beneficiaries ages **three (3) through five (5)**, with a minimum score of twenty (20).
2. Child and Adolescent Functional Assessment Scale (CAFAS): For beneficiaries ages **six (6) through twenty (20)**, with a minimum score of twenty (20).
3. Daily Living Assessment-20 (DLA-20): For beneficiaries ages **eighteen (18) and older**, with a score of 6.0 or below.

Note: For beneficiaries ages 18-20, either the CAFAS or DLA-20 is acceptable.

Required Documents for CSS, cont.

- Current Individualized Recovery Plan (IRP) or Individualized Plan of Care (IPC) that is person-centered with specific goals, objectives, interventions, and a discharge/transition plan that is current (within 180 days of the request) and signed by a Qualified Practitioner (QP).

QPs are Psychiatrists (MD or DO), Psychologists, LICSWs, APRN(NP), LPCs, RNs, LMFTs, LGSWs, LGPCs, Psychologist Associates, or Physician Assistants (PA).

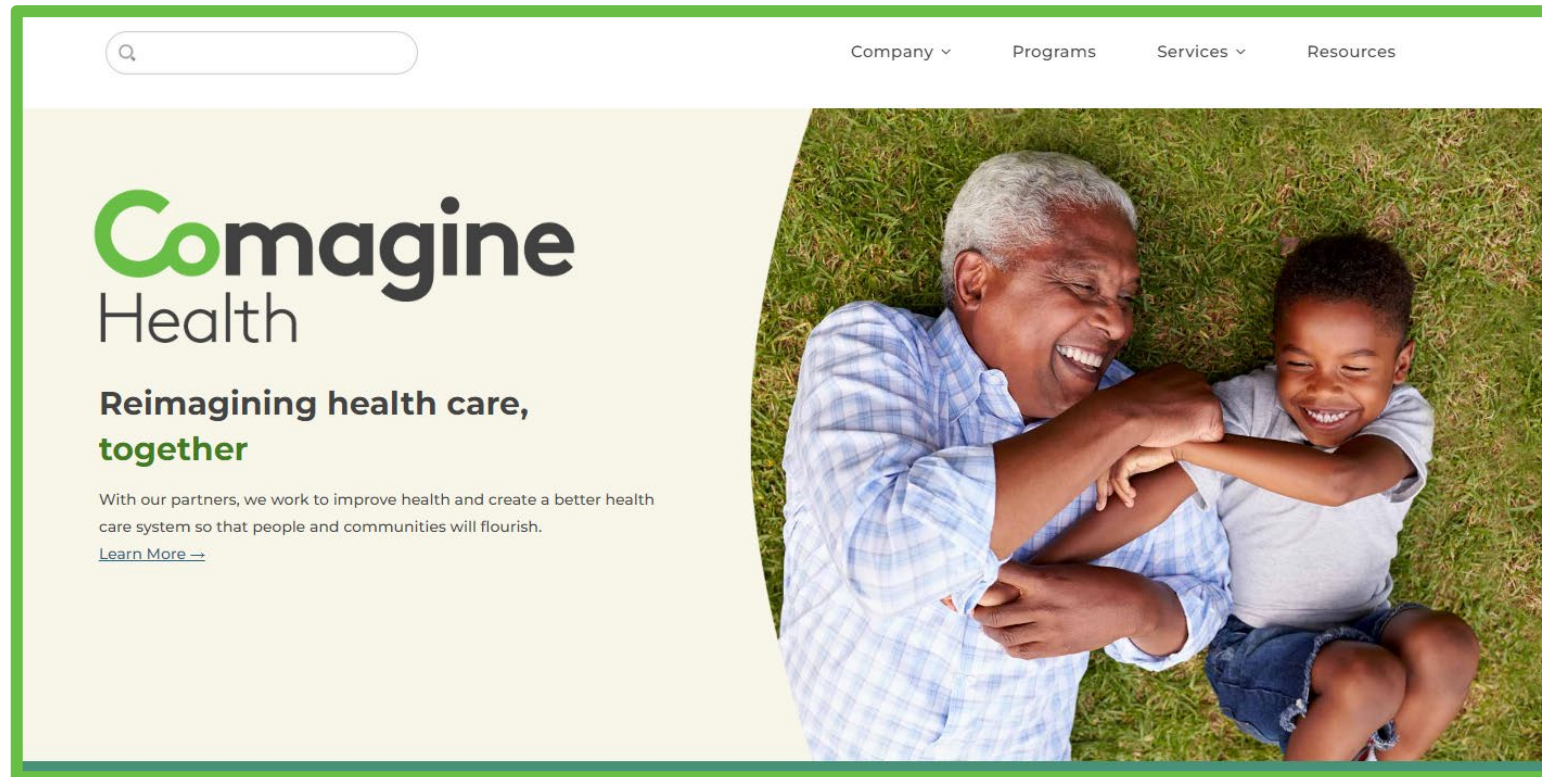
- Consent to Treat Form confirming enrollment with the provider and signed by the client.

Required Documents for CSS, cont.

