Oregon Independent and Qualified Agent (IQA) and Related Services Provider Portal Quick Start Guide - Behavioral Health Independent Non-Medicaid Referral Submissions

This is a Quick Start Guide for Providers submitting a referral request for Behavioral Health (BH) Independent Non-Medicaid via the Comagine Health Provider Portal (CHPP). No personal health information is used in this guide.

This guide is for the following submission types:

- Independent Living (ILP)

Pre-requisite:

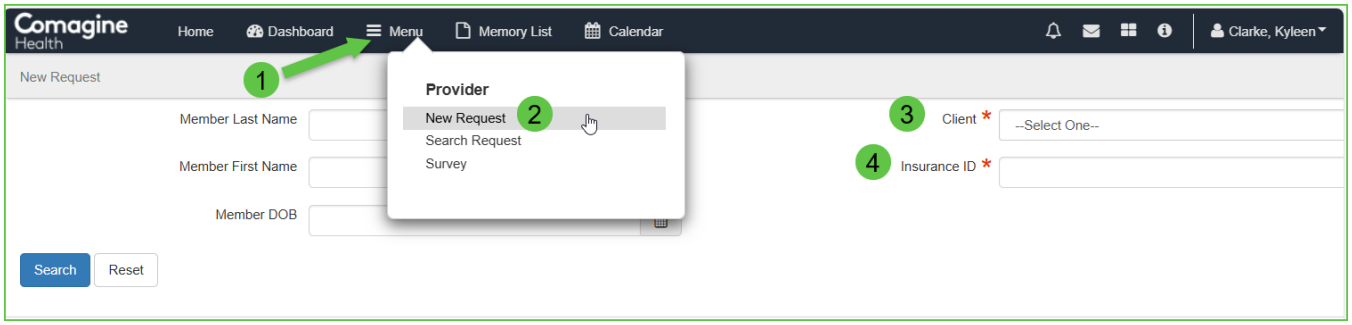
- Provider must have access to the CHPP.
  - See Oregon Behavioral Health Support Program Providers | Comagine Health for Provider Portal Registration steps.
- Individual must have a Member Profile established in CHPP.
  - The steps to confirm a member's profile or to request one be added are outlined below.
  - Individual **does not** have active State Medicaid Mental Health Services (SMHS) eligibility.
    - Contact ORBHSupport@Comagine.org, with "PORTAL" in the subject line or call 888-416-3184, Option 2 for assistance for 'next steps' with this process. The IQA can assist with the 150% Federal Poverty Limit form and process as needed.

The following steps will pertain to Initial or Annual Redetermination requests for BH Independent Non-Medicaid Referral.

- ***Initial definition:***
  - *New admission/initial IQA assessment request.*
- ***Annual Redetermination definition:***
  - *Referral accepted no more than 60 days prior to end of current authorization.*
  - *Annual Independent Non-Medicaid Eligibility Redetermination.*
  - *Date range is concurrent with the dates last approval, OR request received less than 90 days. from the end date of the last authorization.*
  - *Any request submitted more than 90 days after the last authorized end date (and meant to be concurrent with previous authorization approval period) is considered a Retro Authorization (note: Change in Web Note steps outlined later in this Quick Start Guide).*

Steps to Submit Referral Request:

1. Sign into the CHPP with your Username and Password. If you have not been issued a Username and Password, contact ORBHSupport@Comagine.org, with "PORTAL" in the subject line or call Comagine Health mainline 888-416-3184, Option 2.
   1) Select **Menu**.
   2) Select **New Request**.



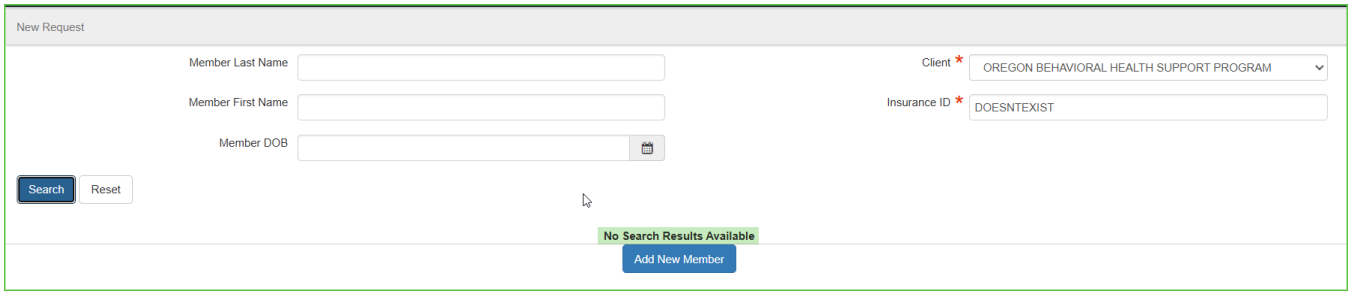
2. Search for individual using:

