Comagine HEALTH

Improving health and health care. Together.

# Comagine Health Provider Portal (CHPP) FAQ

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## For additional questions:

- Call 888-416-3184 (select Line 2).
- Email ORBHSupport@comagine.org (please include "PORTAL" in the subject line).
- Comagine Health Fax 877-575-8309

## Resources:

- Oregon Behavioral Health Support Program Providers | Comagine Health

## Question: Can you clarify the different submission types via CHPP?

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**Answer:**




**1915i Eligibility Determination**: (21 years or older with active Medicaid)
Quick Start Guide: 1915(i) Program Submissions
**Use Treatment Class: N/A**

- Adult Foster Home (AFH)
- Aging and People with Disabilities Adult Foster Home (APD AFH)
- Intellectual/Developmental Disabilities Adult Foster Home (DD AFH)
- Intellectual/Developmental Disabilities Group Home (DD Group Home)
- Residential Treatment Facility (RTF)Residential Treatment Home (RTH)
- Independent Living Program (ILP)
- APD Residential Care Facility (RCF)

**BH Residential Non 1915i** :
Quick Start Guide: Behavioral Health Residential Non-1915(i) Referral Submissions

- Secure Residential Treatment Facility (18 years and older with active Medicaid) – **Use Treatment Class: N/A**
- TAY Residential Treatment Home (21 years or younger with active Medicaid) – **Use Treatment Class: TAY_RTH**
- TAY Residential Treatment Facility (21 years or younger with active Medicaid) - **Use Treatment Class: TAY_RTF**

**Secure Residential Treatment Facility – Medical Necessity Authorization:**
Quick Start Guide: Secure Residential Treatment Facility Medical Necessity Authorization Reviews
**Use Treatment Class: SRTF**

- Secure Residential Treatment Facility (18 years or older with active Medicaid)
- Pre-Admission to Secure Residential Treatment Facility (18 years or older with active Medicaid, unless currently incarcerated or at Oregon State Hospital)

### BH Residential Non-Medicaid:

Quick Start Guide: Behavioral Health Residential Non-Medicaid Referral Submissions

**Use Treatment Class: N/A**

- For beneficiaries without SMHS eligibility (21 years and older no active Medicaid)

### Independent Living Non-Medicaid:

Quick Start Guide: Behavioral Health Independent Non-Medicaid Referral Submissions

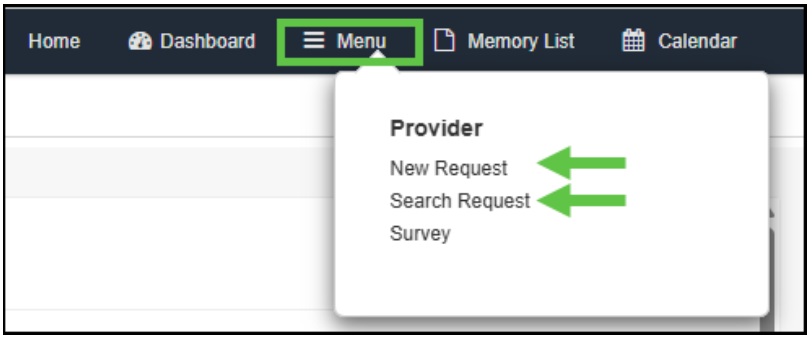
**Use Treatment Class: N/A**

- For beneficiaries without SMHS eligibility (21 years and older no active Medicaid and live independently)

## Question: How do I search for an Individual?

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**Answer:** Select Menu > Search Request. Or for new request, Menu > New Request.




Only fill in the fields marked with the red asterisk (*). Client will only be 'OREGON BEHAVIORAL HEALTH SUPPORT PROGRAM. Provider must enter the individual's Insurance ID #. This ID is a combination of 9 letters and numbers. Then select the green search button. DO NOT ENTER information in any other fields.




If the following notification(s) appear, ensure you've entered the information correctly and then reach out to Comagine Health for next steps.



## Question: What information should be included in the Web Note section?

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**Answer:** Include all pertinent information in the Web Note section.

