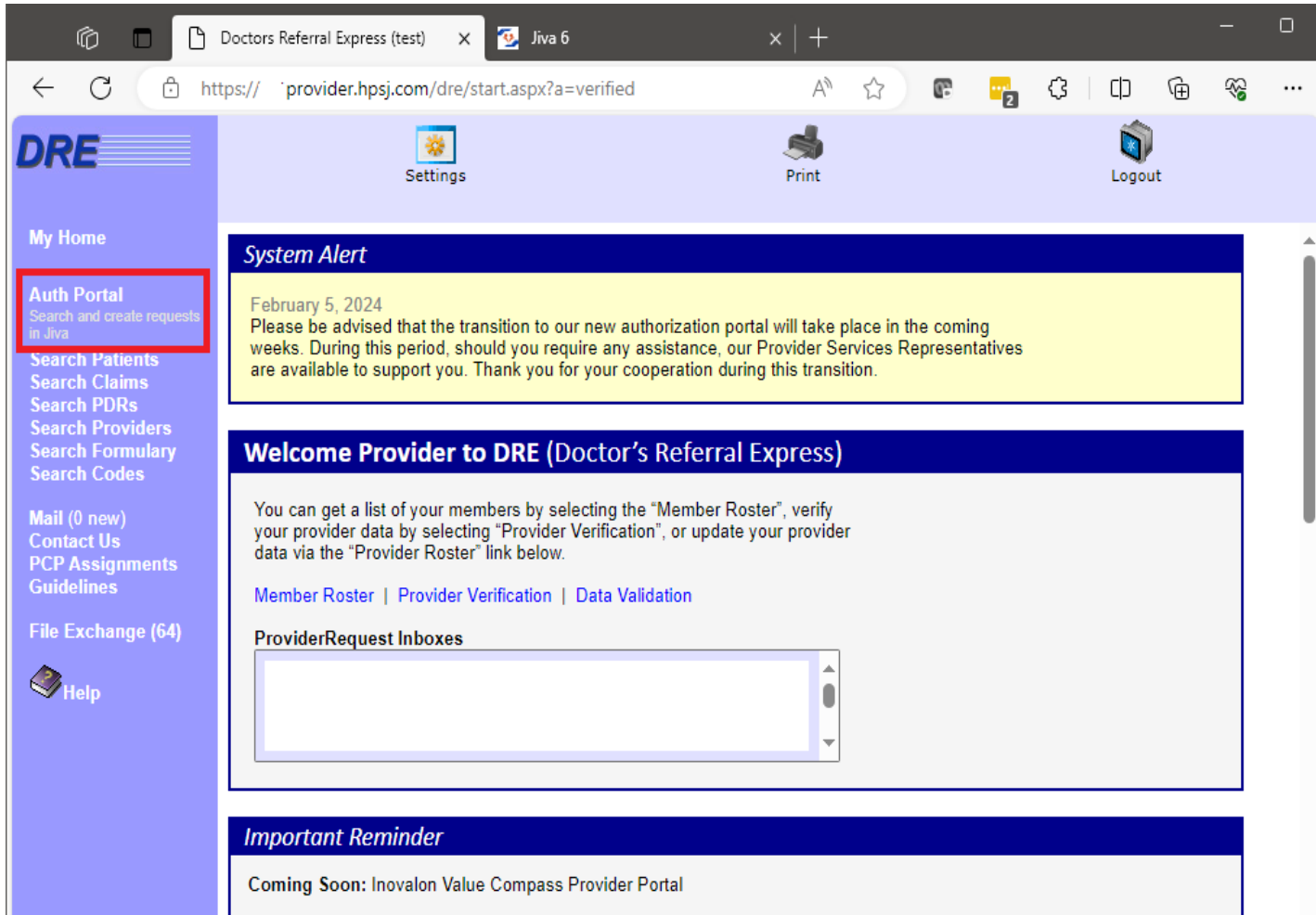


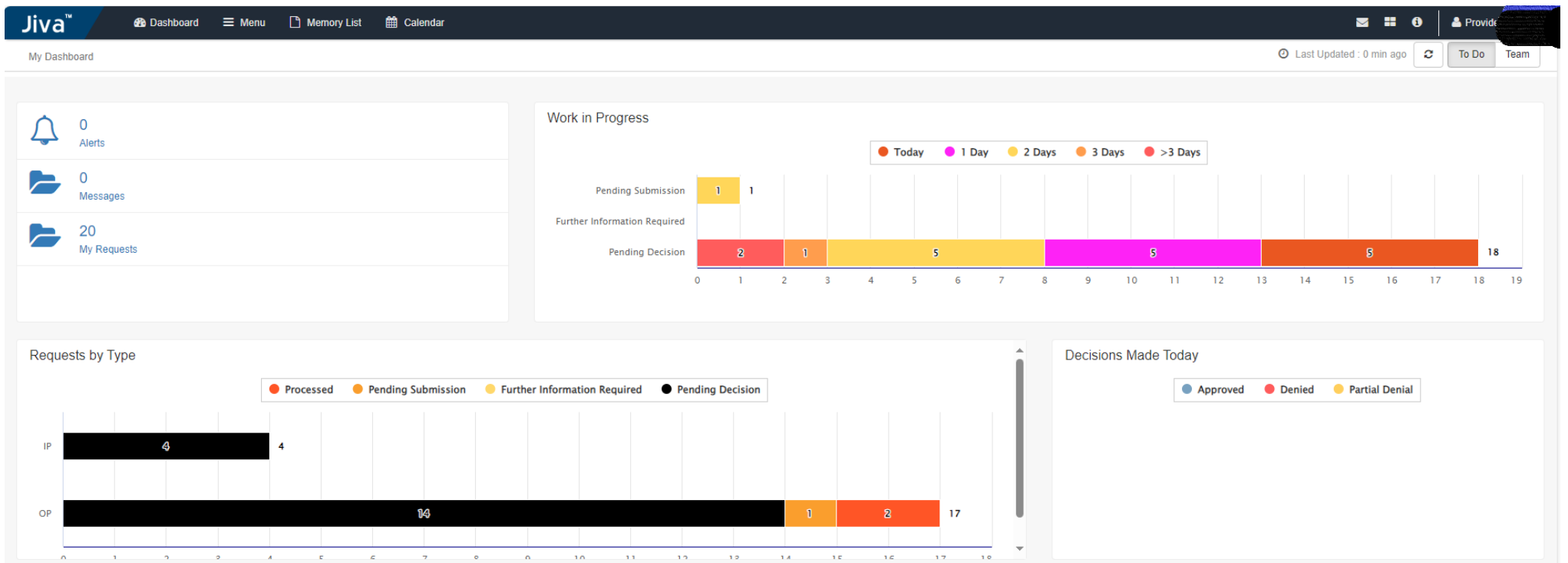
Jiva Quick Reference Guide

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.

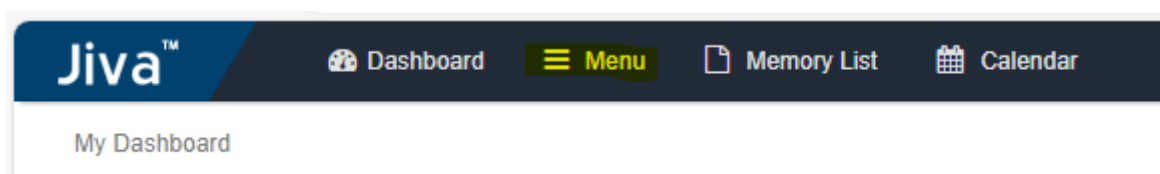