3) **Client –** choose **Oregon Behavioral Health Support Program.**

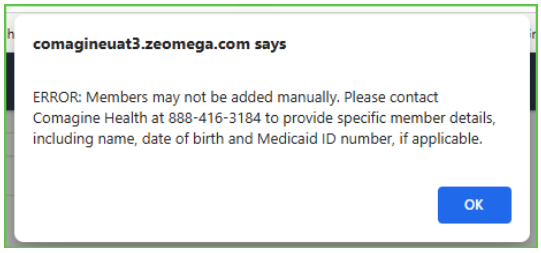
4) **Insurance ID –** enter the individual's **Medicaid ID number.**

5) Click **Search.**

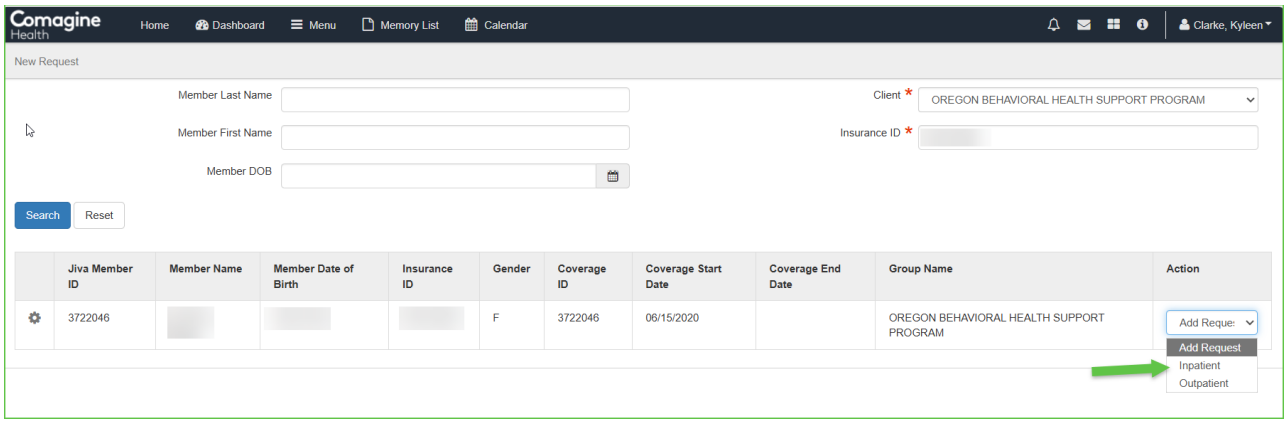
6) If a search results in "No Search Results Available," the member will need to be added.



- Note: Provider cannot add a new member to the CHPP on their own. If Add New Member is selected, you will receive an alert (see screenshot below). If you need to add a new member, call Comagine Health at 1-888-416-3184 and select Option 2, or send a secure email to ORBHSupport@Comagine.org with "Provider Portal" in the Subject line to request member add.



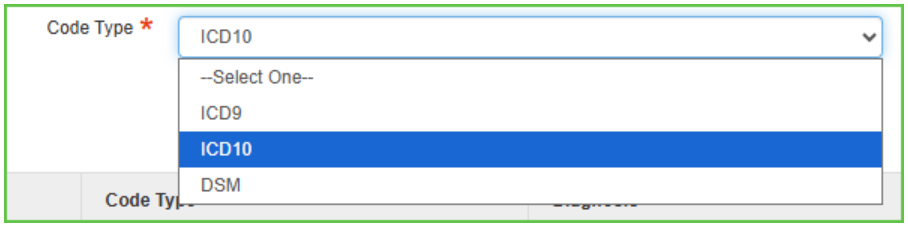
7) When the search returns results, verify the member's information – **Member Name, Date of Birth, and Insurance ID.**



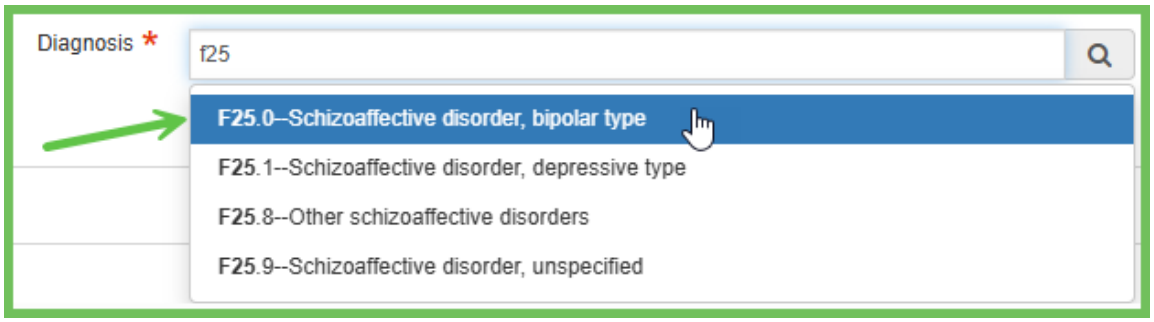
3. Under **Action**, select **Add Request** and choose **Inpatient** from the drop-down menu.
4. Enter the required **Episode Details:**
   - **Request Type:** Annual. (*Use for all submission types.*)
   - **Request Priority:** Non-Urgent.
   - **Admit Type:** Skip.
   - **Time Request:** Skip – defaults to 1 Day.
   - **Treatment Type:** BH Independent Non-Medicaid.
   - **Treatment Class:** N/A



