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Updated 5.20.2024
STARTING WITH PROVIDER PORTAL

Provider Portal is a web-based interface integrated with Jiva that enables providers to manage member-related information. You must have valid login credentials to access the Provider Portal.

The Provider Portal enables you to:

- Request inpatient (IP) and outpatient (OP) requests for behavioral health (BH) and physical health (PH) services
- Submit an extension (continued stay) of service and stay requests
- Request prior authorizations
- Verify elective admission authorization status
- View authorization history
- Submit clinical review for auto approval of requests

In order to access Jiva Provider Portal, you will log in to the Okta Single Sign On at the link below:

https://alliancehealth.okta.com/
After entering your username and password, you will be prompted to complete the verification step.

![Verification step image]

After completing the login verification, you will click on the Alliance Health Portal bookmark seen below.

![Portal bookmark image]
This will redirect to the portal and show the applications you are able to access.

Click ZeOmega Jiva Portal and Jiva Provider Portal will open on your screen.

Note: If you log out without saving the details entered in any of the Add or Edit screens, Jiva prompts a message to confirm if you want to exit the screen without saving the details. If you continue to log out, the unsaved information would be lost.
UNDERSTANDING THE HOMEPAGE

The Provider Portal Homepage provides you quick access to the tasks list and episodes (requests) that are associated with you. The home page comprises:

- Application Banner
- Dashboard

The application banner consists of the following links:

<table>
<thead>
<tr>
<th>Icon or Link</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dashboard</td>
<td>Helps you to navigate to the dashboard from any screen. Displays the episodes that are associated with you</td>
</tr>
<tr>
<td>Menu</td>
<td>Enables you to access various functions associated with your user role.</td>
</tr>
<tr>
<td>Memory List</td>
<td>Bookmarks recent 10 screens that you accessed.</td>
</tr>
<tr>
<td>Calendar</td>
<td>Lists the activities assigned to you by day, week, and month.</td>
</tr>
<tr>
<td>Messages</td>
<td>Messages. Unread messages are indicated with a red dot.</td>
</tr>
<tr>
<td>Icon</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>🔄</td>
<td>Legends. Displays the list of icons to indicate the condition or status of the entities, such as members.</td>
</tr>
<tr>
<td>🔄</td>
<td>Help. Provides context-sensitive help for each screen.</td>
</tr>
<tr>
<td>🔄</td>
<td>Refresh your Dashboard.</td>
</tr>
<tr>
<td>🔄</td>
<td>This is the name of the user currently logged in to the Portal. You can click on your name and select My Profile to view the Providers and Sites you have been linked with in the Portal.</td>
</tr>
<tr>
<td>To Do</td>
<td>Brings you back to your Dashboard.</td>
</tr>
<tr>
<td>Team</td>
<td>Displays the episodes that are associated with your team.</td>
</tr>
</tbody>
</table>

### ABOUT MENU

The Menu allows you to access various functions associated with your role.

![Menu](image)

<table>
<thead>
<tr>
<th>Menu Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Members</td>
<td>This allows you to search for member associated with your assigned provider.</td>
</tr>
<tr>
<td>New Request</td>
<td>This allows you to create a new request.</td>
</tr>
<tr>
<td>Search Request</td>
<td>This allows you to search your existing and previous requests.</td>
</tr>
<tr>
<td>Survey</td>
<td>This function will not be used at this time.</td>
</tr>
<tr>
<td>Reassign Activities and Episodes</td>
<td>This function will not be used by Providers/PLEs at this time.</td>
</tr>
</tbody>
</table>
ABOUT MEMORY LIST

The Memory List bookmarks the Add and Edit screens of all functions, including Member Search screen, Worklist screen, and Open Episodes. To access the Memory List, click Memory List in the application banner. When you access a screen, it is added to the Memory List. Memory List helps to retain the information added or edited in a particular screen for the current session so that you can navigate away from a screen, revisit and continue with the data entry.

The memory list displays 10 items. When you exceed this number, you will be prompted to clear your list.

Note:

- You can access the previously visited screens of Jiva by using the Back button on the browser as well. However, the unsaved data (added or edited) will be lost when the screens are accessed in this manner.
- Memory List is reset when you log out. The implication is that if any screen is open with data added, but not saved, the changes would be lost on logging out of Jiva.
- If you close an episode by clicking the icon or remove an episode from the Memory List, in either of the cases, those screens will be removed from the Memory List. You will be navigated back to the previous screen.