Once selected, you will be routed to the Jiva Dashboard.

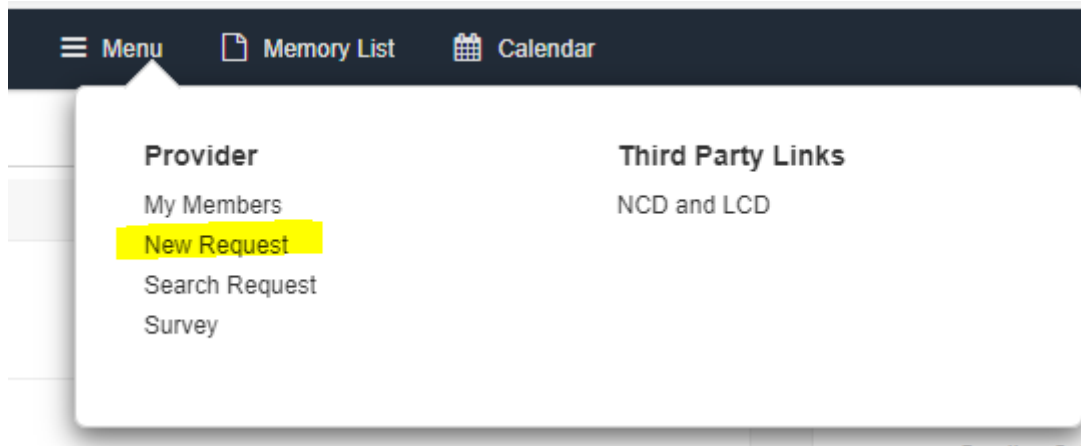


Getting Started

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'.

