



# Jiva Provider Portal Training

Enhanced Care Management/Community Supports  
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Authorizations and Transportation

7/3/2024



Jiva Provider Portal  
Training

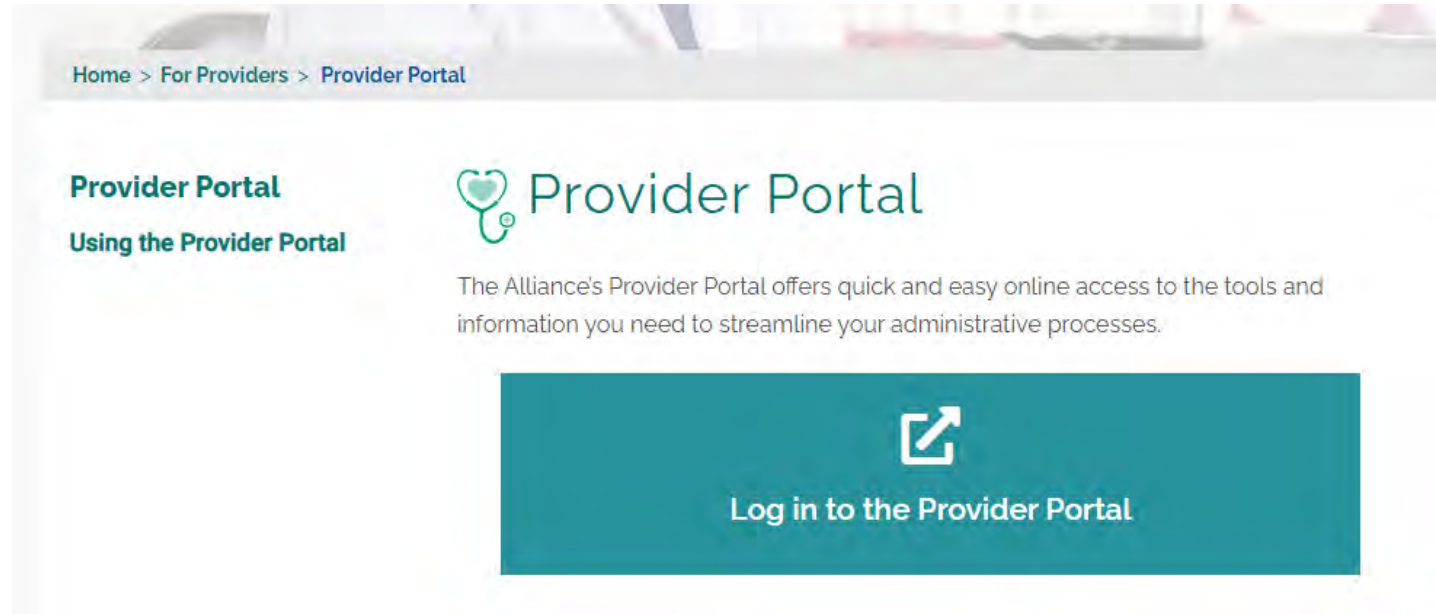
# AUTHORIZATION REQUESTS: ECM/CS

## OBJECTIVES:

1. Access Jiva Provider Portal
2. Check Member History
3. Create Authorization Request

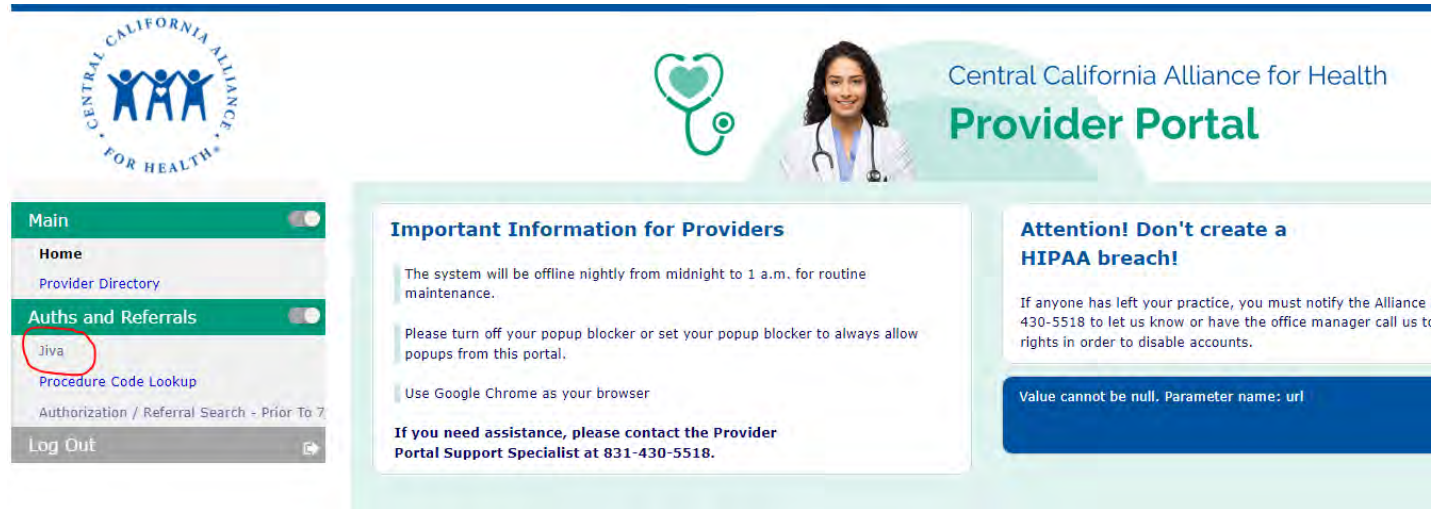
# Log in to the Provider Portal

- Access the Provider Portal through the Alliance website  
[www.thealliance.health/provider-portal](http://www.thealliance.health/provider-portal)



# Open Jiva for Authorizations and Referrals

- From the Portal homepage, under Auths and Referrals, select “Jiva”



**Central California Alliance for Health**

**Provider Portal**

**Main**

**Home**

[Provider Directory](#)

**Auths and Referrals**

**Jiva**

[Procedure Code Lookup](#)

[Authorization / Referral Search - Prior To 7](#)

[Log Out](#)