<table>
<thead>
<tr>
<th>Link or Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close All and Release All episodes</td>
<td>Delete all items from the memory list.</td>
</tr>
<tr>
<td>Delete</td>
<td>Deletes the corresponding item from the Memory List.</td>
</tr>
<tr>
<td>Memory List link</td>
<td>Opens the corresponding page.</td>
</tr>
<tr>
<td>Current screen</td>
<td>Indicates the current screen on which you are working and it is saved to the Memory List.</td>
</tr>
</tbody>
</table>

**Note:** You cannot close the screen on which you are working from the Memory List.
ABOUT CALENDAR

The calendar tab allows you to view any Alerts or date-specific items on your To-Do List. You can click to view the Day, Week, Month, or a list of Overdue items.
UNDERSTANDING THE DASHBOARD

The Dashboard is comprised of widgets, such as Alerts, Messages, My Requests and Gaps In Care, My Tasks and Care Reminders and My Activities.

Widgets in the Dashboard help you to access:

- Alerts and messages addressed to you
- Requests that you have created
- Gaps In Care (GIC) associated with your members

You can also view the statistics of the episodes by using the widgets Work in Progress, Requests by Type, and Decisions Made Today. Depending on the widget that you access, episodes are filtered by:

- Status
- Episode type
- Time Period that the Episode is in the selected status (Pending Submission, Further Information Required, Pending Decision, Processed)

In the Dashboard, you can do the following:

- In Dashboard tab - view the episodes that are associated with you.
- In Team tab - view the episodes that are associated with your team.

Note: The Team tab is displayed for users associated with the same provider (users are grouped into a single team).
VIEWING ALERTS

Alerts are notifications or reminders of an action performed, or to be performed. The Alerts widget in the Dashboard displays the number of Alerts that are sent to you.

Access the Alerts widget to view the alerts that are sent to you (the provider).

<table>
<thead>
<tr>
<th>Alerts</th>
<th></th>
<th></th>
<th>Alert Message</th>
<th>Created Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe John</td>
<td>IP</td>
<td>A new UI Episode has been added to this member.</td>
<td>12/22/2015</td>
<td></td>
</tr>
<tr>
<td>Doe Jane</td>
<td>OP</td>
<td>A new UI Episode has been added to this member.</td>
<td>12/22/2015</td>
<td></td>
</tr>
</tbody>
</table>

Alert messages are listed in the order of date that the alert was created. The most recent alert is displayed on the top of the list.

WORK IN PROGRESS WIDGET (VIEWING REQUEST STATISTICS BY STATUS)

You can view the request statistics based on the status in the Work in Progress widget. It displays the number of requests created and their statuses in a graphical presentation. It also displays the number of days that a request is in the same status.

You can navigate to the Work in Progress screen by using the graph bar corresponding to the current status in the Work in Progress widget. It displays the episodes that are in the selected status. For example, if you click the graph bar that indicates Pending Decision status, the Work in Progress screen appears with the episodes in the Pending Decision status.
**MY REQUESTS WIDGET (VIEWING YOUR REQUESTS)**

You can view the requests that you have submitted by clicking the My Requests widget in the dashboard.

The My Requests screen displays the requests that you have submitted. You can filter the requests based on Episode Type, Status and Date Range.

**Note:** The Status field is not applicable for CM episodes. However, if you are attached to a CM episode, you can view CM episode details by selecting the Case/Care Management (CM) episode type.

In the My Requests screen, you can click in the Actions column and then access one of the following:

- **Open** - to navigate to the episode. Please note, you cannot edit a request once submitted.
- **View Episode Abstract** - to view the episode abstract of the corresponding episode.

**Note:** Any request Pending Submission will not show in this view. These episodes are only accessible via the Work in Progress widget.

**REQUESTS BY TYPE WIDGET (VIEWING REQUESTS BY TYPE)**

The Requests by Type widget displays the number of requests that are Processed, Pending Submission, Further Information Required, and Pending Decision on the episode types.

Accessing episodes from the Requests by Type widget displays episodes by their type, such as BH-IP (Behavioral Health Inpatient); BH-OP (Behavioral Health Outpatient); IP (Physical Health Inpatient) and OP (Physical Health Outpatient).
If you click the graph bar corresponding to the required episode type in the Requests by Type widget, the Requests by Type screen appears with the selected episode type and status.

The Requests by Type widget displays data on the requests made for a look-back period of 60 days. The look-back period is calculated by taking the difference between the current date and the request created date. Requests over 60 days will not be displayed in the widget.

**Note:** For the Pending Submission requests, you can click on the to Edit the request. This action is only available for those requests in Pending Submission.

Note: For the Processed requests, you can click to Open the Episode View to view the Decision status (i.e. Approved, Denied, Partially Denied, Unable to Process, Administrative Denial).

**DECISIONS MADE TODAY WIDGET (VIEWING STATISTICS)**

The Decisions Made Today widget displays the statistics of Stay Requests (BH-IP; IP only) and Service Requests (all episodes) that are Approved, Denied, or Partially Denied for the requests created by you.
You can navigate to the Decisions Made Today screen by clicking the graph in the Decisions Made Today widget.

### MY ACTIVITIES WIDGET

Activities are specific tasks related to a member or request that are scheduled for your action. The Activities widget in the Dashboard displays activities that are assigned to you.

