

## BH Authorization/Referral Requests in the Provider Portal - JIVA

Jiva Training

#### **Provider Portal**

Log In



Main	
Home Provider Directory	
Auths and Referrals	
Jiva Procedure Code Lookup Authorization / Referral Search - P	rior To 5,
Log Out	۲

Each time you sign on to Jiva, you will need to agree to the disclaimer

## Jiva™

With regards to patients who have or who have had alcohol or substance use disorders, I agree to document any information related to diagnosis and/or any treatment including but not limited to diagnosis and procedure codes, place of service, provider specialty, or medications by marking the note as sensitive. Federal regulation 42 CFR part 2 prohibits unauthorized disclosure of these records. I understand that information entered or displayed is not intended to be a replacement for my own Electronic Health Records (EHR) and should not be relied upon for the basis of treatment decisions for my patient. If you agree then click on " I Agree "

#### **Provider Portal – JIVA Dashboard**

The Dashboard

Once signed on to JIVA, you will be directed to your dashboard. Your dashboard provides you quick access to the task list and notifications for the episodes assigned to you.





# Entering New Behavioral Health Request in Jiva

Jiva Training

Submitting a BH Request – Member Search

• Select "New Request" from the Menu



#### You must use Subscriber ID as the Member ID. Click Search.

New Request			Enter member ID #. You must have the member ID # in order to search and enter a new request.
Member Last Name	Q	Client	
Member First Name	Q	Member ID Type *	Subscriber ID V
Member DOB		Member ID *	and a second sec
	Search		

#### Submitting a BH Request

- Member Populates
- On any row (if more than one) click "Add Request" under Action
- Choose type of request for behavioral health will always be OP

	Jiva Member ID	Member Name	Member Date of Birth	Gender	Coverage ID	Subscriber ID	Coverage Start Date	Coverage End Date	Group Name	Insurance Type	ls Primary	Action
¢	5	-	4000	F	0.000	10,000	12/01/2024	01/31/2025	Sets Southers' of Research Construction	P5	Ν	Add Requ 💙
0	5	-	10,000	F	0000	10,004	02/01/2025	03/31/2025	Control on State Coll Research Control on the	P5	Ν	Add Requ 🗸
٥	5	-	10,000	F	10,000	-	04/01/2025	12/31/9999	Calcing and Californian Contractions	P5	Y	Add Requ 🗸
												Inpatient

If submitting for behavioral health referral or authorization, select "Outpatien"

Outpatie

#### Submitting a BH Request

You can also add a request by clicking on the member's name (blue hyperlink) which takes you to the MCV. Click on **+ Add Request** and choose inpatient or outpatient.

Either method will allow you to enter an inpatient or outpatient requests and the process is the same for both.

#### Note: Behavioral Health referral and treatments are outpatient requests.

equests						
All	All		✓ Filter	by Date 04/27/2024	/2024	
Actions	Auth Type	Auth Number	Member Name	Requested/Created Date	Diagnosis	Procedure
٥	OP	240600041	Doe, Jane	06/10/2024	M25.51	97810

#### From member search

#### From member centric view (MCV)



#### Submitting a BH Request

90% of BH services with the Alliance do not require authorization.

Services that required auth/referral approval are:

- Refer member to an out of network (OON) provider
- OP BH Services: BH Treatment, Intensive OP Services, and Partial Hospitalization

In Jiva, mandatory fields have a \*.

#### Enter Request Type and Reason for Request.

**NOTE:** For BH Services **Reason for Request**, please use either OON Referral or OP Behavioral Health.

#### **Outpatient Request**

Episode Details	>	Request Type *	Pre-Service	~	Requ	uest Priority *	Routine	~
		Time Request	5 Business Days		Reason f	for Request *	Select One	~
							Select One	
							Carve-Out	-
6 Diagnosis		<b>*</b>					ECM	
U Diagnotio	>	Code Type 🔨	ICD10	~		Diagnosis *	ECM CS	
							Historical Carelon	
							Historical CCS SAR	
							OON Referral	
							OP Behavioral Health	-
							OD Dharmaou	