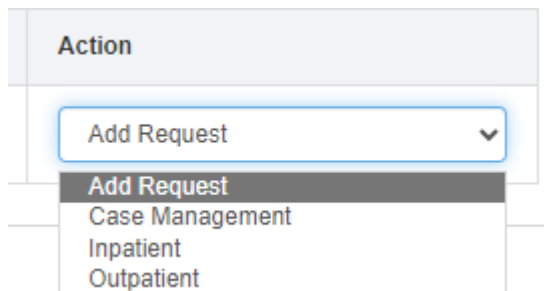
4. Select Search

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

The 'New Request' form includes fields for Member Last Name, Member First Name, Member DOB, Client, Member ID Type (Coverage ID), and Member ID (54321). Below the form is a table with columns: Jiva Member ID, Member Name, Member Date of Birth, Gender, Coverage ID, Subscriber ID, Coverage Start Date, Coverage End Date, Group Name, and Action. The first row shows member 159145, Reeves, Keanu, with Coverage ID 54321. The 'Action' dropdown is open, showing options: Add Request, Case Management, Inpatient, and Outpatient.

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:

The 'Outpatient Request' form has two main sections: 'Episode Details' and 'Diagnosis'. 'Episode Details' includes 'Request Type' (Prior Authorization) and 'Request Priority' (--Select One--). 'Diagnosis' includes 'Code Type' (ICD10) and 'Diagnosis' (Diagnosis).

8. Request Type

Select the Request that applies to your authorization.

The 'Request Type' dropdown menu is shown with 'Prior Authorization' selected and highlighted in the list of options.



9. Request Priority

Select the Request that applies to your preauthorization.

Request Priority *

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

10. Diagnosis

The default should always be ICD-10

Diagnosis *

Code Type *

- Select One--
- ICD9
- ICD10

You can search by the ICD10 code or description.

Diagnosis *

- 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 *

- 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

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

12. Select Search

Attach Providers

Enter any search criteria

Provider Last Name / Facility

Provider First Name

NPIN

Provider ID

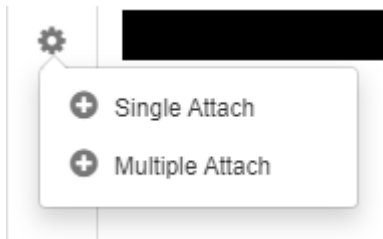
Search Results

Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Key
<input type="button" value="gear"/> PMP000000086365	GARCIA, ERIN, K	701 E CHANNEL ST STOCKTON, CA - 952022628 US Phone: 2099444700 Fax: 2097626808	REGISTERED DIETICIAN	<input type="button" value="dropdown"/> 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
	PMP00000000037	COMMUNITY MEDICAL CENTER CHANNEL	701 E CHANNEL ST STOCKTON, CA - 952022628 US Phone: 2099444700 Fax: 2097626808	Requesting
	PMP000000086365	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 * --Select One--

Place of Service * --Select One--

Code Type --Select One--

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)*

Document Title

Document Received Date

Document Received Time

Select Document [Browse](#)

[Add](#)

Document Type --Select One--

Document Description

	Document Title	Type	Document Received Date	Date Added	Added User	Description
-	Test Temporary		05/14/2026 15:57:00	05/14/2026	Provider, Netesh	

Preferred Fax Number *

- Click Browse
- Attach documents from the user's computer.
- You will need to add the following information
 - Document title
 - Received date
 - Received time
- Under Document Description you can notes about the file you are adding
- Click Add, and documents will attach
- You can browse and add more files if needed
- You can delete a document by hitting the circle next documents title