The My Activities widget in the provider Dashboard displays the list of activities assigned to you that are scheduled to be performed on the current date, by default.

*Please note that the placement of these widgets may move on the Dashboard with subsequent updates.*
USING TEAM DASHBOARD

VIEWING TEAM MEMBERS AND THEIR DASHBOARDS

The Team Members widget displays the names of the users associated with your team, along with the number of users. You can access the episodes associated with your team member by using the username link.

TEAM’S WORK IN PROGRESS WIDGET (VIEWING TEAM’S WORK IN PROGRESS)

The team's Work in Progress widget displays the number of episodes created by your team. Episodes are displayed based on the timeline.

You can navigate to the Team's Work in Progress screen by clicking the graph bar corresponding to the Episode status in the Team's Work in Progress widget.

The Work in Progress screen displays the episodes based on status.

For additional information, please refer back to the Work in Progress widget section.

TEAM’S REQUEST BY TYPE WIDGET (VIEWING REQUESTS OR EPISODES CREATED BY TEAM)

Team Requests by Type widget displays the number of requests that are Processed, Pending Submission, Further Information Required and Pending Decision formation. The episodes are further categorized based on episode types (BH-IP; BH-OP; IP; OP).
You can navigate to the Team Requests by Type screen by clicking the graph bar corresponding to the Episode Type in the Team Requests by Type widget.

In the Work in Progress and Team Requests by Type screens, you can perform the following tasks:

- Navigate to episodes
- Filter episodes based on various parameters (i.e. Episode Type; Status; and Date Range)
- Edit episodes that are in Pending Submission status
- Open episodes that are submitted

You can edit the episodes that are in Pending Submission status only. You can access the episode that is yet to be submitted in the Work in Progress screen by clicking the Edit Request link from the corresponding to the episode. The episode screen appears.
ABOUT MEMBER SEARCH

The My Members link allows you to search for members associated with you (as a provider or facility).

PERFORMING MEMBER SEARCH

1. Navigate to Menu > Provider > My Members. The My Members screen appears.

2. Enter the appropriate values in the required fields and click Search.

   Member ID is the same as the ACS ID.

   Note: An enhancement request has been submitted to be able to search using a member’s Jiva ID, Medicaid ID, or social security number.

   In the View Cases field, select Clinics cases to indicate the category of requests that you want to search in. Depending on the option that you select, the Provider Name field is activated to select the site. The search results appear.
**ADDING NEW REQUESTS**

You can initiate prior authorization (PA) requests for members that are enrolled in Jiva.

1. Navigate to Menu > Provider > New Request.
   
   The New Request screen appears.

![New Request Screen](image)

2. In the New Request screen, enter the required details in fields. You will notice the red * located next to Member ID. You can search for members by selecting the following from the Member ID Type dropdown menu and entering the appropriate ID number in the Member ID box.

   - Alternate ID – This is the Medicaid number.
   - Eligibility ID – This is the ACS ID, also called the Coverage ID in Jiva.
   - Social Security Number – The dashes must be included (i.e. 123-45-6789)

3. Click Search.
   
   The search results appear.

   ![Search Results](image)

   **Note:** If there are multiple members with same subscriber ID then all the active members will be displayed in the search result.

4. In the Action section, select an episode type from the dropdown list corresponding to the episode type you wish to create.

   - Behavioral Health Outpatient (BH-OP)
     - BH-OP is inclusive of outpatient therapy, psychological evaluations, RB-BHT, enhanced adult services, enhanced child services, IDD/TBI, and residential services.
   - Behavioral Health Inpatient (BH-IP) – this is for psychiatric inpatient hospitals only
   - Case Management – only applicable for Provider Led Entities (PLEs)
   - Outpatient (OP) - Physical Health only
   - Inpatient (IP) – Physical Health only

5. The new request screen appears.
BEHAVIORAL HEALTH OUTPATIENT (BH-OP) EPISODE

The new request screen for BH-OP requests is below.

![Request Screen](image)

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Type</td>
<td>• Procedure Pre-authorization</td>
</tr>
<tr>
<td>Request Priority</td>
<td>Select the service priority required:</td>
</tr>
<tr>
<td></td>
<td><strong>Expedited</strong> – Turn-around time will be within 72 hours. This should only be used in instances where a member’s health/safety are at risk in accessing a service.</td>
</tr>
<tr>
<td></td>
<td>Please note that should a request not meet expedited guidelines, Alliance Health staff may remove the request from expedited status, and it will be reviewed within Standard timeframes.</td>
</tr>
<tr>
<td></td>
<td><strong>Standard</strong> – Turn-around time will be within 14 calendar days to complete an episode, unless this is a retrospective, in which case the turn-around time is 30 calendar days.</td>
</tr>
</tbody>
</table>
ADDING A DIAGNOSIS