**Important Information for Providers**

The system will be offline nightly from midnight to 1 a.m. for routine maintenance.

Please turn off your popup blocker or set your popup blocker to always allow popups from this portal.

Use Google Chrome as your browser

**If you need assistance, please contact the Provider Portal Support Specialist at 831-430-5518.**

**Attention! Don't create a HIPAA breach!**

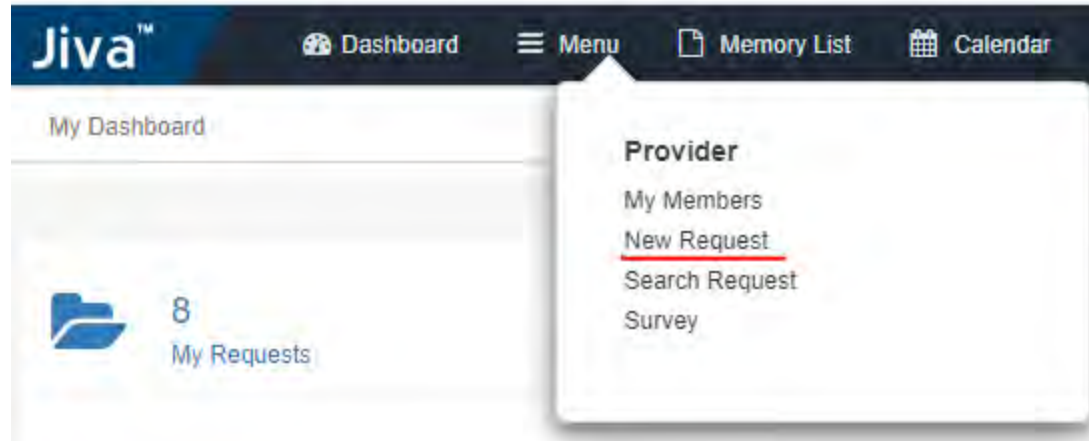
If anyone has left your practice, you must notify the Alliance im 430-5518 to let us know or have the office manager call us to o rights in order to disable accounts.

Value cannot be null. Parameter name: url



# Start a New Request

- Your dashboard will have information on all of the authorizations you have submitted. To enter a new request, select the Menu option from the top left of the dashboard and choose “New Request”.



# Start a New Request

- Search the member by their Medi-Cal Subscriber ID. The member's name is a hyperlink. Select it to go to the Member Centric View and check their authorization history.