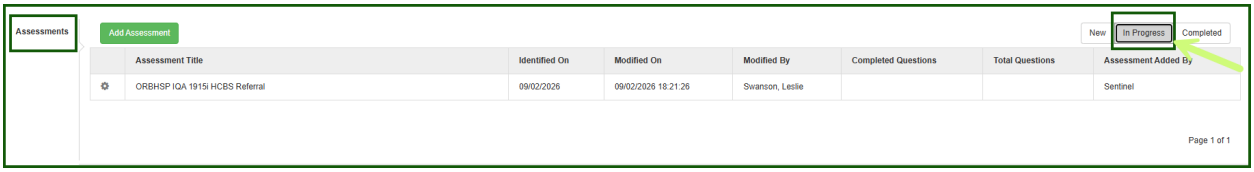
- If submitting on behalf of a multi-facility team, please provide details of the location where the individual resides. Such as:
  - Facility Name (Include city or full address).
  - Contact at the facility (Name/ Email/ Phone #).
- Include Individual's preferences, such as:
  - Preferred contact method. (Include phone # and/ or email)
  - Name preference.

*Example Web Note:* Annual referral submitted for dates 8.10.26 – 8.9.27. Individual resides at the Eugene location Comagine Health RTH. Location contact is Sally Portal (Phone: 541-111-2222 and Email:SPortal@email.com). Individual prefers contact via phone call, phone: 503-999-4444.

## Question: Where do I locate an incomplete or saved assessment on the submission page?

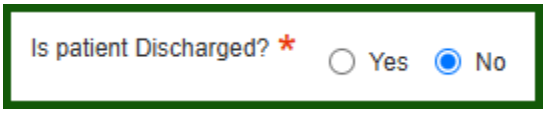
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**Answer:** If you need to 'Save' an assessment vs selecting 'Complete' for any reason, you can locate the saved assessment in the 'Assessment' section under the 'In Progress' tab.




## Question: Why does the Quick Start Guide (QSG) show 'Is patient Discharged?' but I do not see this on the screen?

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**Answer:** Comagine Health has contracts nationwide. These contracts also utilize Provider Portal. Due to the contract types, this question is required to be completed and therefore

visible to those providers. We have left this question on the QSG as it may be required for our Oregon providers to answer at some point in time.

## Question: Should prior authorization (PA) (CH-007) requests be submitted to the CHPP?

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**Answer:** Prior authorizations that are currently submitted to Medicaid Management Information System (MMIS) will not change. The CHPP does not replace the requirement to enter PA requests via MMIS.

## Question: Can you clarify the 3 provider roles when submitting a referral?

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**Answer:**

**REQUESTING (Submitting Provider) –** This is you as the provider submitting the request (when you select the paperclip icon, this attaches you as the Requesting provider). Note: A CH# will appear as the Provider #.

**ADMITTING (Referring Provider) –** Typically the county or the provider/facility. – Look up in portal with Provider MCD # (same number that was previously used on the CH006).

**TREATING (Rendering Provider) –** This is the provider currently rendering services. – Look up in portal with Provider MCD #.

## Question: How long does it take to receive access once the CHPP Registration Packet has been submitted to Comagine Health?

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**Answer:** We ask for two business days to process the CHPP Registration Packet. We will reach out if we have questions regarding your registration information.

## Question: Can we have more than one Provider Portal Administrator?

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**Answer:** Yes. It is encouraged to have two Administrators. Please note, you *cannot* promote someone from User to Administrator. All Administrator accounts need to be created as an Administrator account from the start.

## Question: We have additional staff who need access to the portal. Can I request access on their behalf, or would they need to do that?

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**Answer:** Once the CHPP Registration Packet with a designated Administrator has been received and processed by Comagine Health, that Administrator has privileges to add 'Users' for portal access/submissions.

*Note: Administrator Guide and User Guide are located on the website. Additionally, the Administrator is provided with these links in the email from Comagine Health once the CHPP Registration Packet has been processed.*

## Question: As the Administrator, when adding additional Users is it accurate to select time zone America/Chicago?

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**Answer:** Yes. It is accurate for Oregon Provider Portal users to use America/Chicago as the time zone.

## Question: Are Adult Foster Homes (AFHs) required to submit Plan of Care requests via CHPP?

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**Answer:** Oregon Health Authority Medicaid (OHA) encourages AFHs and other community partners who refer to Comagine Health to use the CHPP to streamline referrals, enhance communication, and receive real-time referral updates. Use of the portal is encouraged but not required for AFH providers at this time.

## Question: As an Administrator, is it required to set up a password question on behalf of the Users?

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**Answer:** This is not a required step for Administrator's when setting up Users. The most likely scenario is a User will lock themselves out of Jiva and you, as the Administrator, will have to be the one to reset their password or create a new temporary password for them.