In the diagnosis section, enter the details as described in the following table:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Type</td>
<td>Please note this defaults to ICD10.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Enter the diagnosis code. Alternatively, you can select the diagnosis code by using the Advanced Search option. This will allow you to search by Description (keywords) and not just by the code.</td>
</tr>
</tbody>
</table>

**Note:** Select the primary diagnosis by clicking the>*</div> to the left of the Code Type.

PERFORMING ADVANCED DIAGNOSIS CODE SEARCH

1. Click the Advanced Search link in the Diagnosis section. The Diagnosis Advanced Search form appears.
2. Enter the values in the Description field. Please note the banner requires the first 3 letters of diagnosis in the “Description” field.
3. Click Search.
   Jiva displays the list of diagnoses matching the entered criteria in the search results.
4. Click ☑ corresponding to the diagnosis that you want to add. 
   The selected diagnosis appears in the Selected Diagnosis List section.

5. Click Attach. 
   The diagnosis details appear in the Diagnosis section.

   **Note:** If you want to delete the diagnosis details from the Diagnosis section, click ☑. This option only appears with two or more diagnoses present.

---

**ADDING PROVIDERS TO REQUEST**

Effective May 1, 2024, authorizations will no longer be site-specific and will be authorized at the provider level. Therefore, please search by the Provider Name (this is the provider name that matches how you are enrolled in NCTracks) or Tax ID (in Advanced Search). This will bring up a limited number of provider IDs, from which you will select your agency/practice.

The process of attaching a provider to the request is mandatory to submit a request.

In this step, you can:
- Attach one or more providers to the request.
- Activate or deactivate the provider attached to the request.
1. Click Attach Providers link in the Provider Details section. The Attach Providers screen appears.

2. Enter appropriate values in the required search parameters in the basic search as described in the following table:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Last Name/ Facility</td>
<td>This allows you to search by Provider/Agency/Facility Name, as contracted.</td>
</tr>
<tr>
<td>Provider First Name</td>
<td>This allows you to search the first name of an Individual Provider, as contracted.</td>
</tr>
<tr>
<td>NPIN (National Provider Identification)</td>
<td>This will allow you to search for a Provider NPI number</td>
</tr>
<tr>
<td>Provider ID</td>
<td>This will allow you to search by the Provider ID for the specific site for a Provider. This is the same as the Site ID in ACS.</td>
</tr>
</tbody>
</table>

**Note:** If you have trouble locating your provider site in Jiva, please search for your agency name in the Provider Last Name/Agency Name field. Click out of the dropdown box and click the blue Search button.

3. Click Search. The search results appear.

4. To select the provider, view the Search Results and select the correct Provider Role (from the drop down).

**Note:** Provider Role defaults to ‘Treating’ which will allow the authorization to be created for this provider.
5. If you are submitting on behalf of another provider, your provider can be added as an additional ‘Requesting’ provider.

**Note:** If you do not attach a treating provider, Jiva displays an error message when you attempt to submit.

![Error Message](image)

6. Select the main site for your provider in Jiva.
   Please note there may only be one option available for your provider.
   This is due to authorizations moving away from being site-specific.

![Provider Search](image)

7. Click on the gear corresponding to the provider and click Single Attach.
   The selected provider is attached.

![Attached Providers](image)

**IF YOU RECEIVE AN ERROR**

If you have trouble locating your provider in Jiva, please search for your agency name in the Provider Last Name/Agency Name field.
Click out of the dropdown box and click the blue Search button.

**Note:** Do not click in the dropdown menu.
If you still cannot locate your provider, please contact your assigned Network Relations Specialist.

Find your Network Relations Specialist here: https://www.alliancehealthplan.org/providers/network/assignments/

DETACHING PROVIDERS FROM AN EPISODE

If you have attached a provider to a request erroneously, you can deactivate the provider from the request.

1. In the Providers Details section, click corresponding to the provider that you want to deactivate.

2. In the confirmation dialog box, click OK.
   This action deactivates the attached provider and displays the provider details with a strikethrough.

Note: To reactivate a provider, click the corresponding to the provider you want to reactivate.

ADDING SERVICE REQUESTS

The Service Request section enables you to add the service details to the request.
1. In the Service Request section, enter the required details as described in the following table:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Type</td>
<td>Select the type of service requested. For BH-OP episodes the following are applicable:</td>
</tr>
<tr>
<td>Place of Service</td>
<td>This is optional and not required for BH-OP requests.</td>
</tr>
<tr>
<td>Code Type</td>
<td>Select the required Service Code type from the dropdown list. This defaults to CPT. Note: Many enhanced behavioral health service codes and ALL codes are located under the HCPC category. Note: CPT codes include outpatient therapy, RB-BHT, and psychological testing. Note: PRTF will be under Revenue codes.</td>
</tr>
<tr>
<td>Service Code</td>
<td>Enter the Service Code details corresponding to code type. NOTE: When requesting ALL Codes, please be sure to search ALL &amp; the number (i.e. ALL 132). Searching by just the number will not return any results. Please see Appendix B for a list of ALL codes by Service Type.</td>
</tr>
<tr>
<td>Modifier</td>
<td>This field should remain blank. Note: If there is a modifier, it will be included in the Service Code.</td>
</tr>
<tr>
<td>Start Date and End Date</td>
<td>Select the date range for the service being requested.</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Requested#</td>
<td>Enter the total number of units requested for the service.</td>
</tr>
</tbody>
</table>