- The provider must provide documentation of one of the following qualifying diagnoses made by a diagnosing QP (*psychiatrist [MD or DO], psychologist, LICSW, APRN [NP], LPC, LMFT, LGSW, LGPC, psychologist associate, or physician assistant [PA]*):
 - Schizophrenia or Other Psychotic Disorders
 - Delusional Disorders
 - Affective Disorders
 - Trauma-Related Disorders
 - Obsessive Compulsive Disorder
 - Personality Disorder
 - Anxiety-Related Disorders

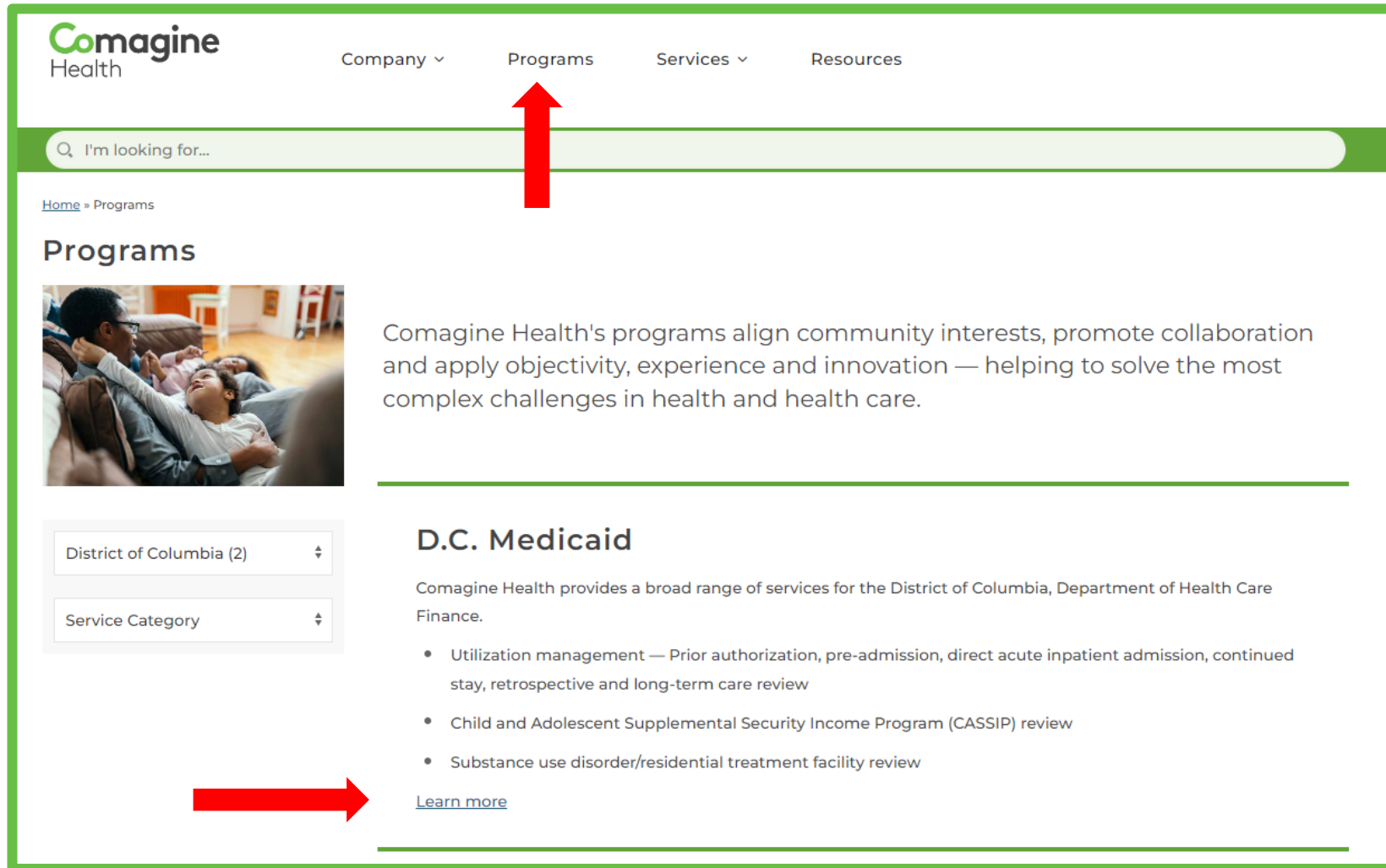
Comagine Health Provider Portal (CHPP)

- Submit reviews within the CHPP
- Go to Comagine Health's website - <http://www.comagine.org>



Comagine Health Website

- Click on Programs, find **D.C. Medicaid**, and select **Learn more**



The screenshot shows the Comagine Health website interface. At the top, the navigation bar includes the Comagine Health logo, a search bar, and links for Company, Programs, Services, and Resources. A red arrow points to the 'Programs' link. Below the navigation bar, the 'Programs' section is displayed, featuring a photo of a family and a description of the organization's mission. To the left of the 'D.C. Medicaid' section, there are two dropdown menus: 'District of Columbia (2)' and 'Service Category'. The 'D.C. Medicaid' section includes a brief description of services and a list of three specific programs: Utilization management, Child and Adolescent Supplemental Security Income Program (CASSIP), and Substance use disorder/residential treatment facility review. A red arrow points to the 'Learn more' link at the bottom of this section.

Comagine Health

Company ▾ Programs Services ▾ Resources

Q I'm looking for...

[Home](#) » Programs

Programs



Comagine Health's programs align community interests, promote collaboration and apply objectivity, experience and innovation — helping to solve the most complex challenges in health and health care.

District of Columbia (2) ▾

Service Category ▾

D.C. Medicaid

Comagine Health provides a broad range of services for the District of Columbia, Department of Health Care Finance.

- Utilization management — Prior authorization, pre-admission, direct acute inpatient admission, continued stay, retrospective and long-term care review
- Child and Adolescent Supplemental Security Income Program (CASSIP) review
- Substance use disorder/residential treatment facility review

[Learn more](#)

Provider Portal Access

- Select **Providers** on the right-side panel will display the Provider page



CHPP Registration Packet

On the Provider page, under the **Comagine Health Provider Portal** section, you will find the link to download the CHPP registration packet

[Home](#) » [District of Columbia, Department of Health Care Finance](#) » [Providers](#)

Providers

For utilization review, case management and related activities, we are continuing to process requests and answer calls via our toll-free numbers during standard business hours. We have business continuity plans in place to serve our clients, health care providers, patients and communities while also protecting our staff and minimizing the spread of the illness.