#### Submitting a BH Request - Enter the Diagnosis or Diagnosis Code

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					HI ENOLISI	A Heik Score	- III 1 Episode -
			e Group Medicare All1	POPPCM Farrel, / Sulivan,	un Alerge		٩
dent Request							
Episode Details	Request Type 🇯	Precertification		Request Priority *	Standard		
		Optional Fields					
in the second se							
O Diagnosis	Code Type *	ICD10		Diagnosis *	lagnosti		Q
					Advanced Search		
					Т		

Notice you can free-text search for a diagnosis in addition to simply entering the actual diagnosis code.

sis *	k35.32	Q
	K35.32–Acute appendicitis with perforation and localized peritonitis, without abscess	
	իդ	

Primary Dx	Code Type	Diagnosis	Actions
*	ICD10	T67.1xxSHeat Syncope, Sequela	
*	ICD10	R12Heartburn	$(\circ)$



If you incorrectly enter a diagnosis, you can remove by click on the delete icon under actions and you will receive an alert asking if you are sure you want to delete the diagnosis. Click ok and you will see that the incorrect diagnosis is gone.

Ign

Submitting a BH Request – Attach Providers

Next, Click 'Attach Providers'> You must add a **Requesting** and **Servicing** Provider. **Requesting** Provider should always be the submitter's facility/organization.

		Attach Prov	viders									0×
		1 Enter any	search criteria									
rovider Details	Attach Providers	1	Provider Last Name / Facility	Q A A A A A A A A A A A A A A A A A A A	Search Results							
			Provider First Name	Provider First Name Q	Provider ID	Provider Name	Location	Туре	Provider Role	Specialty	In Network?	Keywort
			NPIN		9050	CEN.	1600 GREEN	MISCELLANEOUS	Reque 🗸	Home Health	N	In Area
			Provider ID		O Multiple Attach	2	RD SCOTTS		Select One Requesting			
				Search Advanced Search	-		VALLEY, CA -		Servicing			
							95066- 4981					
Click the blue 'Attac	ch Providers' button.						Phone: (831)					
A new attached pr	roviders screen will pop up, you						430- 5500					
NPIN, or Provider	r ID. Choose an option and click				4							
'Search'. The resu	lts will appear to the right.	~										Page 1 of 1
Verify to make sur for the provider.	re the address location is correct	Selected Pro	viders List 3		•							
Click on the Provid	der Bole dron-down of the provider		Provider ID	Provider Name		Location				Provider Role		
you wish to attach	h and select the role.	0	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN SCOTTS VAL	HILLS RD LEY, CA - 9500	56-4981		Requesting		~
Click the settings	s icon on the left and select					USA Phone: (831) 4	30-5500					
Multiple Attach to repeat this step of	o add provider below. You must one more time to add both	0	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN	HILLS RD	SE 4981		Servicing		~
Requesting and S	Servicing Providers.					USA Phone: (831) 4	130-5500					
Once you have b	ooth desire providers listed											
providers to your	green " <b>Attach</b> " button to attach r request.	Attach	ancel									

#### Submitting a BH Request

If you incorrectly attached a provider, you can remove the provider by clicking on the delete icon (minus sign) while in the provider attach screen or in the request form. **Note** that you must attach 2 providers (Requesting and Servicing) in order to submit your request.

d Provide	ers List 🚺											
	Provider ID	Provider Name		Location			Provider Role					
, _	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN HILLS SCOTTS VALLEY, ( USA Phone: (831) 430-550	RD CA - 95066-4981 00		Requesting		~			
<u>り</u>	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN HILLS SCOTTS VALLEY, ( USA Phone: (831) 430-550	RD CA - 95066-4981 00		Servicing	ccahuat2	∽ pp.zeo	mega.com says		
Cance	el							Do you wa	nt to de	etach from request?		
											ОК	Cancel
								-				
etails	ID	Name	Location		Role	Network	Phon	le	Action			
	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	1600 GREEN HILLS RD SCOTTS VALLEY, CA - 95066-49 USA Phone: (831) 430-5500	81	Servicing V	Out of Network	(831)	430-5500	0			
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Attach Providers

Submitting A BH Request – Referral

If requesting a **referral to an out of network** provider, Reason for Request must be **OON Referral**. code type must be 'CUS' for custom and under Service Code, type con (for consult) or fol (for follow-up) and make appropriate choice.