**Note:** The number can be auto-populated based on the values that you select in the Optional Fields selection.

- Units - Enter the number of visits or units of service for the time frame selected.
- Time Frame – Select from the dropdown menu (Per Day, Per Week, Biweekly, Thrice a Week, Per Month, Per Year)
- Time Period – This correlates with the Time Frame selected.
  
  For example, for ‘Per Day’, the time frame equals the total number of days. For ‘Per Month’, the time period equals the total number of months. For ‘Per Year,’ the time period equals the total number of years.

**View of the Optional Fields Section:**

1. **2. Click Add.**
   The newly added service request appears.

To add additional Service Codes in the same request, please repeat steps 1-2 as many times as needed.

To Remove a Service Request please click on the under the Action Column.
ADDING DOCUMENTS

The Documents section enables you to upload and modify the clinical documents relevant to the request.

1. In the Documents section, enter the Document Title in the text box.
2. In the Document Type dropdown list, select the type of document.
3. In the Document Description box, enter a brief description of the document in the text box provided (optional).
4. Click Browse, and select the desired document for upload.
5. Click Save as Draft.
6. To attach multiple Documents, please repeat Steps 1-5.

Note: The Document Type dropdown list must be selected as it is required in order to submit the request. You do not need to attach a document, just select an option from the dropdown. This is an enhancement we are working to improve and correct.

ADDING SERVICE REQUEST NOTE

The Notes section enables you to add notes to the request.

1. In the Notes section, enter the following details:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>note_type</td>
<td></td>
</tr>
<tr>
<td>note_text</td>
<td></td>
</tr>
<tr>
<td>note_encounter_date</td>
<td></td>
</tr>
<tr>
<td>note_encounter_time</td>
<td></td>
</tr>
</tbody>
</table>
Note Type | Select the UM Service Request Note.
--- | ---
Note Encounter Date | Current date is displayed, by default. No action necessary
Note Encounter Time | Current time is displayed, by default. No action necessary
Note Text | Enter the note.
Please be sure to include the requestor’s name, email, and phone number.

**Note:** This will serve as the previous Provider Justification for additional clinical information.

### REVIEW COVERAGE DETAILS

In the Coverage Details section, the primary coverage details are displayed. Click Change Coverage to attach other coverage as needed.

Please select coverage that is applicable to the service being requested.

**Note:** Please pay attention to the effective dates when selecting the applicable coverage.

![Coverage Details Table]

1. Select the required coverage and click Apply.

### SUBMIT OR SAVE REQUEST AS DRAFT

After entering a note and entering all required information in the request, click one of the following:

**Save as Draft** - to save the request.

**Note:** This status does not submit the request to Alliance Health for review.

Saved requests can be edited at any point in time. You can access the saved requests from the Work in Progress widget from your dashboard.
Submit - To submit the request. Submitted requests can be accessed in Jiva from the Provider Requests worklist.

After clicking Submit, you will be prompted to complete a review of the service/stay lines. Please review the steps to Performing MCG Criteria Reviews.

After the MCG Criteria Review is completed, click on Submit to submit the request. The summary of services is displayed after the request is submitted.

POP UP MESSAGE STATES “PLEASE LOOK INTO HIGHLIGHTED FIELDS”

You may receive a pop-up stating “Please look into the highlighted fields” when you click to Submit your request.

Currently the Document Type is required, even when not attaching a new document. You must select an option from the dropdown menu in order to click Submit.

Please note: This does not attach another document nor is a document required.
Alliance is aware of this glitch and is working with our vendor to correct it.
PERFORMING MCG CRITERIA REVIEWS

Through Milliman Care Guidelines (MCG) API-based authentication, you can initiate clinical criteria review from provider portal and get on-time response on the authorization decision criteria. This integration improves efficiency and helps to provide timely care to members.

**Note:** This feature is applicable to IP, OP, BH-IP, and BH-OP episode types.

If the request requires a clinical review based on the MCG guidelines then you must manually navigate to the MCG auto auth portal through token-based authentication.

1. When creating an Episode after you click Submit, a pop-up message will appear.

   ![Pop-up Message](image)

   **Note:** You cannot select individual request lines/service codes as Jiva groups all of the request lines/service codes for review. Each line should reflect a decision (Pending or Approved). If any lines do not have a decision after completing the review process, select the header checkbox again to repeat the review for those lines.