16. Notes (Optional)

Notes



Note Type: Provider Portal

Note Encounter Date: 02/13/2024

Note Encounter Time: 10 41

Note Text

File Edit View Format Tools

B *I* U  

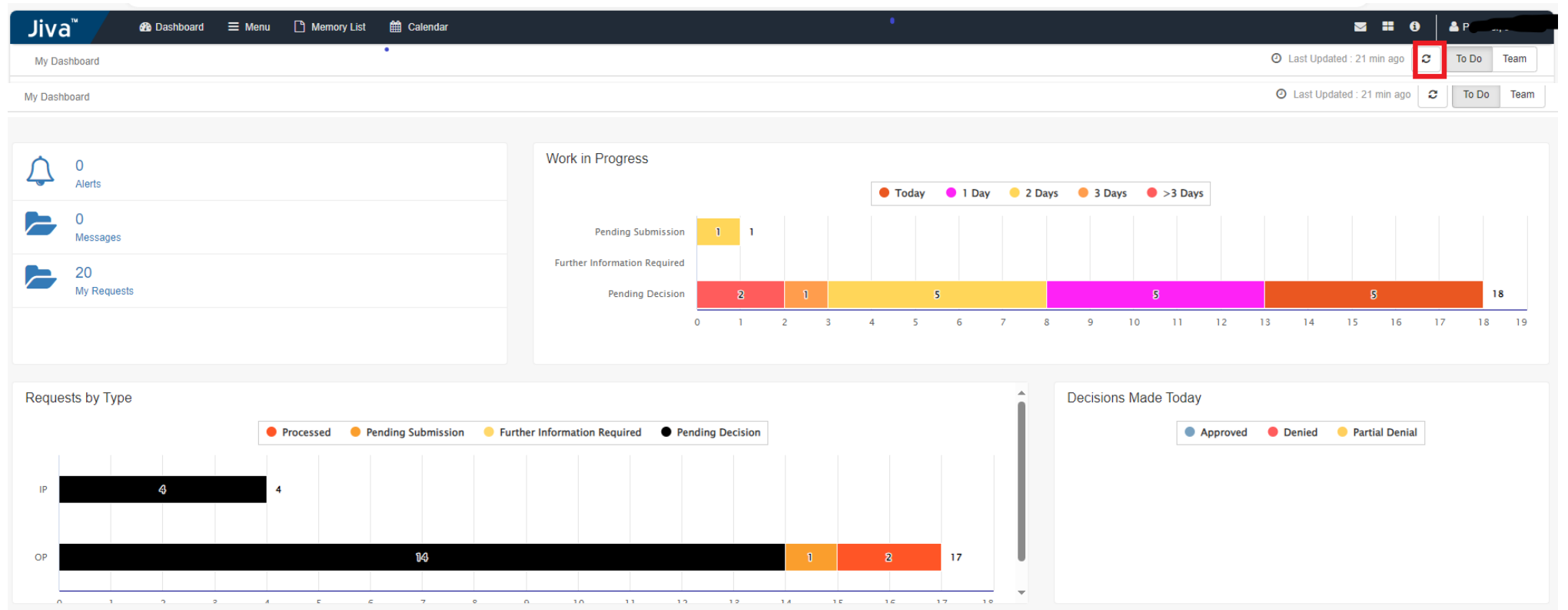
Review clinical notes

17. Click Submit to finalize your submission.

Submit Save as Draft Delete Cancel

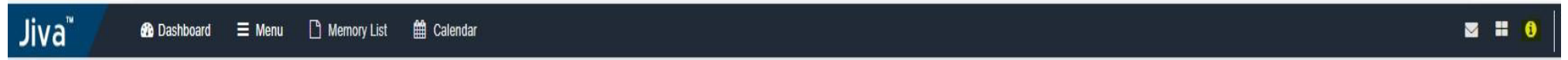


Note: Once submitted, click the dashboard icon and select 'Refresh' to populate the authorization created.



Jiva Resource Guide

Click the ⓘ for help.



- [Getting Started with Jiva](#)
- [Administrative Functions](#)
- [Member Management](#)
- [Episode Management](#)
- [Configuring Entities](#)
- [Managing Preferred Drug List](#)
- [Managing User Accounts](#)
- [Working with Assessment Configuration Engine](#)
- [Working with Sentinel Rules Engine](#)
- [Configuring Correspondence Templates](#)
- [Other Administrative Functions](#)
- [Configuring Worklists](#)
- [Customizing and Reporting Billing Rates](#)
- [Configuring User Defined Fields](#)
- [About Performance Management Dashboards](#)
- [Introduction to Member Portal](#)
- [Provider Portal](#)
- [Client Portal](#)
- [Reinsurer Portal](#)

Key Words:

