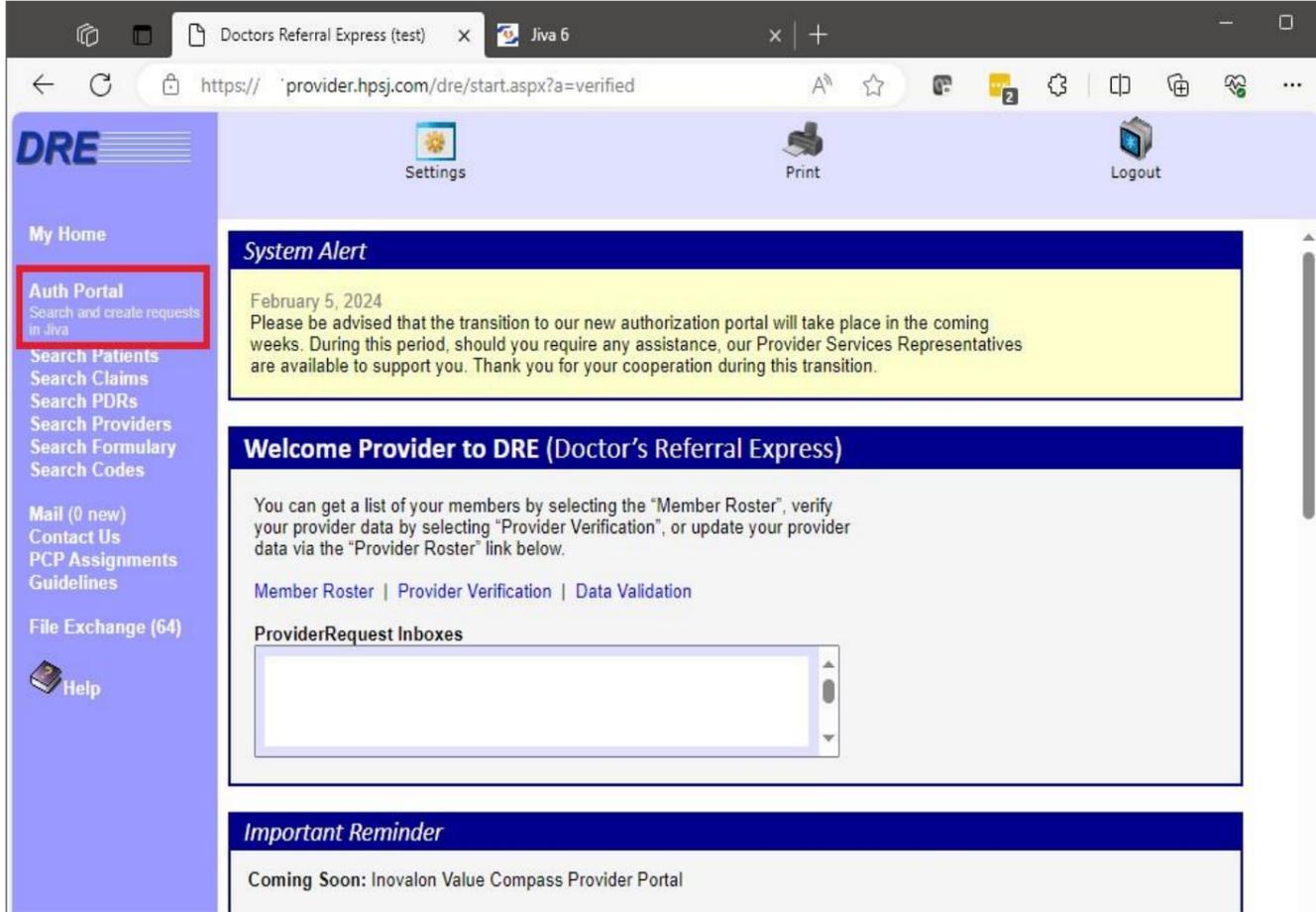


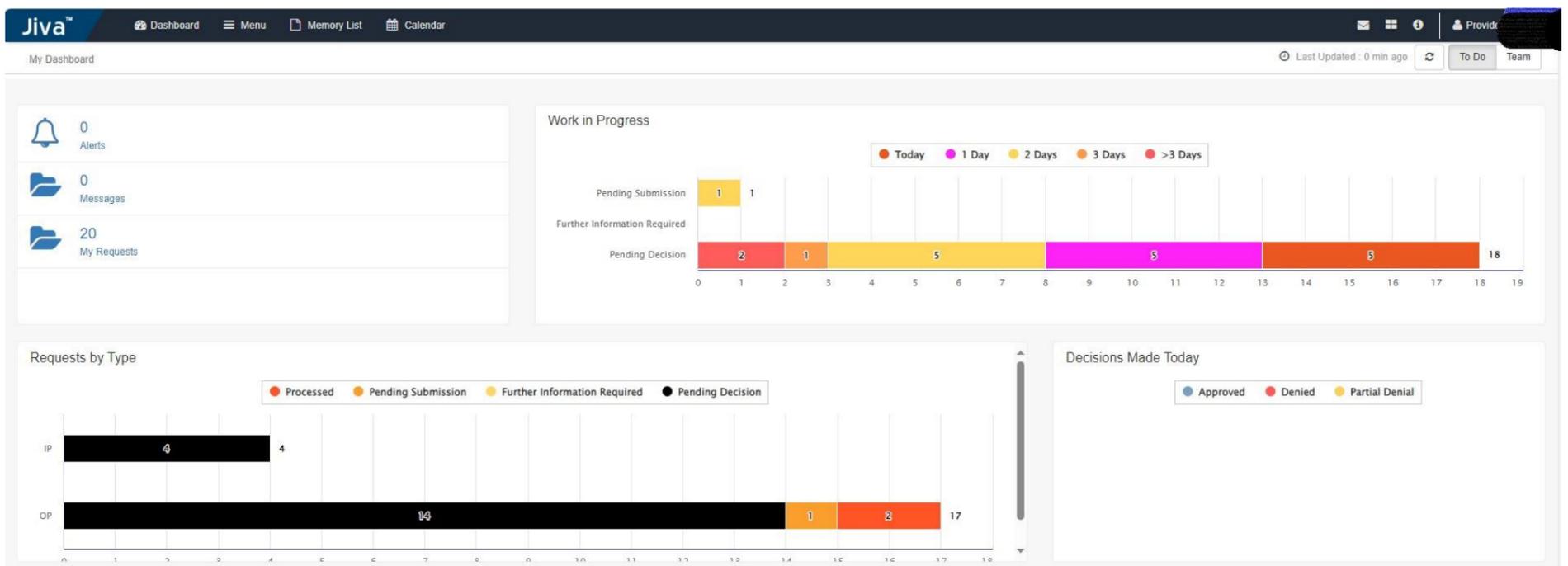
Jiva Quick Reference Guide

To access the authorization submission site (Jiva), you must have access to the Health Plan provider portal, Doctor Referral Express (DRE).

To submit an authorization request via the Jiva platform, select “Auth Portal” as shown on the menu below.



Once selected, you will be routed to the Jiva Dashboard.