5. **Code Type:** Enter code type primary diagnosis identified in supporting documentation.
   - ICD10 auto-populates. From the drop-down menu select the appropriate code type ICD10 or DSM.



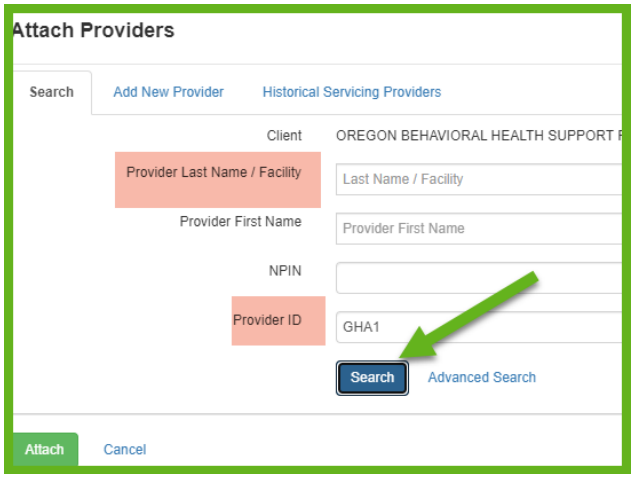
   - Under the **Diagnosis** section, enter primary diagnosis identified on the Mental Health Assessment.
     - Enter either numeric diagnosis code or start typing name of diagnosis, and a drop-down menu of choices will appear. Click on the appropriate choice to populate diagnosis code type for ICD10 or DSM field.



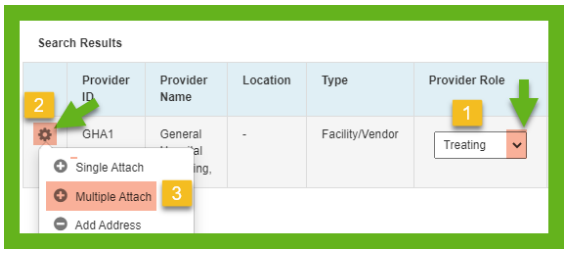
- If multiple diagnoses entered, the primary diagnosis will be indicated with a gold star.

6. Under **Provider Details**

- Select the **paperclip icon**  to add yourself as a **Requesting Provider**.
  - At this time, you are attached to the request as the **Requesting** provider. Now an **Admitting** provider **(aka referring provider – typically the county)** and the **Treating** provider **(provider currently rendering services)** must also be attached, using steps below.
- Select **Attach Providers.**
- Enter **Provider ID number** (MCD number) or **Provider name** in the appropriate field (entering the Provider ID number is preferred method).
- Click **Search**.



- Locate the correct provider under the **Search Results** (on the right side of the screen). Then complete the following steps:
  1) Review the **Provider Role** for the **Treating** and **Admitting** provider to ensure it is correct. If incorrect, click on the drop-down arrow to choose appropriate **Provider Role** (either Treating or Admitting).
  2) Click the **gear icon**  next to the Provider.
  3) Select **Multiple Attach**.

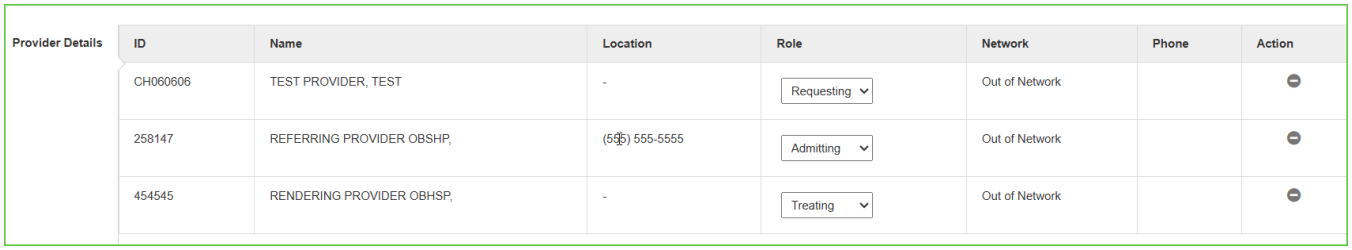


- From the same screen, enter the second Provider ID number or Provider name in the appropriate field and click **Search**.
- Locate the correct second provider under the Search Results (on the right side of screen).
- Repeat steps 1-3 above to enter the second provider.
- Select **Attach.**
- After this, there should be 3 attached providers:

REQUESTING – Submitting provider, typically county/provider/facility.