Comagine Health Provider Portal

Join us for the Comagine Health Provider Portal upgrade training sessions.
[Register now!](#)

The Comagine Health Provider Portal is a web-based application that allows you to submit requests for authorization via the internet.
[Go to the Comagine Health Provider Portal](#)

Register for the Comagine Health Provider Portal

1. Download the [Comagine Health Provider Portal registration packet](#). 
2. Complete the following forms (in the packet) and send them to Comagine Health:
 - Executive Agreement
 - Provider Portal Administrator Agreement
 - Provider Portal Administrator Registration

We will set up your account and email login information to you.

Resources

[D.C. Medicaid — UM](#)
[Providers](#)
[Contacts](#)

Submitting a Request for Portal Access

- **Submit via email:**
 - Email: dcmedicaid@comagine.org
- **Submit all completed forms:**
 - Executive Agreement
 - Provider Portal Administrator Agreement
 - Provider Portal Administrator Registration Form
 - Provider Portal User Agreement
 - Provider Portal User Registration Form
- Once Comagine Health processes your registration packet, you will receive an email with your CHPP access information.

Provider Portal Administrators

- Administrators have additional system access and system tasks to perform
- Staff who need access to the CHPP are required to contact their Administrators
- Provider Portal Administrators are responsible for:
 - Adding all User accounts
 - Managing all User accounts
 - Keeping the User account registration information
 - Resetting the passwords for User accounts and
 - Deactivating User accounts

Provider Portal Access



How to Log Into the Provider Portal

Comagine
Health



Password

If you are a new user please [Register Here](#) [Forgot Password ?](#)

[Contact Us](#)

By logging onto this site, you agree that you have read and accept the [Terms and Conditions](#) of use for this website.

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Provider Portal Log In

Jiva™



** USER WARNING **

This Provider User And Confidentiality Agreement
by and between Comagine Health.

In order to ensure the integrity, security and confidentiality of information maintained within this system, and, to limit disclosure and use of this data to only that which is permitted by law, I agree to abide by all provisions set forth in my System User Agreement (SUA) with Comagine Health. I hereby acknowledge having received notice of the potential criminal, administrative and/or civil penalties for violating any terms of my SUA. If I have questions about my obligations regarding the terms of my SUA, I understand that I may seek clarification from my organization's System Administrator.

If you agree then click on " I Agree "