Reason for Request \*

OON Referral



#### Submitting a BH Request – OP Behavioral Health

If requesting for Behavioral Health Treatment, Intensive OP Services, and Partial Hospitalization services, please use **OP Behavioral Health** as Reason for Request

							Reason for Request	OP Behav	ioral Health	
Service Type *	Select One		~							
Department	Select One		•							
	Acupuncture									
Code Type *	Behavioral Health Treatment		Se	ervice Type *	Behavioral Health	Treatment	Service Type *	Behavioral Health	Treatment	~
Caprice Code #	CBAS									
Service Code ·	CHW Recommendation		D	epartment	Select One		Department	Select One		~
	Dental Anesthesia Services						Code Type *	HORO		
	Diagnostic		(	Code Type \star	Select One			HUPU		·
	DME-Equipment						Service Code *	Hod		0
	DME-Medical Supplies		Ser	rvice Code *	Select One			1129		~
	DME-Orthotics				CDT		_	H2000–Comprehe	nsive Multidisciplinary Evaluation (N	lot
	DME-Prosthetics				CPT			Payable By Medica	ile)	
	Enhanced Care Management (ECM)		_		CUS			H2001Rehabilitat Pavable By Medica	ion Program, Per 1/2 Day (Not are)	- 11
	Home Health/Hospice		-		005			112040 0	nin Madiatian Oradian Dec 45	
Document Title	Intensive Outpatient Services				DRG			Minutes (Not Paya	ble By Medicare)	
Received Date	Medical Nutrition Therapy				HCPC			H2011Crisis Inter	vention Service, Per 15 Minutes (N	ot
Received Date	Palliative Care							Payable By Medica	are)	
Received Time	Partial Hospitalization		6	Add					Health Day Treatment, Per Hour (N	Vot 🖵
				-						
		Service Request		1						
		Action	Service Code	Requested#	Start Date	End Date	Service Type	Department		
		$\bigcirc$	97152(CPT)	1	06/25/2025	08/21/2025	Partial Hospitalization		13	

#### Submitting a BH Request – Attach document

You need to attach a document with relevant clinical information supporting the request being made on behalf of the member. To upload supporting documents, **enter document title**, type and then, hit **browse**.

Action		Service Code	Requested#	Start Date	End Date	Service 1
<	F .	44960(CPT)	1	07/16/2020	07/17/2020	Surgical
1 mars						
Che	CK FOR Review					
hents	CK FOI Keview	Decument Title				
nents	CK FOF REVIEW	Document Title		1		
nents	X For Keview	Document Title Document Type	Select One	4		

#### The uploaded document title is displayed next to the Browse button

## Double click on the document to upload.

Choose File to Uploa	d					×
← → ~ ↑	This	PC > Documents > Test documents	~ 0	Search Tes	t documents	P
Organize • New	folder				88 • 🔳	0
OneDrive	^	Name	Date modified	Туре	Size	-
		Asthma Action Plan	12/5/2019 9:35 AM	PDF File	208 KB	
This PC		Chest xray	1/28/2020 12:56 PM	JPG File	95 KB	
3D Objects		COPD	4/21/2020 10:01 AM	JPG File	397 KB	
Desktop		CVA	4/21/2020 10:25 AM	JPG File	141 KB	
Documents	1	Diabetes	4/21/2020 10:18 AM	JPG File	235 KB	
E Bronder de		Distant .	4/31/3030 10:30 444	and the	100 400	

#### Submitting a BH Request – Add user contact information

#### You, the requester, will need to add your contact information in this section of the request form.

- Office Contact Name: Enter your name as the portal user who's submitting the request
- Your or office contact phone number
- Your or office contact fax number
- Your provider name . If not applicable, put N/A

Provider Contact Information	Office Contact Name: *	Contact Fax #: *		Treating/Referring Pr *	
	Contact Phone #: *	Additional Contact Info:			

Submitting a BH Request – Add Notes

If you wish to include a note for the nurse reviewer, you may do so. Please choose **Web Note** as the note type, add your note and then click green "Submit" button to submit request.