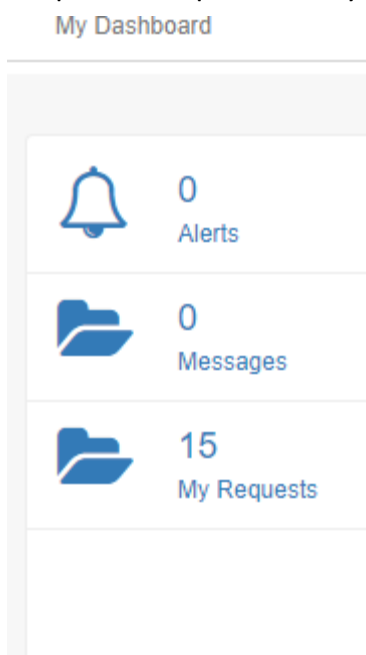
- Cert Number – Authorization Number
- Processed – Authorization with a decision (Approved, Denied, Partially Denied)
- Pending Submissions – Authorization in Draft status, not submitted by the user.
- Further Information Required – Nurses ask for more information.
- Pending Decision - Authorization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

Main Menu

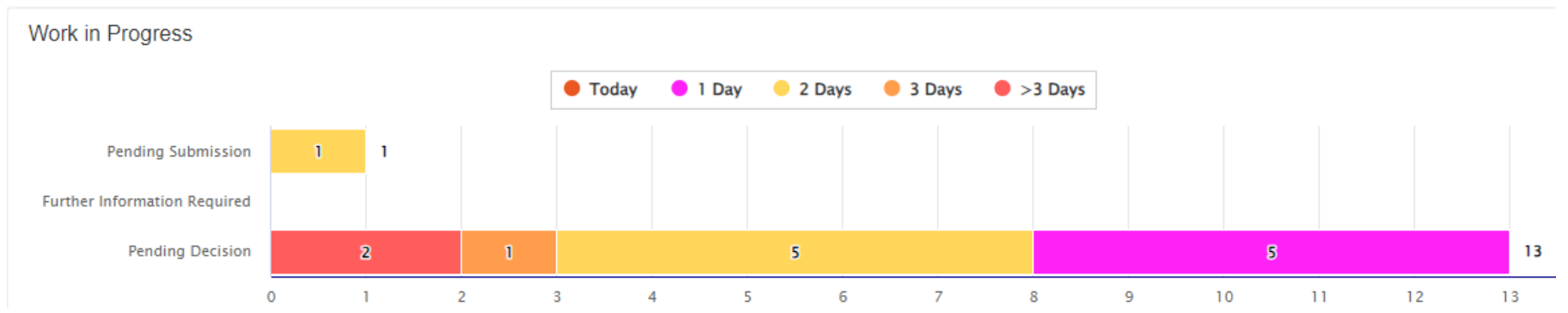
My Dashboard

Widgets in the dashboard help you to access:

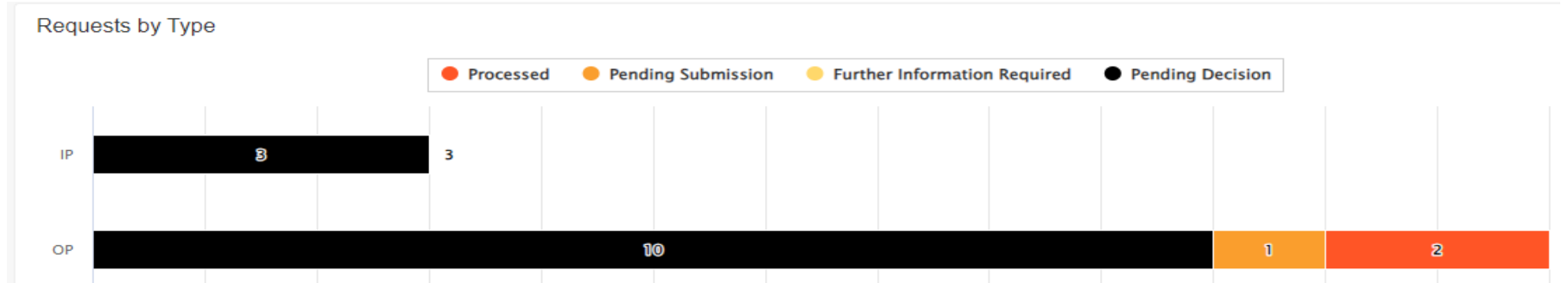
- Alerts: Messages and alerts addressed to you
- Messages: Gaps In Care (GIC) associated with your members
- My Requests: Requests that you have created



Work In Progress



Request by Type



Decisions Made Today