Member Last Name:

Member First Name:

Member DOB:

Client:

Member ID Type:


Member ID:

Jwa Member ID	Member Name	Member Date of Birth	Gender	Coverage ID	Subscriber ID	Coverage Start Date	Coverage End Date	Group Name	Action
192638	<a href="#">REDACTED</a>	REDACTED	F	108097	REDACTED	01/01/2013	09/30/2024	Santa Cruz Medi-Cal Managed Care Program	<input type="button" value="Add Request"/>



# Check Authorization History

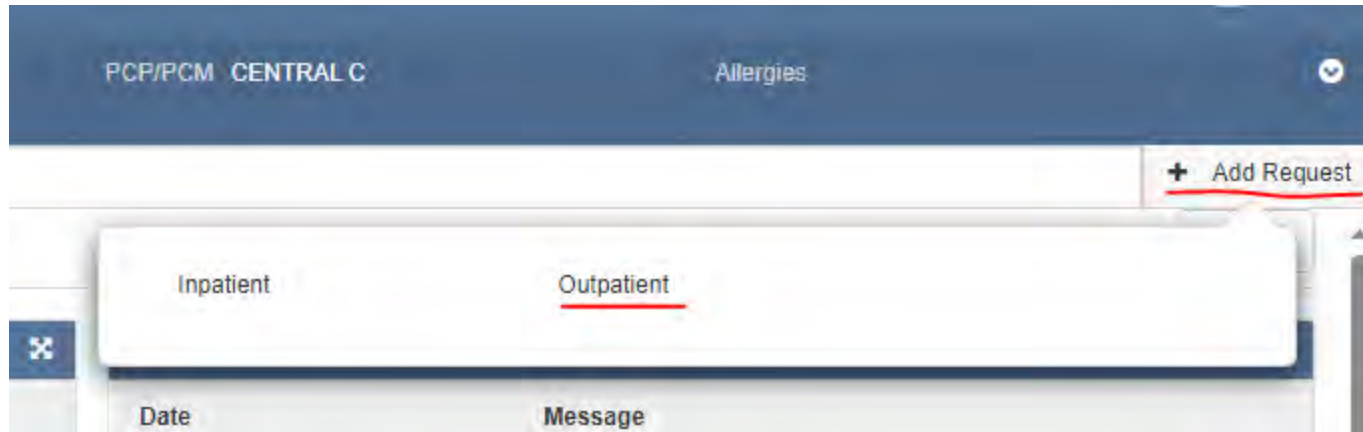
- You can identify other Community Supports requests by the Service Type and Procedure. If more information is needed, you can use the gear symbol to view a summary of the request.

Member Overview		
All (Member + Episode)		
Member		Episode
Episodes (1)		
	Start Date : 06/26/2024 Episode ID : 22420 Service Start Date : 05/30/2024 Episode Type : OP Status : Closed Provider : CENTRAL ... <u>Procedure : CS06</u>	Assigned To : Sherman,... Diagnosis : M54.16 Auth Number : 240600561 <u>Service Type : Communit...</u>



## Add New Request

- If there is no authorization request on file for the service you are requesting, you can create a new request using the Add Request option in the top right of the member screen and selecting Outpatient.





## Enter Episode Details: Request Type

- Pre-Service requests are any requests that have future dates of service. This includes services that have already begun and will continue into the future.
- Post-Service requests are any requests where all services have already been completed.

Outpatient Request

Episode Details

Request Type \* --Select One--

Time Request

Request Priority \* --Select One--

Reason for Request \* --Select One--

Post-Service

Pre-Service



## Enter Episode Details: Request Priority

- The Request Priority will auto-fill with Routine. ECM and CS services almost never meet the clinical definition of Urgent and should not be entered as such.

Request Type *	<input type="text" value="Pre-Service"/>	Request Priority *	<input type="text" value="Routine"/>
Time Request	<input type="text" value="5 Business Days"/>	Reason for Request *	<input type="text" value="--Select One--"/>



## Enter Episode Details: Reason for Request

- The Reason for Request will depend on what you are requesting. If you are requesting ECM services, you should select “ECM”. If you are requesting any of the Community Supports, you should select “ECM CS”.

Request Type *	<input type="text" value="Pre-Service"/>	Request Priority *	<input type="text" value="Routine"/>
Time Request	<input type="text" value="5 Business Days"/>	Reason for Request *	<div><div>--Select One--</div><div><div>--Select One--</div><div>Carve-Out</div><div>ECM</div><div>ECM CS</div><div>OON Referral</div><div>OP Pharmacy</div><div>OP Services</div><div>PCP Referral</div><div>Specialist to Specialist Referral</div><div>Transportation</div></div></div>
Code Type *	<input type="text" value="ICD10"/>	Diagnosis *	



## Enter the Diagnosis Code

- Enter the diagnosis code(s) that are relevant to the member. There is no longer a narrative for chief complaint. The ICD-10 code is required.