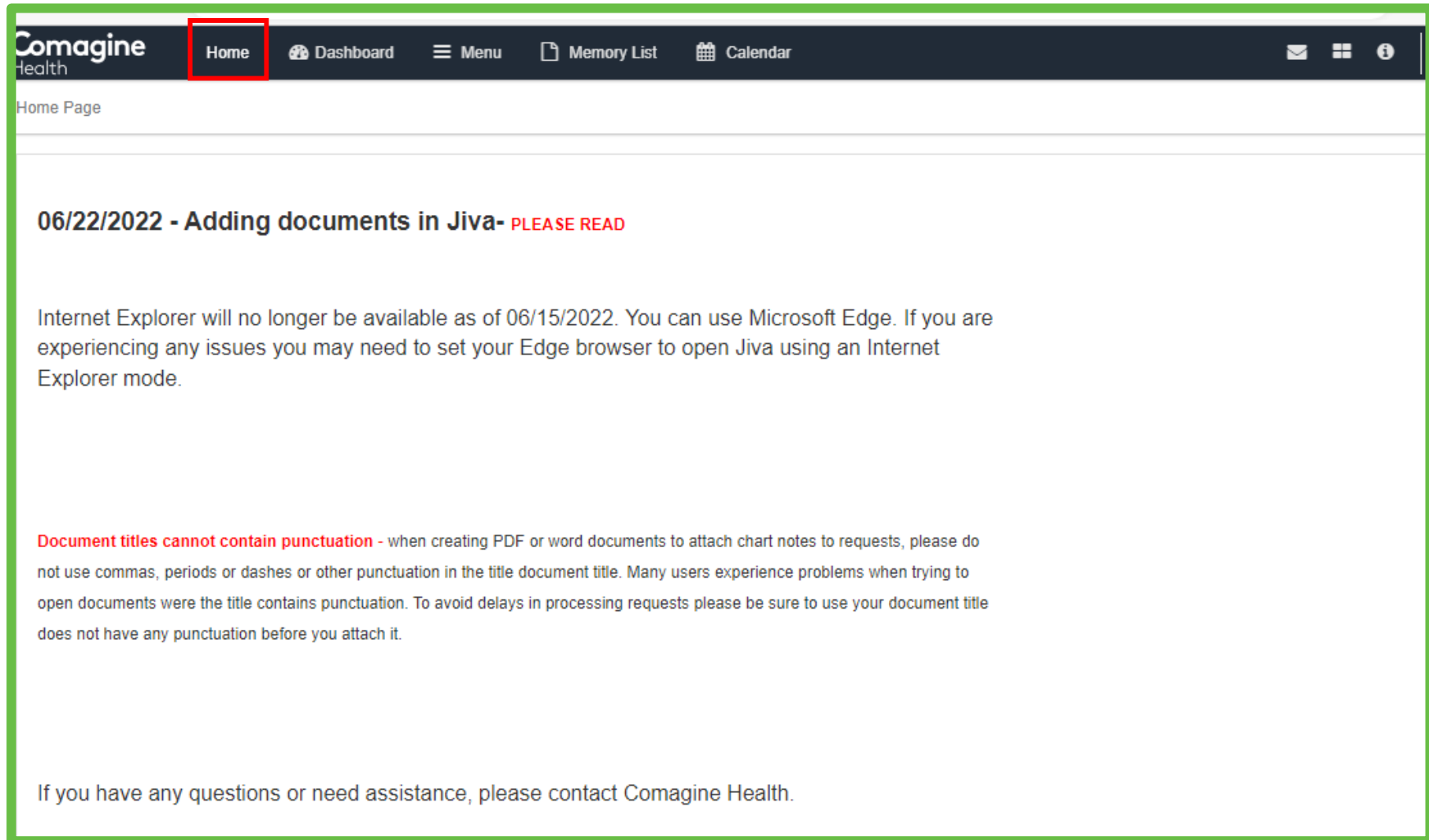


I Agree

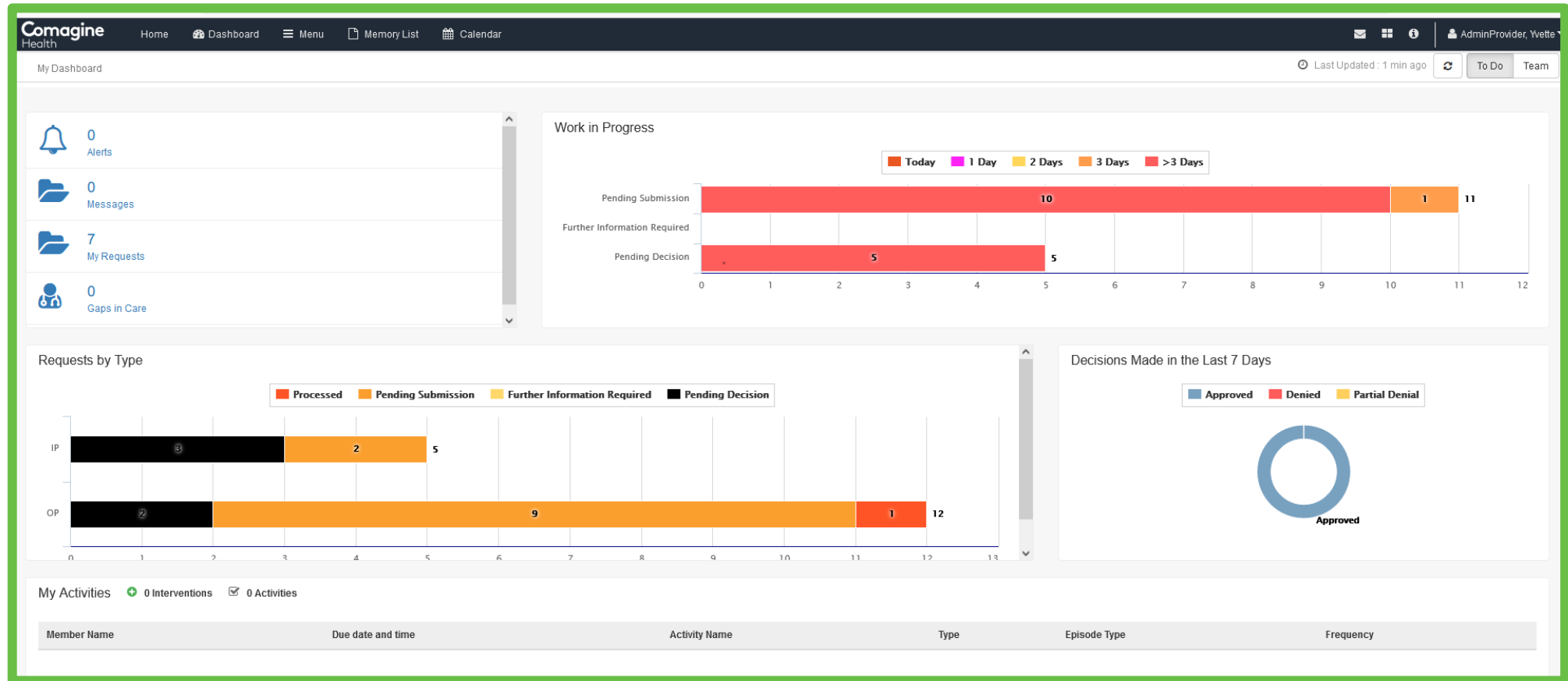
I Disagree

[Contact Us](#)