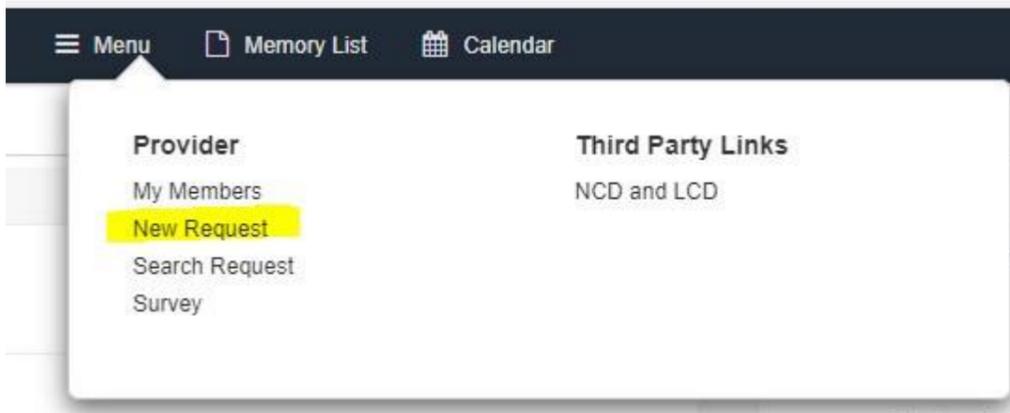


Getting Started

1. Select Menu



2. Select New Request

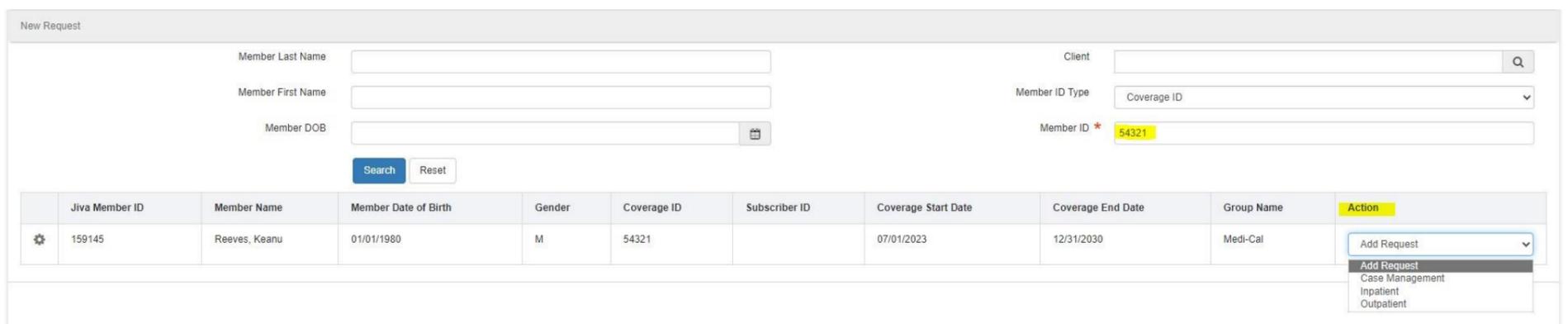


Note: All * are required fields.

3. Enter Member ID. You can search for members by entering the Health Plan Member ID Number; this number starts with '200 series'.

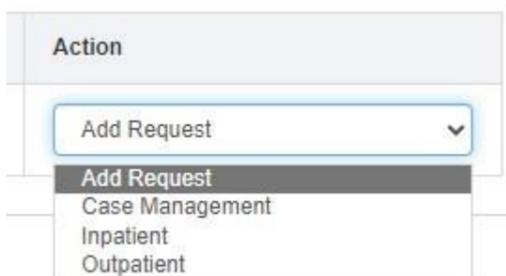
4. Select Search

On the Member Search Result, go to 'Action'.



5. Action

Select the dropdown.



6. Select the 'Action' that applies to your authorization request.

7. Enter the details in the Episode Details section as described in the following table:

Outpatient Request

Episode Details	Request Type * Optional Fields Prior Authorization	Request Priority * --Select One--
Diagnosis	Code Type * ICD10	Diagnosis * Diagnosis

Advanced Search

8. Request Type

Select the Request that applies to your authorization.

Request Type *

- Prior Authorization
- Select One--
- Concurrent
- Prior Authorization**
- Retrospective

9. Request Priority

Select the Request that applies to your preauthorization.

Request Priority *

- Select One--
- Select One--**
- Expedited
- Rush COC
- Standard
- Standard COC

10. Diagnosis

The default should always be ICD-10

Diagnosis

Code Type *

- ICD10
- Select One--
- ICD9
- ICD10**

You can search by the ICD10 code or description.

Diagnosis * M21

- M21--Other acquired deformities of limbs
- M21.0--Valgus deformity, not elsewhere classified
- M21.00--Valgus deformity, not elsewhere classified, unspecified site
- M21.00--Valgus deformity, not elsewhere classified, unspecified site**
- M21.02--Valgus deformity, not elsewhere classified, elbow
- M21.021--Valgus deformity, not elsewhere classified, right elbow
- M21.021--Valgus deformity, not elsewhere classified, right elbow
- M21.022--Valgus deformity, not elsewhere classified, left elbow

Diagnosis * other acquired defo

- M20.30--Hallux varus (acquired), unspecified foot
- M20.31--Hallux varus (acquired), right foot
- M20.32--Hallux varus (acquired), left foot
- M20.5x1--Other deformities of toe(s) (acquired), right foot
- M20.5x2--Other deformities of toe(s) (acquired), left foot
- M20.5x9--Other deformities of toe(s) (acquired), unspecified foot**
- M21--Other acquired deformities of limbs
- M21.531--Acquired clawfoot, right foot

Once you select the diagnosis code, the ICD10 will display.