2. Click OK.

   **For BH-OP:** The green Review button will now appear in the Service Request section. Select the checkbox in the Service Request header.

   **Note:** You cannot select individual request lines/service codes as Jiva groups all of the request lines/service codes for review. Each line should reflect a decision (Pending or Approved). If any lines do not have a decision after completing the review process, select the header checkbox again to repeat the review for those lines.
3. Click Review.
   The following alert appears.

4. Click OK.
5. The MCG screen will open in a new tab.

6. Click the orange Document Clinical button.

---

**Note:** In the MCG Review screen, a No Guideline Applies message is displayed if there are no matching guidelines available for the selected codes. You will click Add and enter a period or N/A in the text box in order to click Save.
Note: Please do not enter any clinical information here as it will not be captured.

A list of guidelines available for review can be found in Appendix A and will be updated regularly as we continue to add guidelines.

7. Click Add next to the appropriate guideline based on the service being requested. For example:
   - AH_Assertive Community Treatment Team (ACTT) – Initial
   - AH_Assertive Community Treatment Team (ACTT) – Continued Stay
8. The criteria for that MCG Guideline will appear based on the Clinical Coverage Policy.
   Click the check boxes next to the criteria that you believe are met based on the clinical information provided in the request.

   **Note:** Some of the check boxes will have additional sub-criteria appear below when you check the box.

   If you want to add additional clinical information, you can click the note icon by each criterion selected and enter a brief note indicating why that criterion is met.
9. Click Save.

10. Click the orange **Submit Request** button. The MCG window will close and you will be redirected back to the Episode.

![MCG Window Example](image.png)

11. In the Episode view, you will now see an update in the Decision and Review Status columns based on your responses entered.

   Please note, this view shows the Decision is Pending – Nurse Discretion. This review will be completed within designated turnaround times.

![Episode View Example](image.png)

   Please note, this view shows the Decision is Approved – Criteria Approval.

12. Click the green Submit button to submit your request for review.
MANAGING REQUESTS

Requests are categorized into Submitted Requests and Non-submitted Requests.

SEARCHING FOR REQUESTS


2. Enter appropriate values in the required search parameters. You must enter values in one of the following fields along with View Cases, Episode Type, Request Status, Created By, or Provider Name:
   - First Name
   - Last Name
   - Member ID (this is the ACS ID)
   - Requested Added From
   - Request Added To
   - Episode ID

Some of these fields are described in the following table:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Added From, Request Added To</td>
<td>Select the date range to view the requests added within the period.</td>
</tr>
<tr>
<td>Request Status</td>
<td>Select a value to specify the status of the request. For example, select Pending Decision if the request is submitted from the provider portal and is yet to be processed by the Clinician user in Jiva.</td>
</tr>
</tbody>
</table>

3. Click corresponding to the request and click Edit Request if Episode is Pending Submission. If Episode has been submitted, you can click View Episode Abstract or Open.
EDITING REQUESTS

You can access saved requests to update stay or service details, providers, and documents information.

1. Navigate to Dashboard > Work In Progress widget and click the Pending Submission status bar.

OR Navigate to Menu > Provider > Search Request (see instructions on Searching for Requests)

2. Click corresponding to the request and click Edit Request.
3. Make the necessary changes and click Save.
ADDING DOCUMENTS OR NOTES AFTER REQUEST SUBMITTED

If you submit a request and need to add additional documents or notes, you will have to re-enter the episode view.

**Note:** You will only be able to add documents or notes for a request that is still under review or Pending Decision. Once a Decision is rendered, this option is no longer available.

1. Locate the desired Episode through your My Requests, Requests by Type, or Work in Progress widgets.

2. Click the gear icon next to the Episode and click Open.

3. Once in the Episode, you can click Add Notes on the right to add a note with additional information.

4. In the Episode, you can also click Add Document on the right to add additional clinical documentation to this request.

5. When adding a document, you must complete the required fields of Document Title and Document Type, then click Save.
6. When you are done adding documents or notes to the Episode, you can click the Dashboard tab to return to your Dashboard screen.

DELETING REQUESTS

If a request is created erroneously or the requests that you saved as draft are no longer needed, you can delete them.

1. In the dashboard, click the indicative bar corresponding to the request with the Pending Submission status in the Work in Progress widget.
   
   The Work in Progress screen appears.

2. Click corresponding to the request, and click Edit Request.
   
   The request screen appears.

3. Click Delete.

4. This will clear the data from the request. You can then click to return to the Dashboard.

Note: You cannot delete/rescind submitted requests.
SUBMITTING EXTENSIONS/CONTINUED STAY

You can extend a stay or service request based on the episode type that is submitted.