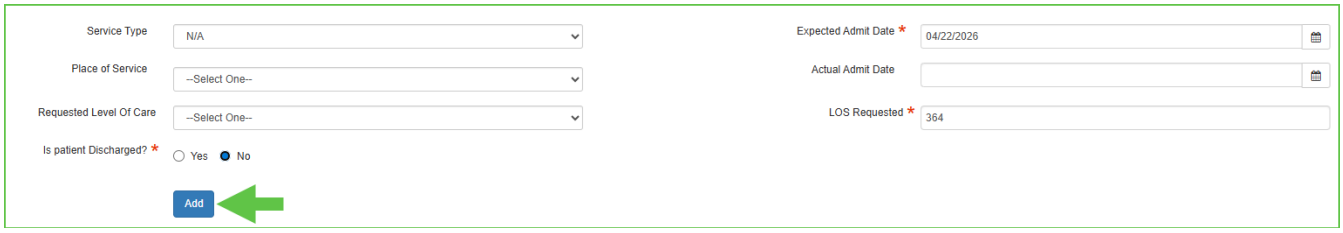
ADMITTING – Referring provider, typically the county or the provider/facility.

TREATING – Provider currently rendering services.

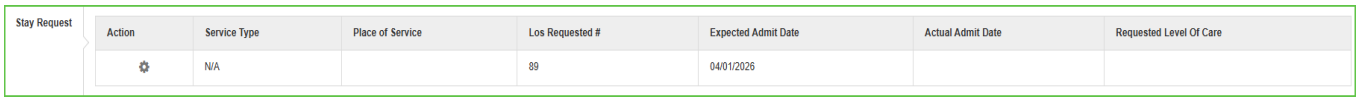


7. Under the **Stay Request** section, enter the following information:

- **Service Type:** N/A (skip).
- **Expected Admit Date:** Start date for year being requested.
- **Place of Service:** Skip.
- **Actual Admit Date:** Skip.
- **Requested Level of Care:** Skip.
- **LOS Requested:** 364. (Note: Jiva counts Day 1 as Start Date.)
- **Is patient Discharged?:** Select No.
- When complete, click **Add.**

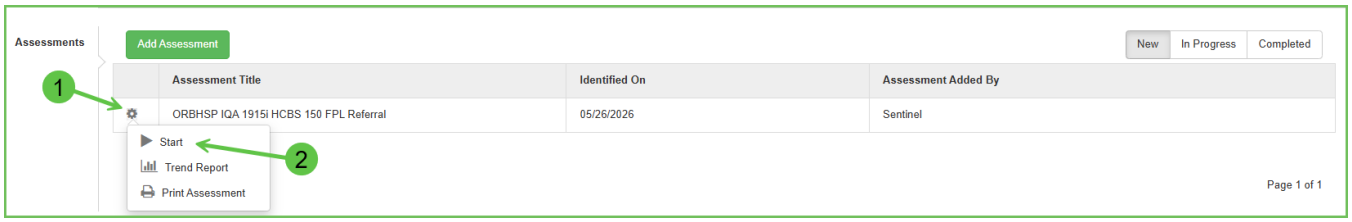


- After selecting **Add**, the page will update to reflect added stay request, as well as adding an Assessments section after Service Request.



8. The **Service Request** section can be skipped.
9. Complete the **Assessments** section:
   - If Assessment section is not visible, scroll back up to the **Stay Request** section and ensure you have clicked **Add.**
   - An assessment will auto populate according to Treatment Type selected earlier. **Do not select Add Assessment.**

     1) For BH Independent Non-Medicaid Eligibility Determination, click on the gear icon  next to the ORBHSP IQA 1915i HCBS 150 FPL Referral assessment.
     2) Choose **Start** from the drop-down menu.



***The following are the questions and directions for completion of the ORBHSP 1915i HCBS 150 FPL Non-Medicaid Referral assessment for* BH Independent Non-Medicaid:**

***1. Has consent (verbal or written) been received for the 1915i HCBS 150 FPL review and submission?**

- Consent has been received (answer questions 2-8)
- Individual or Legal Guardian/Authorized Representative has not been contacted or provided consent (answer questions 2-8)
- Individual or Legal Guardian/Authorized Representative declined consent for submission (Do not continue with this referral)

***2. Is there a Legal Guardian/Authorized Representative?**

- Yes (Fill out questions 2a – 2e)
- No

2a. Name: Enter Legal Guardian/Authorized Representative name.