Primary Dx	Code Type	Diagnosis	Actions
★	ICD10	M20.30--Hallux varus (acquired), unspecified foot	
★	ICD10	M21.0--Valgus deformity, not elsewhere classified	⊖

- The primary diagnosis should be marked with an orange star ★
- To select the primary diagnosis, click on the ★ to change it to orange ★
- The minus symbol ⊖ allows the user to detach a diagnosis that is not needed.

11. Provider Details

Select 'Attach Providers'

Provider Details

Attach Providers

You can search by the following:

- Provider Name/Facility
- National Provider Identification Number (NPIN)
- Provider ID (Health Plan Provider ID)

Attach Providers

Enter any search criteria

Provider Last Name / Facility

Provider First Name

NPIN

Provider ID

[Advanced Search](#)

12. Select Search

Attach Providers ?

Enter any search criteria

Provider Last Name / Facility: GARCIA

Provider First Name: ERIN

NPIN:

Provider ID:

Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Key
PMP000000086365	GARCIA, ERIN, K	701 E CHANNEL ST STOCKTON, CA - 952022628 US Phone: 2099444700 Fax: 2097626808	REGISTERED DIETICIAN	Treatin Admitting Attending Equipment supplier Facility/Surgery Center Inpatient Facility Requesting Servicing Treating		Y	NO TEF

13. Click on the wheel symbol to select the provider

You can attach the providers by selecting the following:

- **Single Attach** (Allows you to select one provider)
- **Multiple Attach** (Allows you to select multiple providers)



Required Details for the Provider Role

- Inpatient
 - Requesting
 - Attending
 - Admitting
 - Facility- Inpatient Facility
- Outpatient
 - Requesting
 - Servicing

Note: At a minimum, these roles are required to satisfy the authorization request to be submitted for review.

Example:

Provider Details	ID	Name	Location	Role
	PMP000000000037	COMMUNITY MEDICAL CENTER CHANNEL	701 E CHANNEL ST STOCKTON, CA - 952022628 US Phone: 2099444700 Fax: 2097626808	Requesting
	PMP0000000086365	GARCIA, ERIN, K	701 E CHANNEL ST STOCKTON, CA - 952022628 US Phone: 2099444700 Fax: 2097626808	Servicing

[Attach Providers](#)

14. Service / Specialty Drug Request

This is for the service or drug being requested

Service/Specialty Drug Request

Service Type *

Place of Service *

Code Type

Service Code

Advanced Search

Optional Fields

[Add](#)

Modifier

Start Date *

End Date *

Please enter a value in this field.

Requested # *

- Services Type – Specialty, Vendor, Facility
- Place of Service – Where services are going to be rendered.
- Start Date – The date generated.
- End Date (standard authorization; some specialties may differ from others due to specific criteria)
- Required # - This can be units or days.
- Modifiers should be included for applicable service codes.

15. Add Documents (this field is optional, not mandatory unless the services require supporting documentation)

- Click Upload
- Attach documents from the user's computer.
- Once you attach documents, scroll down to the bottom of the online form and save the document.
- You will repeat the same process to save additional documents.

Documents

Document Title *

Document Received Date

Document Received Time

Select Document [Browse](#) JIVA_Test Doc_Medical Docs.docx

Document Type

Document Description

[Submit](#) [Save as Draft](#) [Delete](#) [Cancel](#)



16. Notes (Optional)

Notes

Note Type:

Note Encounter Date:

Note Encounter Time:

Note Text

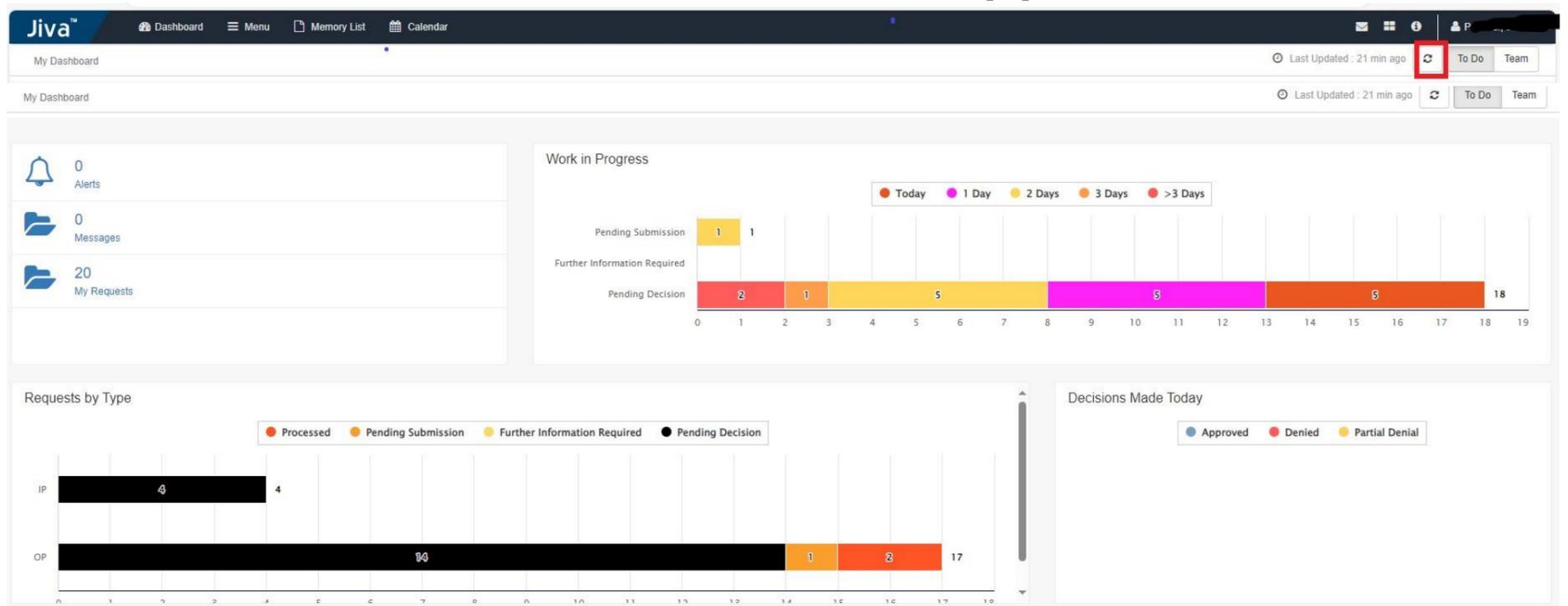
File Edit View Format Tools

B *I* U

Review clinical notes

17. Click Submit to finalize your submission.

Note: Once submitted, click the dashboard icon and select 'Refresh' to populate the authorization created.



Jiva Resource Guide

Click the ⓘ for help.

Key Words:

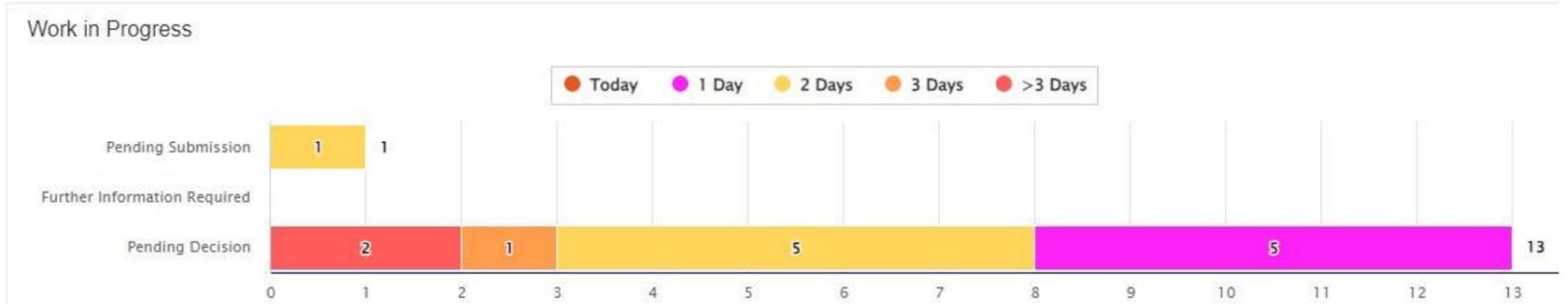
- Cert Number – Authorization Number
- Processed – Authorization with a decision (Approved, Denied, Partially Denied)
- Pending Submissions – Authorization in Draft status, not submitted by the user.
- Further Information Required – Nurses ask for more information.
- Pending Decision - Authorization awaiting a decision
- My Request – List of Authorization Created by the user

Main Menu My Dashboard

Widgets in the dashboard help you to access:

- Alerts: Messages and alerts addressed to you
- Messages: Gaps in Care (GIC) associated with members
- My Requests: Request that you have created

Work In Progress



Request by Type



Decisions Made Today