If you try to request for an extension beyond the maximum number of days configured, the portal displays an error message. Also, you cannot request for an extension after a certain number of days from the initial request or extension.

Note: If this option is not available, please revert back to the section Adding New Requests to submit the continued stay request.

BEHAVIORAL HEALTH OUTPATIENT (BH-OP) EPISODE

In order to submit a concurrent request, you will add an extension to the service code in the existing episode instead of submitting a whole new request.

1. In the dashboard, locate the desired episode using My Requests or Requests by Type Widget.

2. Click the corresponding to the required request, and click Open.
   The episode screen appears.

3. Click the checkbox corresponding to an initial or extended service request line and click Extension.
   The Extend Service screen appears.

4. In the Extend Stay screen, enter appropriate values in the required fields listed below:
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested Date</td>
<td>This automatically enters the current date.</td>
</tr>
<tr>
<td>Request Received</td>
<td>This is automatically entered.</td>
</tr>
<tr>
<td>Request Type</td>
<td>Select from the dropdown menu:</td>
</tr>
<tr>
<td></td>
<td>• Continued Stay</td>
</tr>
<tr>
<td></td>
<td>• Initial</td>
</tr>
<tr>
<td></td>
<td>• Procedure Pre-authorization</td>
</tr>
<tr>
<td></td>
<td>• Retrospective</td>
</tr>
<tr>
<td>Request Priority</td>
<td>Select the service priority required:</td>
</tr>
<tr>
<td></td>
<td><strong>Expedited</strong> – Turn-around time will be within 72 hours. This should only</td>
</tr>
<tr>
<td></td>
<td>be used in instances where a member’s health/safety are at risk in</td>
</tr>
<tr>
<td></td>
<td>accessing a service. Please note that should a request not meet</td>
</tr>
<tr>
<td></td>
<td>expedited guidelines, Alliance Health staff may remove the request from</td>
</tr>
<tr>
<td></td>
<td>expedited status, and it will be reviewed within Standard timeframes.</td>
</tr>
<tr>
<td></td>
<td><strong>Standard</strong> – Turn-around time will be within 14 calendar days to</td>
</tr>
<tr>
<td></td>
<td>complete an episode, unless this is a retrospective, in which case the</td>
</tr>
<tr>
<td></td>
<td>turn-around time is 30 calendar days.</td>
</tr>
<tr>
<td>Requested #</td>
<td>Enter the total number of units requested for the service.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> The number can be auto-populated based on the values that you</td>
</tr>
<tr>
<td></td>
<td>select in the Optional Fields selection.</td>
</tr>
<tr>
<td></td>
<td>• Units - Enter the number of visits or units of service for the time frame</td>
</tr>
<tr>
<td></td>
<td>selected.</td>
</tr>
<tr>
<td></td>
<td>• Time Frame – Select from the dropdown menu (Per Day, Per Week, Biweekly,</td>
</tr>
<tr>
<td></td>
<td>Thrice a Week, Per Month, Per Year)</td>
</tr>
<tr>
<td></td>
<td>• Time Period – This correlates with the Time Frame selected.</td>
</tr>
<tr>
<td></td>
<td>For example, for ‘Per Day’, the time frame equals the total number of days.</td>
</tr>
<tr>
<td></td>
<td>For ‘Per Month’, the time period equals the total number of months. For</td>
</tr>
<tr>
<td></td>
<td>‘Per Year,’ the time period equals the total number of years.</td>
</tr>
</tbody>
</table>
5. Click Save. You will automatically return to the Episode View and can now see the Extension has been submitted.

6. In the Episode, you can click Add Notes on the right to add a Service Request Note with clinical information for this extension.

7. In the Episode, you can also click Add Document on the right to add additional clinical documentation to this request.

8. When adding a document, you must complete the required fields of Document Title and Document Type, then click Save.
9. When you are done adding documents or notes to the Episode, you can click the Dashboard tab to return to your Dashboard screen.
CORRESPONDENCE

You can access the correspondence function from following locations within an Episode after it has been Processed:

- Episode Screen > Workflow > Correspondence

- Episode Screen > Episode View > Correspondence

You will then be able to click the gear icon to view any applicable letters.

Letters viewable in Jiva include Denial, Partial Denial, and Administrative Denial letters.

Note: Authorization letters will continue to populate in ACS.
**GLOSSARY**

**Abstract**
An abstract is a summary of member's demographic details and information about related episodes, if any.

**Activity**
A system-generated or manually-created task to be performed by the assigned user in Jiva.

**Alert**
A system-generated or manually-added notification as a reminder to Jiva users.

**Cert Number**
Certification number, a unique number assigned to an episode within Jiva.

**Episode**
A medical record in Jiva created to manage information of a medical condition, or disease.

**Member**
An individual subscribed to a health plan.

**Member Overview**
Member Overview provides the comprehensive information of a member and episodes associated with the member.