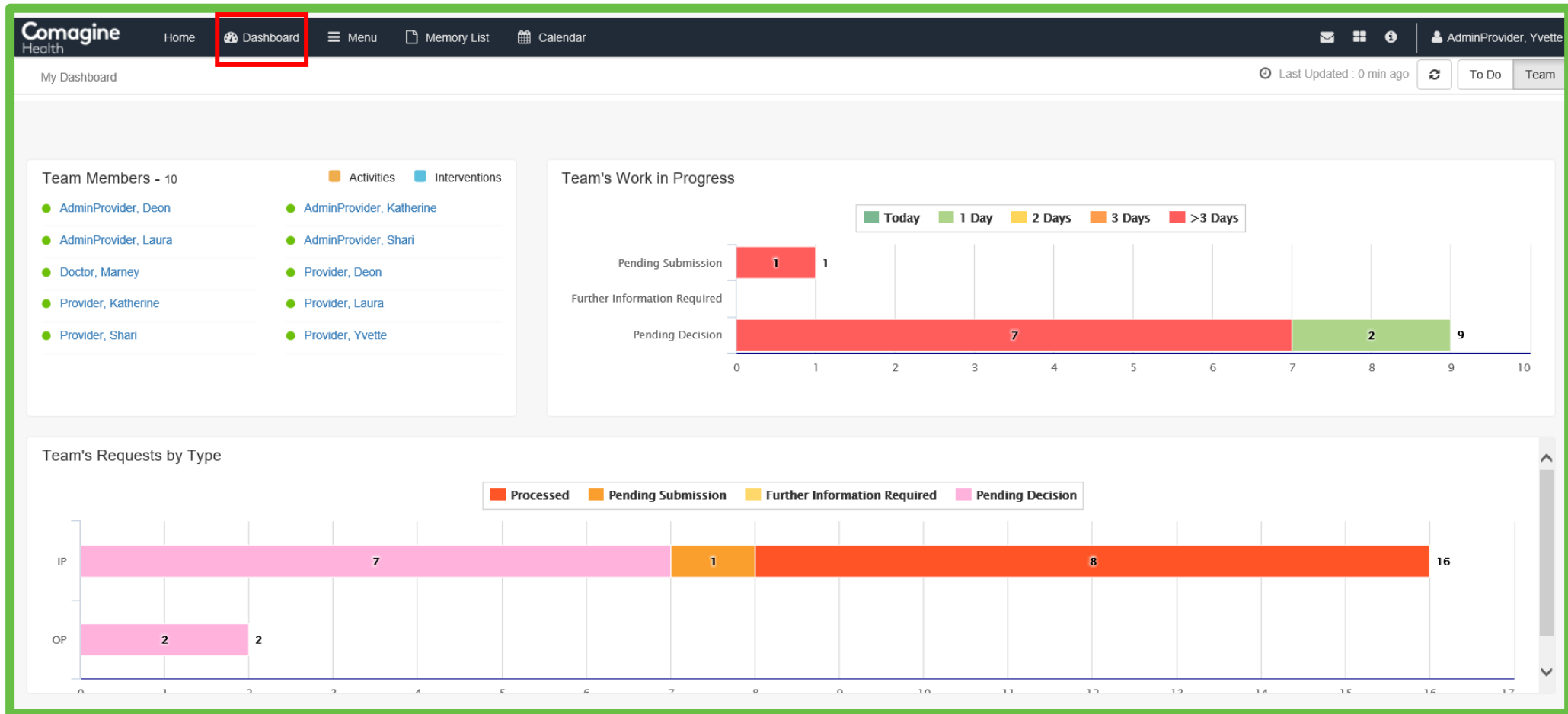
Provider Home Page – View Posted Announcements



Provider Dashboard - To Do



Provider Dashboard - Teams



Provider Dashboard Links

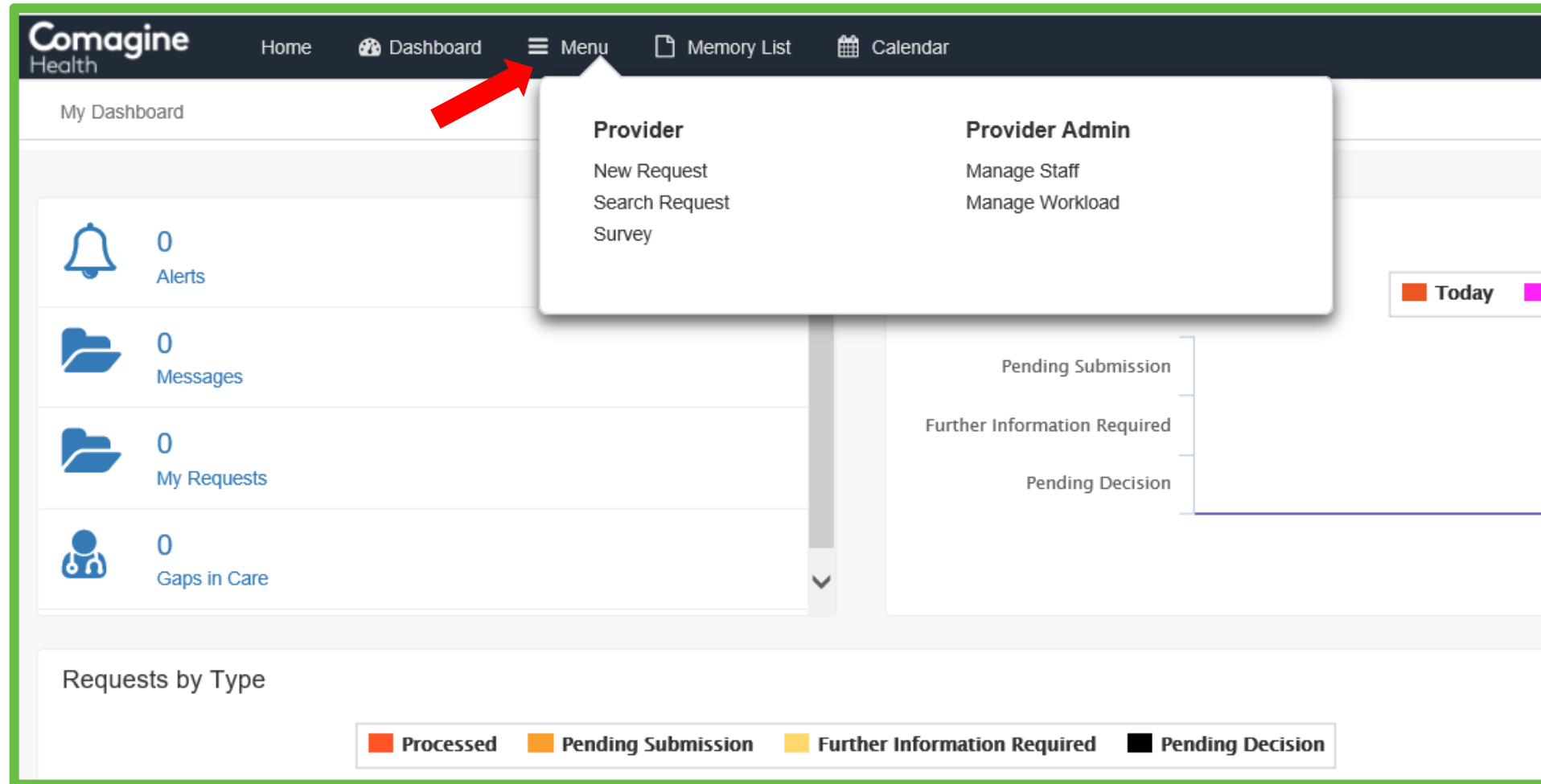
The screenshot shows the Comagine Health Provider Dashboard. The top navigation bar includes links for Home, Dashboard, Menu, Memory List, and Calendar. The user is logged in as AdminProvider, Yvette. The 'Requests by Type' section is active, showing a table of requests. The filters are set to 'Inpatient' and 'Pending Submission'. The table has columns for Episode Type, Reference ID, Episode ID, Member Name, Admit/Start Date, Diagnosis, Procedure, Provider, Created By, and Submitted By. The first row shows an Inpatient request for ALASKA, ALEX, with a Reference ID of 88369162 and an Episode ID of 2607602.