Code Type \*

ICD10

Diagnosis \*

Z59.00

Z59.00--Homelessness Unspecified

Advanced Search

Primary Dx	Code Type	Diagnosis	Actions
★	ICD10	Z59.00--Homelessness Unspecified	



# Add Requesting and Servicing Providers

- Attach the relevant providers. You/your facility should always be the requesting provider. In the pop up, enter your facility name, click the Search button and select the correct option from the Search Results.

Attach Providers

Primary Dx

Enter any search criteria

Provider Last Name / Facility

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

Provider First Name

Provider First Name

NPIN

Provider ID

Search

Advanced Search

Search Results

Provider ID	Provider Name
9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH


etails

Attach Providers

Drug quest

Service


1 2





## Add Requesting and Servicing Providers

- Use the gear next to the correct provider in the search results and select Multiple Attach to attach the provider. If the servicing provider is the same, select Multiple Attach again or repeat the prior step to find the Servicing Provider.

Search Results

	Provider ID	Provider Name
	9050	CENTRAL CALIFORNIA LIANCE FOR ALTH

 Single Attach  
 Multiple Attach



# Add Requesting and Servicing Providers

- The selected providers will populate at the bottom of the pop up. Select Attach to add them to the request.
- Be sure that one is selected as Requesting and one as Servicing:

The screenshot displays a web interface for selecting providers. On the left, a search form includes fields for 'Provider Last Name / Facility', 'Provider First Name', 'NPI', and 'Provider ID', along with 'Search' and 'Advanced Search' buttons. The 'Provider Last Name / Facility' field contains 'CENTRAL CALIFORNIA ALLIANCE FOR HEALTH'. On the right, the 'Search Results' table lists one provider with ID 9050, named 'CENTRAL CALIFORNIA ALLIANCE FOR HEALTH', located at '1600 GREEN HILLS RD, SCOTT'S VALLEY, CA - 95066-4981, USA'. Below this, the 'Selected Providers List' table shows two entries for the same provider. The first entry has a 'Provider Role' dropdown set to 'Requesting', and the second entry has it set to 'Servicing'. Both dropdowns are highlighted with red boxes. At the bottom left, there are 'Attach' and 'Cancel' buttons.

Provider ID	Provider Name	Location	Provider Role
9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	1600 GREEN HILLS RD SCOTT'S VALLEY, CA - 95066-4981 USA Phone: (831) 430-5500 Fax: (831) 123-4567	Requesting
9050	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	1600 GREEN HILLS RD SCOTT'S VALLEY, CA - 95066-4981 USA Phone: (831) 430-5500 Fax: (831) 123-4567	Servicing



# Add Service Codes

- Enter the following: Service Type as either Enhanced Care Management or Community Supports; Service Code based on the request; start and end dates of service you are requesting; and the quantity you are requesting.

Service/Specialty Drug Request

Service Type \*

--Select One--

Place of Service

--Select One--

Code Type

CPT

Service Code

Search Service Code

Advanced Search

Optional Fields

Add

Modifier

Search Modifier

Start Date \*

End Date \*

Requested # \*

1





## Add Service Codes – ECM Example

- For ECM, select Enhanced Care Management as the Service Type, CUS as the Code Type and enter the code ECM02. The start date should be the 1st of the current or following month and the end date should be 1 year from then.
- *ECM01 still does not require authorization – you can bill CCAH Claims directly without submitting an authorization.*



# Add Service Codes – ECM Example

Service Type *	<input type="text" value="Enhanced Care Management (ECM)"/>
Place of Service	<input type="text" value="--Select One--"/>
Code Type	<input type="text" value="CUS"/>
Service Code	<input type="text" value="ECM02--MC Enhanced Care Management (ECM) Services CA"/> <input type="button" value="Q"/>

[Advanced Search](#)

[Optional Fields](#)

Modifier	<input type="text" value="Search Modifier"/>
Start Date *	<input type="text" value="07/01/2024"/>
End Date *	<input type="text" value="06/30/2025"/>
Requested # *	<input type="text" value="12"/>



## Add Service Codes – Housing Example

- For Housing services, select Community Supports as the Service Type, CUS as the Code Type and use one of the following codes: CS01, CS02 or CS03. The service dates should be for 6 months.