2b. Relationship to Individual: (Alert: Enter NA if unknown)

2c. Address: (Alert: Enter NA if unknown)

2d. Email Address: (Alert: Enter NA if unknown)

2e. Phone Number (000-000-0000): (Alert: Enter NA if unknown)

***3. Select Placement Setting:**

- Independent Living (includes supported housing)
- Behavioral Health Adult Foster Home
- Intellectual and Developmental Disabilities Group Home
- Intellectual and Developmental Disabilities Adult Foster Home
- Aging and People with Disabilities Adult Foster Home
- Aging and People with Disabilities Residential Care Facility
- Aging and People with Disabilities Assisted Living Facility
- Young Adults in Transition Residential Treatment Home
- Young Adults in Transition Residential Treatment Facility
- Behavioral Health Residential Treatment Home
- Behavioral Health Residential Treatment Facility
- Secure Residential Treatment Facility
- Inpatient Acute Care
- Oregon State Hospital

***4. Select required documentation (*) to be uploaded with referral submission:**

- Mental Health Diagnosis Documentation signed by Qualified Mental Health Professional (QMHP) or (LPHA) within 18 months*
- Mental/Behavioral Health Assessment
- Psychiatric Assessment
- Nursing Assessment
- Residential Care Plan and/or Treatment Plan
- Progress Notes
- Progress Notes Change in Condition/Status (supporting documentation for change with anticipated duration 30+ days)
- Legal Guardianship/Authorized Representative Documents (required if applicable)
- Conditional Release/Community Evaluation for individuals involved with Psychiatric Security Review Board (PSRB).
- Risk Management Plan (for identified risks, i.e., suicide, choking, fall, elopement, etc.)
- Incident Reports
- Medication Administration Record (MAR)
- Nursing Delegation Form(s) CH-011 and supporting documentation
- Signed consent for Release of Information and Participation in the Oregon Behavioral Health Support Program (signed by guardian/authorized representative, if applicable)

5. Submitting Provider Contact Name: Enter submitting provider name.

6. Submitting Provider Email Address: Enter submitting provider email address.

7. Submitting Provider Phone Number (000-000-0000): Enter submitting provider phone number.

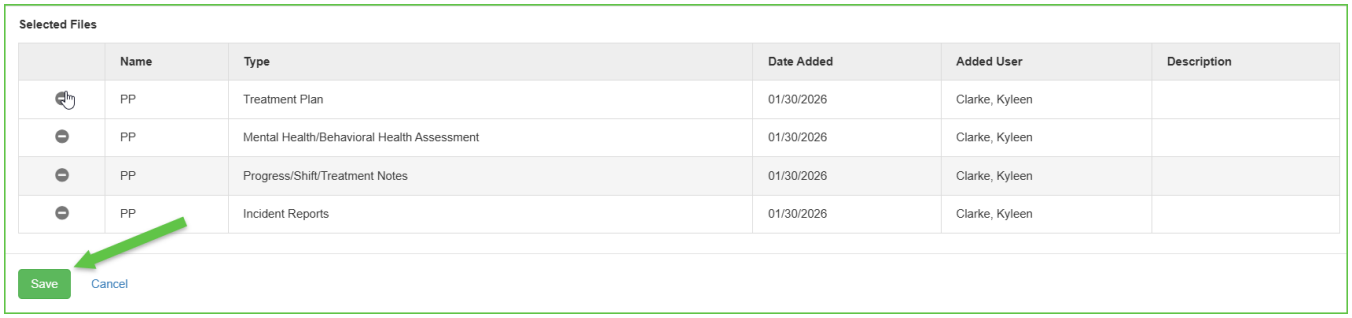
8. Submitting Provider Fax Number (000-000-0000): Enter submitting provider fax number if known.

Select **Complete.**

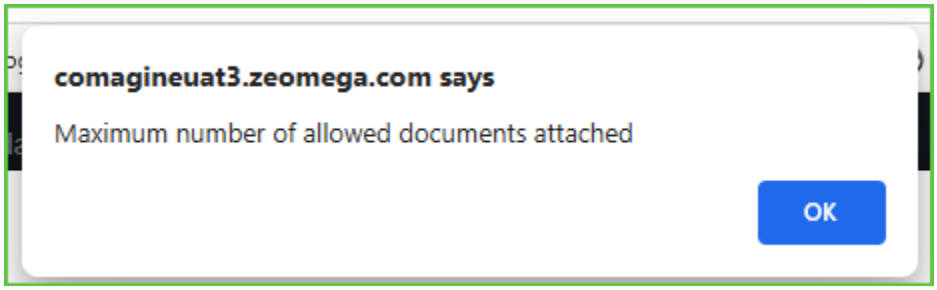
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10. Attach Documents. Note: Recommended files be uploaded as PDF

- Files cannot be uploaded as Zip files.
- Select **Add Documents**. Enter the following:
  - **Document Title:** Individual's Initials.
  - **Document Type:** Select appropriate document type.
    - Example: Mental Health/Behavioral Health Assessment
  - **Document Description:** Skip.
  - **Select Document:** Browse, select appropriate file.
  - Click **Add.**
  - Once all selected files are added, press **Save.**