Notes	Note Type	Select One	~	Note Encounter Date	03/21/2025		<b>#</b>			
	>	Select One		Noto Encountor Timo						
		Add Note to Request		Note Encounter Time	15 🗸	29	~			
	Note Text	Cancel Request								
		Change Request								
		Web Note								
	When add notes, use "Web Note" as Note Type, then enter notes here.									
(	Submit Save as Draft Can	cel								

**Note:** You may click 'Save as Draft' to finish later, or 'Cancel' to cancel request. If you are ready to submit, click the green 'Submit'

#### Submitting a BH Request - confirmation



As you click submit, there will be a popup alert for not attaching document if there is no document attached. Click **OK** to submit the request or Cancel and add document.

Request Details										
Episode Abstract										
	Expected Decision Da 03/28/2025	ate : Autho	orization Type : OP	Episode	Number : 433381	Episode St	atus : OpenRequest	Auth Number : :	250300184 250300184	
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	(
	571501	92524(CPT)	10	0	0			Behavioral Health Treatment	Per Day	-
Authorization Drug Details										

No Specialty Drug Requests Added

#### Submitting a BH Request

If you prefer to fax your request after enter in Jiva or fax an attach document, you will need to print the view episode abstract and faxed to 831-430-5851 for Rx-PAD, all other request types faxed to 831-430-5850.

\$		OP 2					Printable View
-	۲	Edit Request	Member Details				
	۲	View Episode Abs	Name	Default, Member	Jiva Member ID	158600	Member ID 1
			Birth Sex	F	Gender Identity		Subscriber ID 11111111
			Marital Status		Sexual Orientation		
			Address	123 Maine rd, -, NEW YORK, NY, 10001	Preferred Pronoun		
			DOB	01/01/1950	Race	Not provided	
			Phone	4084084000	Ethnicity	Not provided	
			Policy Holder				
			Episode Overview				
			Auth Num	ber 240700389	Start Date	07/12/2024	Type of Episode OP
			Episode	ID 42722	Referral resource	e Web	Episode Status OpenRequest
			Request Ty	/pe Pre-Service	Subscriber ID	11111111	Assigned To Portal - OP Pharmacy
			External Episode	ID	Reason for Request	OP Pharmacy	
					Request Priority	Routine	

#### Checking status of a Request

Jiva provides real-time request status. To find a list of all your requests and their status, you can locate the **My Request** widget on your dashboard which reflects the total number of open requests submitted by you.

Jiva	•	🚯 Dashboard	≡ Menu	Memory List	🛗 Cal
My Dash	board				
ł	2 My Rec	juests			
1	2	OP	200400	0092	
2	<b>e</b> o	pen			
-	۵ ۱	/iew Episode At	ostract		

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Click the blue text to open the complete listing of all requests submitted by the user.

After opening My Requests, open the settings icon at the left of the desired line item and select either "Open" to access the whole request, or "View Episode Abstract" to view a summary.

#### Checking status of a Request

Jiva provides real-time request status. To find a list of all your requests and their status, you can locate the My Request widget on your dashboard which reflects the total number of open requests submitted by you.



My Requests

Click the blue text to open the complete listing of all requests submitted by the user.

User can filter requests by type, status, and date. Requests can be sorted by auth type, member name, date, and status,

All	✓ All		✓ Filter by Date	te 05/13/2024	<b>Ⅲ</b> - 07/12/2024	ı 🗎 🖉	Filter requests by date, type, and status.			
Inpatient Outpatie All	nt Pe th Pr Type Al	rther Information Rec Inding Decision ocessed	r Name	Requested/Create Date	ed Diagnosis	Procedure	Provider	Created By	Submitted By	Status
٠	OP		Dates include	07/12/2024	Click here to sort requests by date			Vang, Pamila	Vang, Pamila	Pending Decision
٥	IP	1404046	1000, 2000	05/28/2024		Berlin:	The desired statement of the second statement was and, in the second second statement of the second statem	Vang, Pamila	Vang, Pamila	Processed



After opening My Requests, open the settings icon at the left of the desired line item and select either "Open" to access the whole request, or "View Episode Abstract" to view a summary.

Any questions or concerns, please email portalhelp@thealliance.health

# Thank you!