Service Type *	<input type="text" value="Community Supports (CS)"/>	Modifier	<input type="text" value="Search Modifier"/>
Place of Service	<input type="text" value="--Select One--"/>	Start Date *	<input type="text" value="07/01/2024"/>
Code Type	<input type="text" value="CUS"/>	End Date *	<input type="text" value="12/31/2024"/>
Service Code	<input type="text" value="CS01--MC CS - Housing Tenancy and Sustaining Services CA"/> <input type="button" value="Q"/>	Requested # *	<input type="text" value="6"/>

[Advanced Search](#)

[Optional Fields](#)



## Add Service Codes – Meals Example

- For Medically Tailored Meals, select Community Supports as the Service Type, HCPC as the Code Type and use the following codes: S5170 or S9977, and S9470

Service Type *	<input type="text" value="Community Supports (CS)"/>	Modifier	<input type="text" value="Search Modifier"/>
Place of Service	<input type="text" value="--Select One--"/>	Start Date *	<input type="text" value="07/01/2024"/>
Code Type	<input type="text" value="HCPC"/>	End Date *	<input type="text" value="12/31/2024"/>
Service Code	<input type="text" value="S5170--Home Delivered Meals, Including Preparation; Per Meal (Not Pa"/> <input type="button" value="Q"/>	Requested # *	<input type="text" value="168"/>

[Advanced Search](#)

[Optional Fields](#)



## Add Service Codes – ECM/CS Service Table

ECM/CS Service	Service Type	Code Type	Service Code(s)	Length of Auth	Quantity
Enhanced Care Management	Enhanced Care Management	CUS	ECM02	1 year/12 months	12
Medically Tailored Meals	Community Supports	HCPC	S5170 S9977 S9470	4 months	168 12 3
Housing Tenancy & Sustaining Services	Community Supports	CUS	CS01	6 months	6
Housing Transitions & Navigation	Community Supports	CUS	CS02	6 months	6
Housing Deposits	Community Supports	CUS	CS03	6 months	1



## Add Service Codes – ECM/CS Service Table

ECM/CS Service	Service Type	Code Type	Service Code(s)	Length of Auth	Quantity
Recuperative Care	Community Supports	CUS	CS04	30 days	30
Short Term Post Hospitalization Housing	Community Supports	CUS	CS05	60 days	60
Environmental Accessibility and Adaptability	Community Supports	CUS	CS06	6 months (12 if PERS)	1 (12 if PERS)
Respite	Community Supports	CUS	CS07	1 year/12 months	1
Personal Care/Homemaker	Community Supports	CUS	CS08	6 months	1
Sobering Center	Community Supports	HCPC	H0014	1 day	1




## Add Documents

- Attach any relevant documentation to support the member meeting guidelines for the request.
- *Requests with no documentation are likely to be voided or denied.*

Documents

Document Title

Document Received Date  

Document Received Time

Select Document  No File Selected



# Add Notes

- Add a “Web Note” with relevant information about the request

Note Type

Web Note

Note Text

File ▾ Edit ▾ Insert ▾ View ▾ Format ▾ Tools ▾

**B** *I* U ABC ✓  

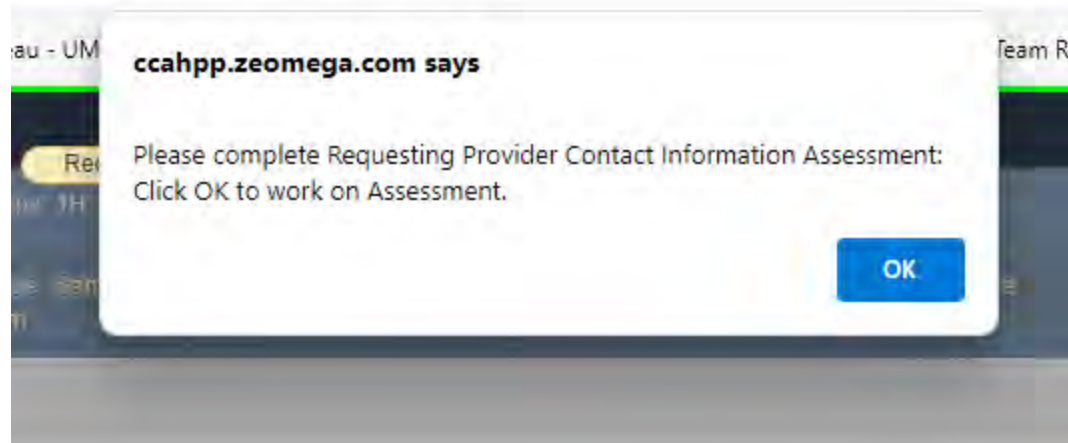
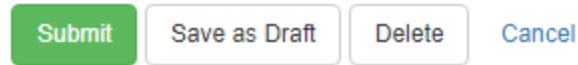
Relevant information about the member, situation, and why they meet or need the service.]