Episode Type	Reference ID	Episode ID	Member Name	Admit/Start Date	Diagnosis	Procedure	Provider	Created By	Submitted By
IP	88369162	2607602	ALASKA, ALEX	02/16/2023	I47.1		General Hospital, General Hospital, General Hospital	AdminProvider, Yvette	

The screenshot shows the Comagine Health Provider Dashboard. The top navigation bar includes links for Home, Dashboard, Menu, Memory List, and Calendar. The user is logged in as Provider, Yvette. The 'Requests by Type' section is active, showing a table of requests. The filters are set to 'Inpatient' and 'Processed'. The table has columns for Episode Type, Reference ID, Episode ID, Member Name, Admit/Start Date, Diagnosis, Procedure, Provider, Created By, and Submitted By. The first row shows an Inpatient request for MOCK, JOAN, with a Reference ID of 88369162 and an Episode ID of 2607602.

Episode Type	Reference ID	Episode ID	Member Name	Admit/Start Date	Diagnosis	Procedure	Provider	Created By	Submitted By
IP	88369162	2607602	MOCK, JOAN	04/14/2023	Z41.8		GENERAL HOSPITAL, General Hospital, Treating, General Hospital, Treating	Provider, Melissa	Provider, Melissa

How to Search or Submit a New Request



The screenshot displays the Comagine Health dashboard interface. At the top, a dark navigation bar contains the Comagine Health logo and several menu items: Home, Dashboard, Menu, Memory List, and Calendar. A red arrow points to the 'Menu' item, which has opened a dropdown menu. This menu is divided into two columns: 'Provider' and 'Provider Admin'. Under 'Provider', there are three options: 'New Request', 'Search Request', and 'Survey'. Under 'Provider Admin', there are two options: 'Manage Staff' and 'Manage Workload'. The main content area of the dashboard is titled 'My Dashboard' and features a left sidebar with four widgets: 'Alerts' (0), 'Messages' (0), 'My Requests' (0), and 'Gaps in Care' (0). To the right of these widgets, there is a section for request status with a legend for 'Today' (orange square) and a list of status categories: 'Pending Submission', 'Further Information Required', and 'Pending Decision'. At the bottom of the dashboard, there is a section titled 'Requests by Type' with a legend for four request types: 'Processed' (red square), 'Pending Submission' (orange square), 'Further Information Required' (yellow square), and 'Pending Decision' (black square).

Comagine Health

Home Dashboard **Menu** Memory List Calendar

My Dashboard

Provider

- New Request
- Search Request
- Survey

Provider Admin

- Manage Staff
- Manage Workload

0 Alerts

0 Messages

0 My Requests

0 Gaps in Care

Pending Submission

Further Information Required

Pending Decision

Today

Requests by Type

Processed Pending Submission Further Information Required Pending Decision

Search Request

Comagine Health

[Home](#) [Dashboard](#) [Menu](#) [Memory List](#) [Calendar](#)

Search Request

Member Last Name

Last Name

Q

Member First Name

First Name

Q

Member DOB

Client *

DC MEDICAID

Insurance ID *

71077777

Request Status

--Select One--

Episode Type

--Select One--

Request Type

Select Values

Treatment Type

Select Values

Episode ID

Reference ID

Request Added From

Request Added To

Provider Name

--Select One--

Created By

--Select One--

Submitted By

--Select One--

Search

Reset

Provider

New Request

Search Request

Survey

Action

Episode ID

1701229

View Episode Abstract

Open

Action	Episode ID	Member Name	Episode Type	Request Type	Treatment Type	Insurance ID	Date of Service	Reference ID	Procedure Codes	Created By	Status
	1701796	MEDICAID, SADE	OP	Prior Authorization	Eyewear and Contact Lenses	71077777	05/08/2023	92305080004	V2214,V2212	Provider, Sade	Pending Submission
	1701761	MEDICAID, SADE	IP	Prior Authorization	Acute Care Hospitals	71077777	05/08/2023	92305080001		Provider, Yvette	Pending Submission
	1701415	MEDICAID, SADE	OP	Prior Authorization	Eyewear and Contact Lenses	71077777	05/02/2023	92305020002	V2784,V2760,V2025,V2112	FOA, Folasade	Pending Decision

Submit a New Request

Comagine
Health

[Home](#) [Dashboard](#) [Menu](#) [Memory List](#) [Calendar](#)

[Provider, Sade](#)

New Request

Member Last Name

Member First Name

Member DOB

Client *

DC MEDICAID

Insurance ID *

71077777

Search

Reset

	Jiva Member ID	Member Name	Member Date of Birth	Insurance ID	Gender	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
	3441113	MEDICAID, SADE	02/01/2001	71077777	F	3441113	02/01/2014		DC MEDICAID	<div>Add Request</div>

Action

Add Request

Add Request

Inpatient

Outpatient

Submit a New Request

- 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**

The screenshot shows the 'Outpatient Request' form. On the left is a sidebar with 'Episode Details' and an information icon. The main form area contains several fields. Four fields are highlighted with red rectangular boxes: 'Request Type *' (a dropdown menu with 'Prior Authorization' selected), 'Request Priority *' (a dropdown menu with 'Standard' selected), 'Treatment Type *' (a dropdown menu with 'Community Support' selected), and 'Treatment Class' (a dropdown menu with '--Select One--' selected). Other visible fields include 'Time Request' with a value of '1 Days'.