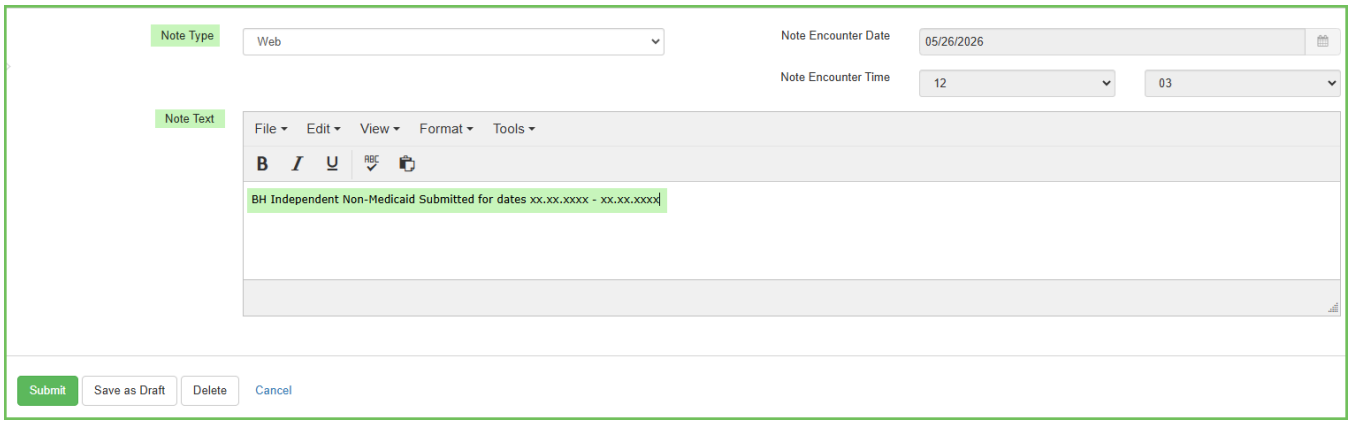
- Please note, you are only able to initially upload four (4) documents, as noted by alert (pictured below). How to upload additional documents is covered in later steps.



11. Enter the **Note Text** as follows:

- **Note Type:** Web. (auto populates)
- **Note Encounter Date:** Skip. (date auto populates)

- **Note Encounter Time:** Skip. (auto populates)
- **Note Text:**
  - Example*: BH Independent Non-Medicaid Submitted for dates xx.xx.xxxx - xx.xx.xxxx*.



- Select **Submit**.

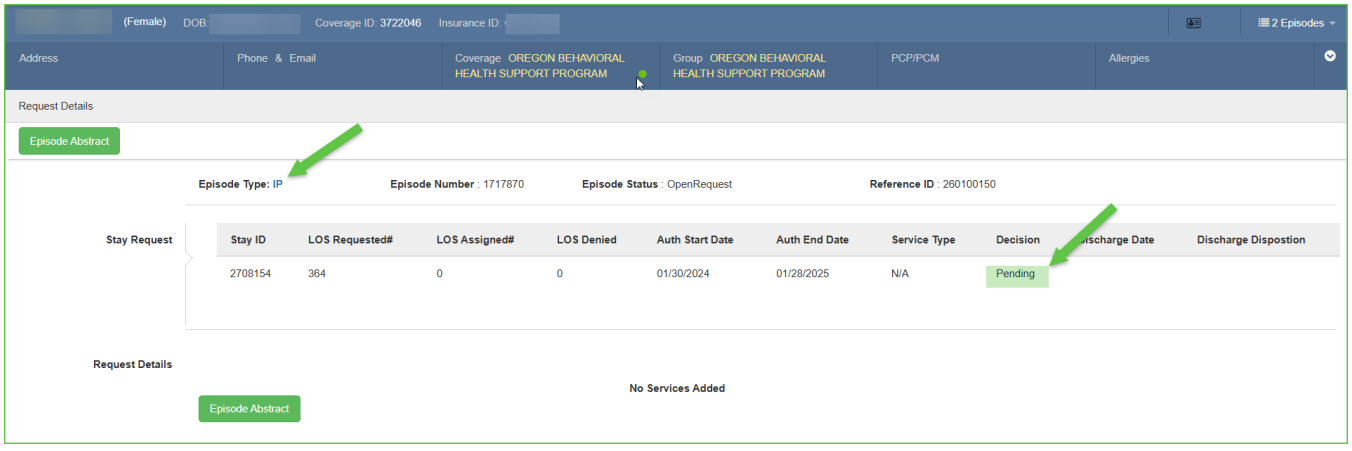


Congratulations! You have submitted a BH Independent Non-Medicaid referral via Comagine Health Provider Portal.