## Question: Should all Medicaid ID numbers be listed for an organization with multiple programs?

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**Answer:** In this case, Comagine will reach out to you to learn what your Administrator and User access needs look like according to your organization/ program. This answer may vary depending on the organization's needs.

## Question: How do we handle CH-002 submissions for clients who haven't had a submission in the portal?

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**Answer:** If a submission for an individual did not start in the CHPP, please submit the CH-002 Discharge Form via email or fax. Once an Initial or Annual submission has started in the CHPP, we ask you upload the CH002 via the portal and send a web note, indicating this has been uploaded and the last night the Individual slept at the facility (for residential discharges).

## Question: What would cause a member not to show in the CHPP?

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**Answer:** If you are unable to locate a member (individual) in the CHPP please first verify the Medicaid ID is correct for the Individual (Example: Confirm if a 0 (zero) is in place of an O). If still unable to locate a member please contact us Comagine Health. Our team will troubleshoot the issue, as the reasons can vary.

## Question: Are providers supposed to select "Inpatient" for all services? From a billing perspective, these services are considered Outpatient services.

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**Answer:** Yes. "Inpatient" will be the accurate selection for all submission types as they are habilitative services.

## Question: Is a CH-006 still required? For SRTF Medical Necessity is a CH-009 still required?

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**Answer:** No. The Assessment completed in the CHPP submission process will capture all the information referenced in the CH-006. For the SRTF Medical Necessity, no CH-009 is needed, as the information will be captured in the submission process.

## Question: Do we still need to get the Exceptional Needs Care Coordinator (ENCC)/Community Mental Health Program (CMHP)to sign off before submitting the referral via CHPP?

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**Answer:** You do not need to obtain a signature from the ENCC/CMHP per OHA. Upon submission, the requesting/ submitting provider's user ID, date, and time are captured.

## Question: Will this platform be used for Individually Based Limitations (IBL) too?

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**Answer:** Yes. Individually Based Limitations (IBLs) can be uploaded as a document to the CHPP.

## Questions: How long will we be able to see historical submissions?

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**Answer:** Once a submission is submitted via portal, you will be able to see that episode information for the entire Plan of Care year.

## Question: How do we resolve submission errors such as incorrect referring provider, incorrect modifiers, etc.?

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**Answer:** If you find an error was made after submitting, you can access the episode to send a web note to our team informing us of the issue. Our Program Coordinator team reviews all submissions and will reach out to providers via CHPP web note for any corrections as needed.

## Question: When searching for the Individual to start my submission process, what do I do if that search brings up multiple lines for that one Individual?

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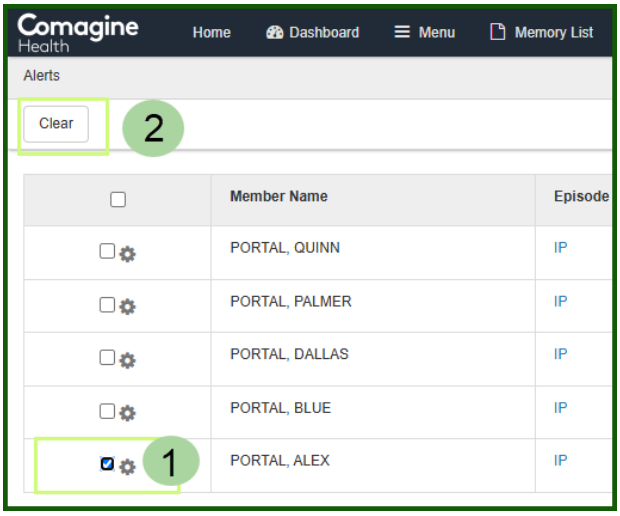
**Answer:** If you have identified duplicate lines for one Individual, please call or email Comagine Health. We will verify the information for the individual and merge the account as appropriate. To continue with your submission, locate the line that has ORBSHP in the number under the Member ID column and proceed with your submission on that line.