Submit a New Request, cont.

- Enter Diagnosis

Diagnosis

Code Type *
ICD10

Diagnosis *

Primary Dx	Code Type	Diagnosis
★	ICD10	F20.1—Disorganized schizophrenia
★	ICD10	F30.9—Manic episode, unspecified

Major depression
F02.83—Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.A3—Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.B3—Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.C3—Dementia in other diseases classified elsewhere, severe, with mood disturbance
F06.32—Mood disorder due to known physiological condition with major depressive-like episode

No Providers Attached.

Submit a New Request, cont.

- Attach Providers to Episode

MEDICAID, SADE (Female) DOB: 02/01/2001 (24y) Coverage ID: 3441113 Insurance ID: 71077777 138 Episodes

Address 1222 DC MEDICAL... DC Phone & Email Coverage DC MEDICAID Group DC MEDICAID PCP/PCM Allergies

Outpatient Request

Episode Details

Request Type *
Prior Authorization

Time Request
1 Days

Treatment Class
--Select One--

Request Priority *
Standard

Treatment Type *
Community Support

Diagnosis

Code Type *
ICD10

Diagnosis *
Diagnosis

[Advanced Search](#)

Primary Dx	Code Type	Diagnosis	Actions
★	ICD10	F20.1--Disorganized schizophrenia	

Provider Details

Requesting Provider
MHRS PROVIDER

No Providers Attached.

Attach Providers

Steps to Add Providers

- Use Search or Advanced Search to find providers

Attach Providers

Enter any search criteria

Client

DC MEDICAID

Provider Last Name / Facility

Last Name / Facility

Q

Provider First Name

Provider First Name

Q

NPIN

Provider ID

01111111

Search

Advanced Search

Search Results

	Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Provider Network	Keyword
⚙	01111111	JOHN DOCTOR,	2222 DC MEDICAID ST WASHINGTON, DC - 22222 USA	Individual	Treat		N	Out of Ne	

Page 1 of 1

Selected Providers List

	Provider ID	Provider Name	Location	Provider Role	Provider Network
⊖	01333333	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
⊖	01111111	JOHN DOCTOR,	2222 DC MEDICAID ST WASHINGTON, DC - 22222 USA	Treating	Out of Network

Attach

Cancel

Steps to Add Provider, cont.

- Admitting, Treating, and Requesting providers must be attached

Attach Providers

Enter any search criteria

Client: DC MEDICAID

Provider Last Name / Facility: GENERAL HOSPITAL

Provider First Name: Provider First Name

NPIN:

Provider ID:

Search Advanced Search

Search Results

	Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Provider Network	Keyword
⚙	GH1	GENERAL HOSPITAL,	100 Main Street Dallas, TX - 76024 USA	Organization	Request		N	Out of Netwo	
⚙	GH3	General Hospital, Treating	100 Main Street Dallas, TX - 76024 USA Fax: 2064253131	Individual	Treating		N	Out of Netwo	
⚙	GH2	General Hospital Admitting,	100 Main Street Dallas, TX - 76024 USA Fax: 2065552121	Facility/Vendor	Admittin	Hospital	N	Out of Netwo	

Page 1 of 1

Selected Providers List

	Provider ID	Provider Name	Location	Provider Role	Provider Network
⊖	GH3	General Hospital, Treating	100 Main Street Dallas, TX - 76024 USA Fax: 2064253131	Treating	Out of Network
⊖	GH2	General Hospital Admitting,	100 Main Street Dallas, TX - 76024 USA Fax: 2065552121	Admitting	Out of Network
⊖	GH1	GENERAL HOSPITAL,	100 Main Street Dallas, TX - 76024 USA	Requesting	Out of Network

Attach Cancel

Add a Service Request

Service/Specialty Drug Request

Service Type

N/A

Place of Service

--Select One--

Code Type *

HCPC

Service Code *

H0036--Community psychiatric supportive treatment, face-to-face, per 15

Advanced Search

UCR Cost

\$

Time Frame

Per Day

Time period

0

Add

Modifier

Modifier

Start Date *

09/17/2025

End Date *

03/16/2026

Requested # *

6

Units

1

Assessments

- Select the gear and click **Start** to complete the **DCM Community Support Services (mandatory process to save and submit)**

Assessments

Add Assessment

New In Progress Completed

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

▶ Start

 Trend Report

 Print Assessment

Page 1 of 1

DCM Community Support Assessment

- Answer the assessment questions
- 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

Timer 00 : 00 : 09

Question Groups

⚠ DCM Community Support Services (0 of 5)

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.

* 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 individual's IPC ID number.

* 9. Please affirm and acknowledge these statements: [Add Note](#)

☐ 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

Preview Assessment

- You can review the completed or in progress assessments by clicking on the gear and selecting Preview.
- The tab on the right-hand side also needs to be selected – either **completed** or **in progress**.