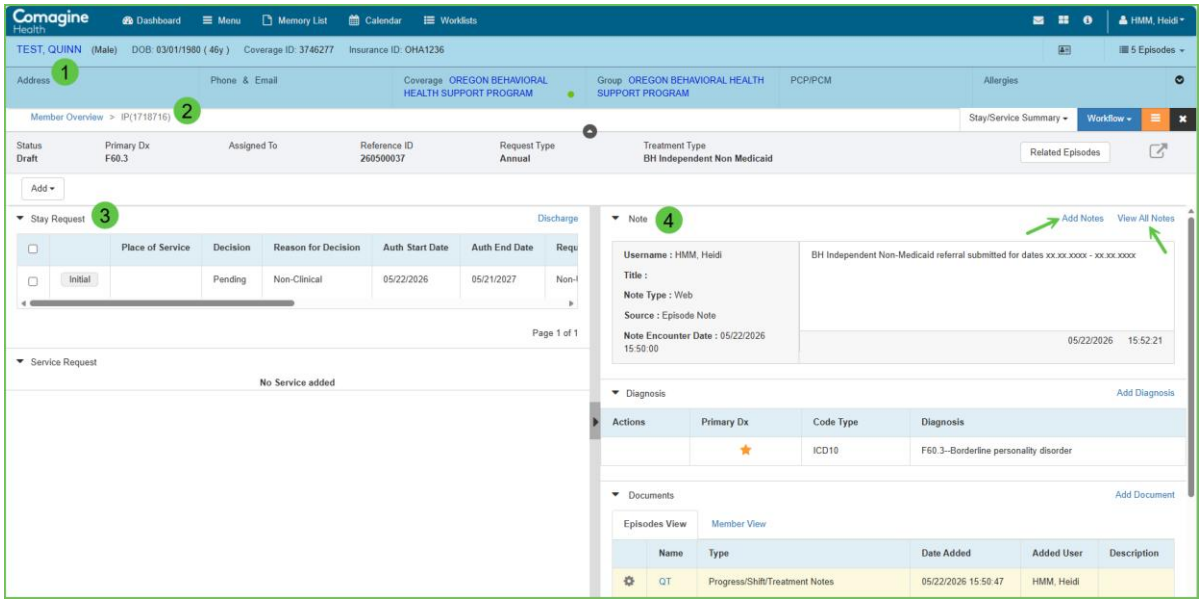
View Summary Page

A summary page will populate after submission.

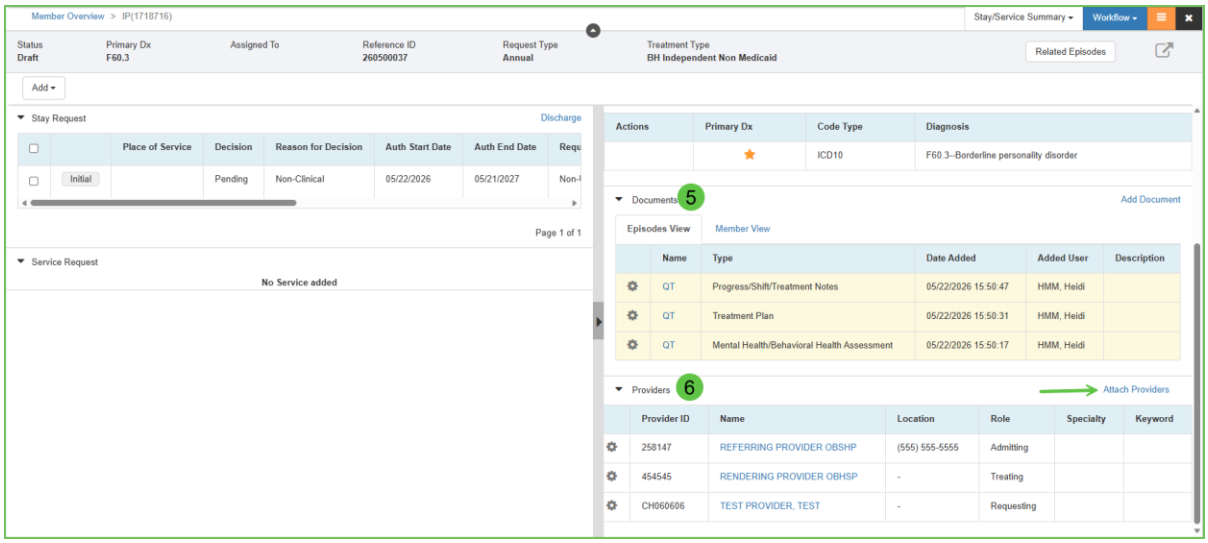
- Decision – Pending indicates this was submitted to Comagine Health.



- Select **IP** next to **Episode Type** to open individual's episode, where you can view the following:
  1) Individual's Demographic Information.
  2) **Jiva Episode Number –** Once a referral is submitted, the individual will have an episode number. If questions arise about individual's authorization, this is an identifier Comagine may ask for.
  3) **Stay Request –** Captures the authorization dates according to the scope of work.
  4) **Note -** Web Notes that captures communication within Jiva between Comagine Health, Oregon Health Authority and Providers.
     - **View All Notes** – View of all web note communications.
     - **Add Notes** – Utilize for future communication with Comagine Health. Steps outlined later.