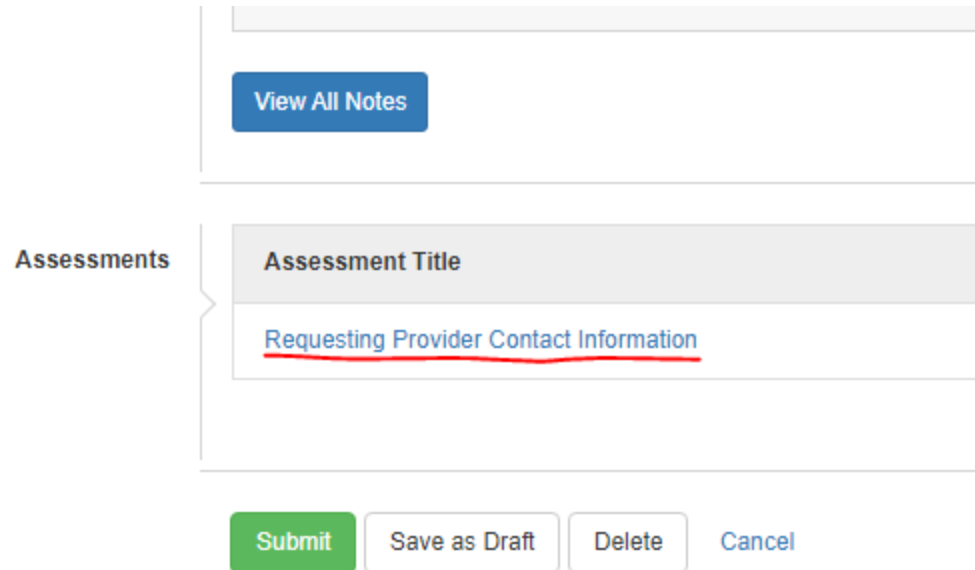
## Enter Requesting Provider Contact Information

- Select Submit. You will then get a pop up asking you to complete the Requesting Provider Contact Information Assessment.



## Enter Requesting Provider Contact Information

- The assessment will populate at the bottom of the screen for you to complete. This contact information is important in case we have follow up questions about the request.





The screenshot shows a web interface with a sidebar on the left containing the word "Assessments" next to a right-facing curly bracket. The main content area has a light gray header bar at the top. Below it is a blue button labeled "View All Notes". Further down is another light gray header bar labeled "Assessment Title". Below this header is a list item labeled "Requesting Provider Contact Information", where the text is underlined in red. At the bottom of the form are four buttons: a green "Submit" button, a white "Save as Draft" button, a white "Delete" button, and a blue "Cancel" button.





# Enter Requesting Provider Contact Information

Complete Save as Draft Cancel

Assessment Score **0** of 0



Timer 00 : 00 : 05  

**Question Groups**



  **PP Requesting Provider Contact Information (0 of 5)**

▼ PP Requesting Provider Contact Information



\* Requesting Provider Contact Name


Add Note



\* Requesting Provider Contact Phone #


Add Note





\* Requesting Provider Contact Fax #


Add Note





\* Requesting Provider Other Contact Info


Add Note



\* Requesting Provider Treating Provider Name

Add Note





# Submit and Review Summary

- Select Submit again, and you will be taken to a summary page of the request. From here you can select Episode Abstract to view a more detailed summary or select the Authorization Type OP to open the authorization.

Request Details

Episode Abstract

Expected Decision Date : 07/05/2024      Authorization Type : OP      Episode Number : 22792      Episode Status : OpenRequest      Auth Number : 240600623

Authorization Details

Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
11688	SS170(HCPC)	168	0	0			Community Supports (CS)	Per Day	-
11689	S9470(HCPC)	3	0	0			Community Supports (CS)	Per Day	-

Authorization Drug Details

Episode Abstract

No Specialty Drug Requests Added



# Questions?

