

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 - F	Prior 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	q
Member First Name	Q	Member ID Type *	Subscriber ID V
Member DOB		Member ID *	arear .
	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
0	5	-	4000	F	0000	1000	12/01/2024	01/31/2025	Selected Addressed Sectors and	P5	N	Add Requ 🗸
¢	5	-	-80000	F	10000	10,000	02/01/2025	03/31/2025	Sala San Rad (Alberga) San Ragan	P5	N	Add Requ 🗸
0	5	-	10000	F	10.000	1000	04/01/2025	12/31/9999	Sala San Bad (Alberga) San Sagar	P5	Y	Add Requ 🗸
												Add Request

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.

All	▼ All		✓ Fifter by Date	8 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	~	Reque	est Priority *	Routine	~
		Time Request	5 Business Days		Reason for	or Request *	Select One	~
							Select One	
							Carve-Out	-
6 Diagnosis							ECM	
Ulagilosis	>	Code Type 📩	ICD10	~	l l	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

va @ Custocard =	E Menu 🗋 Memory List 🛗 C	alendar					A Farret, Rese*
					ENGLISH	A HER Score	- III 1 Episode -
			e Group Medicare All1	POPIPOM Farrel, / Sulivan,	Allerges		۰
atient Request							
Episode Details	Request Type 🇯	Precertification		Request Priority * Stand	lant		
		Optional Fields					
				100 March 100			
O Diagnosis	Code Type 🇯	ICD10		Diagnosis * Diagno	sm		Q
				Adva	ced Search		
					Т		

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

K35.3	2-Acute appendicitis with perforation and localized
	nitis, without abscess

Primary Dx	Code Type	Diagnosis	Actions
*	ICD10	T67.1xxSHeat Syncope, Sequela	
*	ICD10	R12-Heartburn	



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.

Igno

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		Provider Last Name / Facility	(1711) I (1711) Q	Search Results							
			Provider First Name	Provider First Name Q	Provider ID	Provider Name	Location	Туре	Provider Role	Specialty	In Network?	Keyword
			NPIN		Ø 9050	CEN'	1600 GREEN	MISCELLANEOUS	Reque 🗸	Home Health	N	In Area
			Provider ID		O Single Attach	2 Nomen	HILLS RD SCOTTS		Select One Requesting			
				Search Advanced Search	-		VALLEY, CA -		Servicing			
							95066- 4981 USA					
Click the blue 'Attac	ch Providers' button.						Phone: (831)					
	oviders screen will pop up, you : name, facility name, first name,						430- 5500					
NPIN, or Provider	ID. Choose an option and click				4							• •
'Search'. The resul	lts will appear to the right.											Page 1 of 1
Verify to make sure for the provider.	e the address location is correct	Selected Pro	widers List 🟮		•							
Click on the Provid	ler Role drop-down of the provider		Provider ID	Provider Name		Location				Provider Role		
	and select the role.	0	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN SCOTTS VAL		66-4981		Requesting		~
-	icon on the left and select					USA Phone: (831) 4	130-5500					
	o add provider below. You must one more time to add both	0	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN				Servicing	-	~
	Servicing Providers.					SCOTTS VAL USA Phone: (831) 4		90-4061				
	oth desire providers listed											
below, click the g providers to your	green " Attach" button to attach request.	Attach	Cancel									

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.

	Provider ID	Provider Name		Location		Pro	ovider Role				
•	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN HILL: SCOTTS VALLEY, USA Phone: (831) 430-5	CA - 95066-4981	F	Requesting	~			
<u>。</u>	9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH		1600 GREEN HILL SCOTTS VALLEY, USA Phone: (831) 430-5	CA - 95066-4981	5	Servicing	∽ huat2pp.zeo	mega.com says		
							Do	you want to de	etach from request?		
Ca	ncel								-	ОК	Ca
	ncel									ОК	Car
Car	ID	Name	Location		Role	Network	Phone	Action		ОК	Car
		Name CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	Location 1600 GREEN HILLS RD SCOTTS VALLEY, CA - 95066-49 USA Phone: (831) 430-5500	861	Role Servicing V	Network Out of Network				ОК	Ca

