



## Jiva Provider Portal Service Agreement Instructions

The Jiva PP Service Agreement and Attachments A and B (one document) are to be completed by the appropriate employee/s of Provider agencies seeking access to the Jiva Provider Portal.

**Return all documents to [privacysecurity@alliancehealthplan.org](mailto:privacysecurity@alliancehealthplan.org).**

Provider Representative of each agency requesting access to Jiva Population Health Management, Utilization Management (SAR Submission) will complete Attachment A.

Page	Paragraph/Section	Who Completes this Section	Expected Answer
Page 1	Paragraph 1	Completed by Provider Agency	Provider name, Provider full address
Page 7	If to Provider	Completed by Provider Agency	Provider name, Attention to whomever would receive legal notifications, Provider full address
Page 7	Provider Signature	Signer of provider contracts	Provider designee signature, Printed Name, Title and Date Signed
Page 8	Provider and User Contact Information	Provider representative assigned by Agency to request access to Jiva Provider Portal	Provider Representative will complete all highlighted areas as well as the names of employees that are authorized to access to Jiva Provider Portal.
Page 8	Application Portal Access	Provider Representative requesting access to Jiva Provider Portal	Add check beside JIVA Population Health Management.
Page 8	Business Need for Access	Provider Representative requesting access to Jiva Provider Portal	Select ADD OKTA/JIVA access for staff submitting SARs.
Page 8	Signature	Provider Representative requesting access to Jiva Provider Portal	Signature of the person requesting access to Jiva Provider Portal
Page 9	Attachment A	Designated Provider Employee	List staff requiring access to Jiva Portal.
Pages 10 and 11	Attachment B	Provider Representative	Provide copies to employees who will be accessing the Portal