**Member ID**
A unique number that identifies the person as a member with the health plan.

**Pre-authorization**
The approval of or concurrence with the treatment plan proposed by a participating professional provider with the health plan before the provision of service.

**Provider**
A hospital, healthcare professional, or a facility that provides health care services to the members.

**Stay or Service Extension**
A request to extend the length of stay at a facility, or to extend the treatment in an outpatient authorization.

**Widget**
Widget is an element used to display events, such as lab data, medications, and allergies.
APPENDIX A: MCG GUIDELINES AVAILABLE FOR REVIEW

Below is a list of services that currently have MCG Criteria Guidelines available for review. This list will be updated as additional services are added.

- ACTT
- ACTT Step Down
- Day Treatment
- Facility Based Crisis
- Peer Support
- PRTF
- RB-BHT
- Residential Group Home (Level I-IV)
# APPENDIX B: LIST OF SERVICE CODES: ALL CODES

Please see below chart for any ALL codes applicable for each Service Type in Jiva.

<table>
<thead>
<tr>
<th>Definition ID</th>
<th>Description</th>
<th>Service Type</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>221</td>
<td>1915i Community Living &amp; Supports</td>
<td>i-waiver</td>
<td></td>
</tr>
<tr>
<td>150</td>
<td>Allied Health Specialized Therapies</td>
<td>Specialized Therapy</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Assertive Community Treatment Team (ACTT)</td>
<td>Assertive Community Treatment</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Assertive Engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>198</td>
<td>Blood and Blood Products</td>
<td>Physician Services</td>
<td></td>
</tr>
<tr>
<td>151</td>
<td>Cognitive Rehabilitation - TBI</td>
<td>Traumatic Brain Injury Services</td>
<td></td>
</tr>
<tr>
<td>135</td>
<td>Community Living and Support – Medicaid C</td>
<td>Innovations Waiver</td>
<td>Community Support Team</td>
</tr>
<tr>
<td>10</td>
<td>Community Support Team (CST)</td>
<td>Community Support Team</td>
<td></td>
</tr>
<tr>
<td>199</td>
<td>Contact Lens Services</td>
<td>Vision Services</td>
<td></td>
</tr>
<tr>
<td>211</td>
<td>Covid-19 Monoclonal Antibody Products</td>
<td>Pharmacy</td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>COVID-19 Vaccine</td>
<td>Pharmacy</td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>Critical Time Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>Day Supports - Medicaid C</td>
<td>Innovations Waiver</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Day Tx Behavioral Health Child</td>
<td>Enhanced Services</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>Developmental Testing (Extended)</td>
<td>Outpatient Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>Developmental Testing (limited)</td>
<td>Outpatient Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Evaluation and Management</td>
<td>Physician Services</td>
<td></td>
</tr>
<tr>
<td>196</td>
<td>Medication Management and Administration</td>
<td>Outpatient Services</td>
<td></td>
</tr>
<tr>
<td>207</td>
<td>Medicine Services</td>
<td>Physician Services</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Mobile Crisis Services</td>
<td>Enhanced Services</td>
<td></td>
</tr>
<tr>
<td>212</td>
<td>Obstetrical Services</td>
<td>OBGYN Services</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Opioid Maintenance Therapy (OMT)</td>
<td>Enhanced Services</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Outpatient Behavioral Health Assessment</td>
<td>Diagnostic Assessments</td>
<td></td>
</tr>
<tr>
<td>190</td>
<td>Outpatient Behavioral Health Therapy</td>
<td>Outpatient Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>193</td>
<td>Outpatient Behavioral Health Therapy Add On</td>
<td>Outpatient Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>Outpatient Consult</td>
<td>Outpatient Services</td>
<td></td>
</tr>
<tr>
<td>191</td>
<td>Outpatient Specialized Behavioral Health Therapy</td>
<td>Specialized Therapy</td>
<td></td>
</tr>
<tr>
<td>192</td>
<td>Outpatient Specialized Behavioral Health Therapy - DBT</td>
<td>Specialized Therapy</td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>Partial Hospitalization</td>
<td>Enhanced Services</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Peer Support</td>
<td>Peer Support</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Psychological Testing</td>
<td>Psychological Services under 21</td>
<td></td>
</tr>
<tr>
<td>132</td>
<td>Research Based Behavioral Health Treatment (RB-BHT)</td>
<td>Autism Spectrum Disorder Treatment</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>Respite - Innovations</td>
<td>Innovations Waiver</td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>Specialized Consultative Services (SCS) - Medicaid C</td>
<td>Innovations Waiver</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Substance Abuse Comprehensive Outpatient Treatment (SACOT)</td>
<td>Enhanced Services</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Substance Abuse Intensive Outpatient Program (SAIOP)</td>
<td>Enhanced Services</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>Supported Employment - Medicaid C</td>
<td>Innovations Waiver</td>
<td></td>
</tr>
</tbody>
</table>