## Question: How do I clear alerts from the alert section?

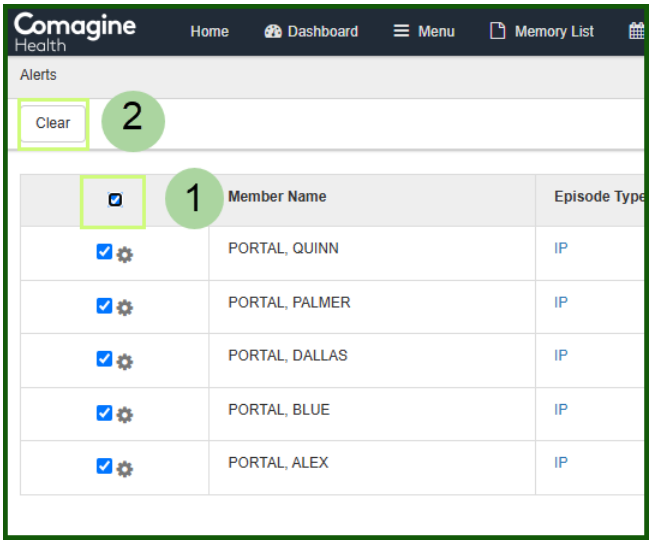
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**Answer:** In the 'Alert' section you will be receiving alerts for all members attached to your Provider Portal team account. Please note, clearing alerts from your alert section will **not** delete your team members alerts; it will only delete from your screen.

*Option 1)* To delete one alert at a time, select the check box next to the specific alert you want removed. Then select 'Clear'.



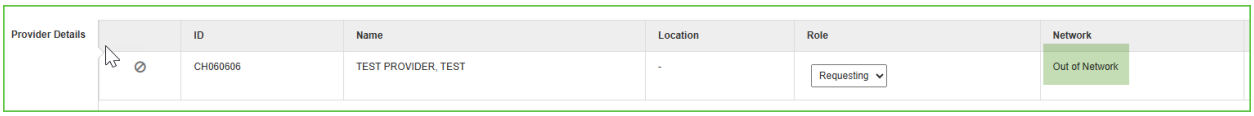

*Option 2)* To delete all alerts at one time, select the check box at the top in the gray section. Then select 'Clear'.



## Question: What do I do if the providers I add to the referral submission are listed as 'Out of Network'?

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**Answer:** Network status is not an accurate data field. You can proceed with selecting providers, even if they show as 'Out of Network'.




## Question: Why does the QSG show a question about patient discharge in the 'Stay Request' section? I do not see this option on my screen.

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**Answer:** At this time, the discharge question is not active in Provider Portal. Currently, in the 'Stay Request' section you **only** need to answer the information marked with the red asterisk '*'. Then select the blue 'Add' button.

## Question: How do I delete a Draft referral I no longer need?

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**Answer:** Please use Quick Start Guide: Delete Request Draft

Located on our website Oregon Behavioral Health Support Program Providers | Comagine Health > Resources > Comagine Health Provider Portal section.

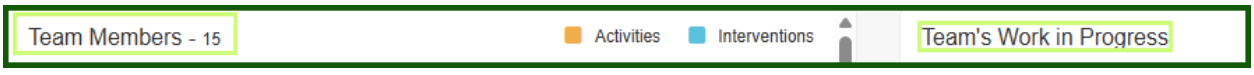
## Question: How can I view my teams referrals in the Provider Portal?

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**Answer:** From 'Dashboard' select the 'Team' button in the upper right hand corner.




Once on the 'Team' page, you will see a list of your team members and the graph reflecting 'Team's Work in Progress'.



## Question: Is it possible to see past submissions for an individual submitted prior to Provider Portal?

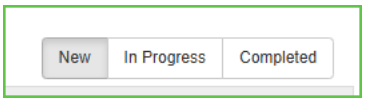
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**Answer:** To see a past submission (episode), you must be added as a 'Requesting Provider'. Please call or email Comagine Health for assistance, as you will not be able to add yourself.

## Question: Why does the assessment not auto populate for me when I am working on a submission in the Provider Portal?

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**Answer:** First, confirm you have selected 'Add' in the Stay Request section. Also review the 'In Progress' and 'Completed' tabs to ensure the assessment isn't in progress. If you are still unable to see an assessment, it is likely that your account was set up incorrectly. Please call or email Comagine Health for assistance.



| Version Number | Date Revised | Description | Author |
|---|---|---|---|
| 1.0 | 5.13.26 | Provider Portal FAQ - Creation | Leslie Swanson |
| 1.1 | 6.10.26 | Provider Portal FAQ - Updated | Leslie Swanson |
| 1.2 | 9.4.26 | Provider Portal FAQ - Updated | Leslie Swanson / Kyleen Clarke |
| 1.3 | 10.13.26 | Provider Portal FAQ - Updated | Leslie Swanson/Kyleen Clarke |