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	<mark>ioral Health</mark>	
Service Type *	Select One		~						
Department	Select One	-							
	Acupuncture								
Code Type ★	Behavioral Health Treatment		Service Type *	Behavioral Health	Treatment	Service Type *	Behavioral Health	Treatment	~
Service Code *	CBAS CHW Recommendation					Department			
	Community Supports (CS)		Department	Select One		Department	Select One		~
	Dental Anesthesia Services					Code Type *	HCPC		*
	Diagnostic		Code Type 🕇	Select One			nore		•
	DME-Equipment					Service Code *	H20		Q
	DME-Medical Supplies		Service Code *	Select One					
	DME-Orthotics			CDT			H2000-Comprehe Payable By Medica	nsive Multidisciplinary Evaluation (Nare)	lot
	DME-Prosthetics			CPT				ion Program, Per 1/2 Day (Not	_
	Enhanced Care Management (ECM)	· [-	CUS			Payable By Medica		- 11
	Home Health/Hospice						H2010Comprehe	nsive Medication Services, Per 15	
Document Title	Intensive Outpatient Services			DRG			Minutes (Not Paya		
Received Date	Medical Nutrition Therapy			HCPC			H2011Crisis Inter	vention Service, Per 15 Minutes (No	ot
Received Date	Palliative Care						Payable By Medica	are)	_
Received Time	Partial Hospitalization							Health Day Treatment, Per Hour (N	lot 🖕
			Add						
			1						
		Service Request							
		Action	Service Code Requested#	Start Date	End Date	Service Type	Department	13	
		\circ	97152(CPT) 1	06/25/2025	08/21/2025	Partial Hospitalization		10	

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
0		44960(CPT)	1	07/16/2020	07/17/2020	Surgica
	_					
100.00	the second s					
Check	for Review					
>	For Review					
tts	For Review	Document Title		1		
>	or Review	Document Title Document Type	Select One	1		

The uploaded document title is displayed next to the Browse button

Double click on the document to upload.

	Thi	PC > Documents > Test documents	~ 0	5 Search Te	ist documents	p
Organize • New	folde				80 • 💷	0
 OneDrive 	^	Name	Date modified	Туре	Size	
This PC		asthma Action Plan	12/5/2019 9:35 AM	PDF File	208 KB	
		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		Diabetes	4/21/2020 10:18 AM	JPG File	235 KB	ê T
E Denstrukt		C Dishelsen	4/31/3030 10:35 444	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	v	Note Encounter Date	03/21/2025		Ê
	\rangle	Select One					
		Add Note to Request		Note Encounter Time	15 🗸	29	~
	Note Text	Cancel Request					
	Hoto Hold	Change Request					
		Web Note					
			When add notes, use "Web l enter note:	Note" as Note Type, then s here.			j
(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.

equest Details Episode Abstract	Expected Decision Date : Authorization Type : OP Episode Number : 433381 Episode Status : OpenRequest 03/28/2025						Auth Number : 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
-	٢	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	e 07/12/2024	Type of Episode OP
			Episode	42722 42722	Referral resource	e Web	Episode Status OpenRequest
			Request Ty	/pe Pre-Service	Subscriber I) 111111111	Assigned To Portal - OP Pharmacy
			External Episode	ID	Reason for Reques	t 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	a o	pen			
_	۵ ۱	/iew Episode At	ostract		

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	e 05/13/2024	· 07/12/2024 · □	Filter requests by date, type, and status.			
Inpatient Outpatien All	it Per	ther Information Rec nding Decision cessed	r Name	Requested/Created Date	d Diagnosis Procedure	Provider	Created By	Submitted By	Status
٥	OP		Delta Review		Click here to sort requests by date		Vang, Pamila	Vang, Pamila	Pending Decision
٥	IP	1404046	100.000	05/28/2024	NO-10 00-001	The state of the second st	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!