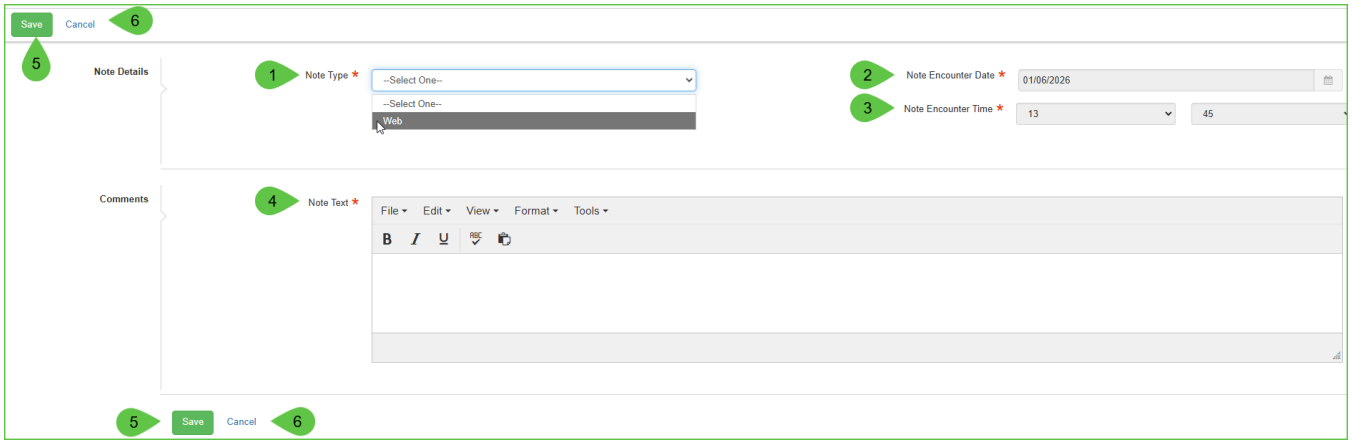
  5) **Documents –** View of all documents that were submitted.
     a. To add additional documents, select **Add Document** and follow steps previously completed for uploading a document.
  6) **Providers –** Overview of providers attached to episode.



Web Notes

To Send a Web Note to Comagine Health:

- Select **Add New Note**. Once this is selected, a note page will auto populate.



1) **Note Type – Web Note will be the only option.**
2) **Note Encounter Date – Auto populates with today's date. Do not change.**
3) **Note Encounter Time – Auto populates. Do not change.**
4) **Note Text – Field to communicate Comagine Health.**
5) **Save – Two options to save the note. Saving the note sends it forward to IQA.**
6) **Cancel - Two options to cancel the note.** If **Cancel is selected, a new note will need to be created.**

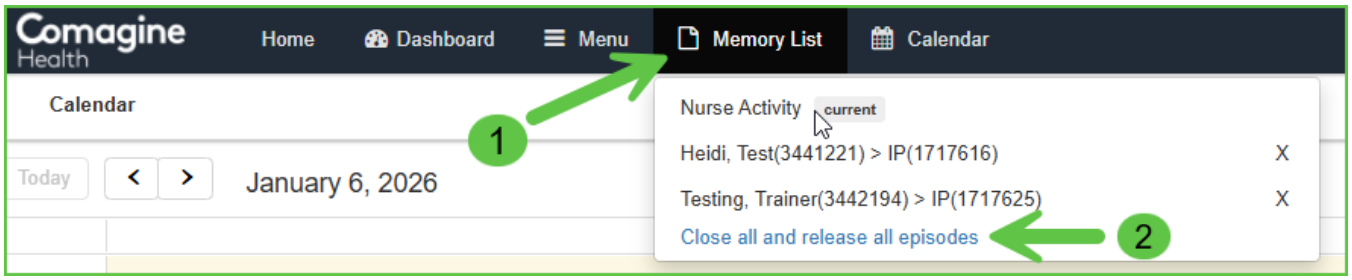
- Complete the following fields.
  a. **Note type:** Web Note.
  b. **Note Text:** Communication for Comagine Health.
     - Example: Progress Notes submitted.

c. Select **Save.**

Memory List.

Always remember to clear the **Memory List.** If an episode is in your Memory List, other parties (including Comagine Health) are unable to work in the episode.

1) Select **Memory List** from web page header. This will trigger a drop-down list of any episodes the user has opened.
2) Select **Close all and release all episodes.**



Version Number	Date Revised	Description	Author
1.0	5.26.26	BH Independent Non-Medicaid Revisions (Approved 5.26.26)	Heidi Miller
1.1	10.14.26	Updated Assessment - Required Documents	Leslie Swanson