Assessments

Add Assessment

New In Progress **Completed**

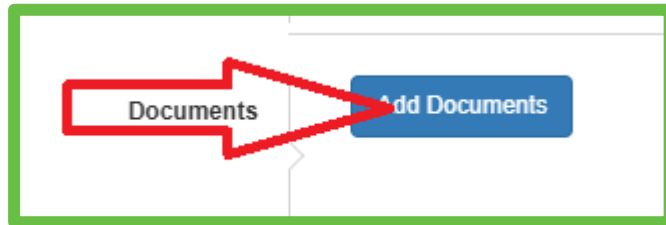
	Assessment Title	Identified On	Completed On	Completed By	Completed Questions	Total Questions	Assessment Added By
	DCM Community Support Services	05/21/2026	05/21/2026 13:01:17	Provider, Sade	9	10	Sentinel

 Preview
 Trend Report
 Copy Assessment

Page 1 of 1

Adding Documents

- Click on the **Add Documents** button.
- Please only use PDF or DOC files; TIFF files will not be accepted



	Name	Type	Date Added	Added User	Description
⚙	DLA 20		07/09/2025	Provider, Sade	
⚙	Assessment		07/09/2025	Provider, Sade	

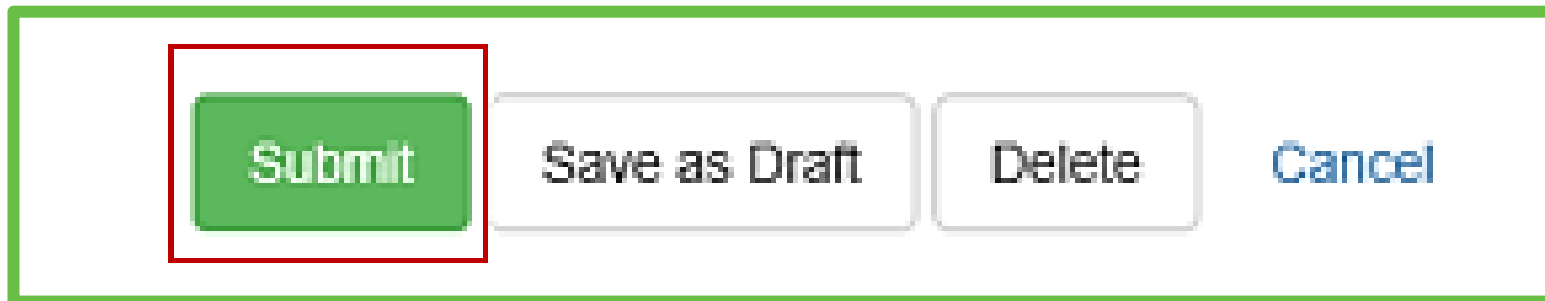
Notes

- Note Type: Auto Populates to **Web**
- Note Text: Add notes according to the request (i.e., additional information submitted)
- Note Encounter: Auto Populates the date
- Note Encounter Time: Auto-populates the time

The screenshot displays the 'Notes' form in the Comagine Health system. The form is enclosed in a green border. At the top, there are two red-bordered boxes. The left box contains the 'Note Type' dropdown menu, which is set to 'Web'. The right box contains the 'Note Encounter Date' field (02/16/2023) and the 'Note Encounter Time' field (18:02). Below these fields is a large text area for 'Note Text' with a rich text editor toolbar. At the bottom of the form, there are three buttons: 'Submit' (green), 'Save as Draft' (light gray), and 'Cancel' (blue). A red arrow points to the 'Submit' button.

Submit or Save as Draft

- **Submit:** Episode will be submitted to Comagine Health
- **Save as Draft:** Episode will not submit to Comagine Health but will be saved for later submission and can be edited
- **Delete:** The request will be deleted



Reference ID

- Make a note of the CHPP Reference ID number for your records to locate the episode faster
- The reference ID will become a prior authorization number on an approved request
- Selecting **Episode Abstract** allows you to review what was submitted; however, you cannot edit from here

The screenshot displays the Comagine Health interface. At the top, there's a navigation bar with links to Home, Dashboard, Menu, Memory List, and Calendar. Below this, patient information is shown: MEDICAID, SADE (Female), DOB: 02/01/2001 (24y), Coverage ID: 3441113, Insurance ID: 71077777. A dropdown menu shows 123 Episodes. Below the patient info, there's a section for Request Details. A green button labeled 'Episode Abstract' is highlighted with a red box. Below this, the episode details are shown: Episode Type: OP, Episode Number: 1716762, Episode Status: Decisioned, and Reference ID: 92508220002 (highlighted with a red box). A table below shows the request details for a specific service.

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	

Abstract View

- You can print by selecting **Printable View**

Episode Abstract

Printable View

Member Details	Member Details					
Policy Holder	Name	MEDICAID, SADE	Jiva Member ID	3441113	Member ID	3441113
Episode Overview	Gender	F	DOB	02/01/2001	Insurance ID	71077777
Notes	Marital Status		Phone		Alternate ID	
Diagnosis	Address	1222 DC MEDICAID, WASHINGTON, DC, 22222			Client	DC MEDICAID
Providers	Policy Holder					
Stay Summary	Episode Overview					
Service Summary	Reference ID	92509170008	Start Date	09/17/2025	Type of Episode	OP
Drug Service Summary	Episode ID	1716865	Treatment Class		Episode Status	Decisoned
Assessment Summary	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
	MHRS 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

Provider Resources

- Comagine Health Provider Portal (CHPP) User Guide
- CHPP Administrator Guide
- CHPP Quick Start Guide – Community Support Services Review Authorizations
- CHPP System Upgrade Training Webinars (recording and slides)
- CHPP Registration Packet
- Copy of the CSS Review Assessment Form (viewable under Checklists & Forms)

Questions



Type your questions in the chat

Thank you!