

Create Pre-Authorization Submissions Online

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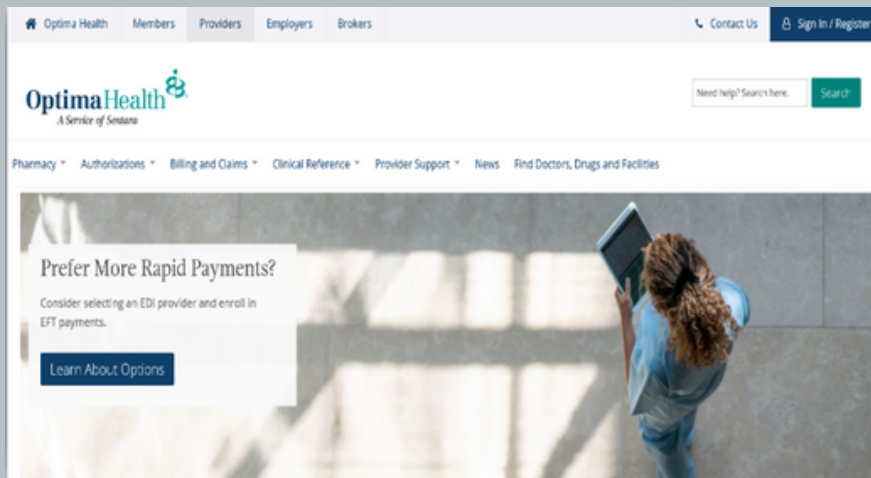
Step #1

Login to Provider Connection.

Useful Tips:

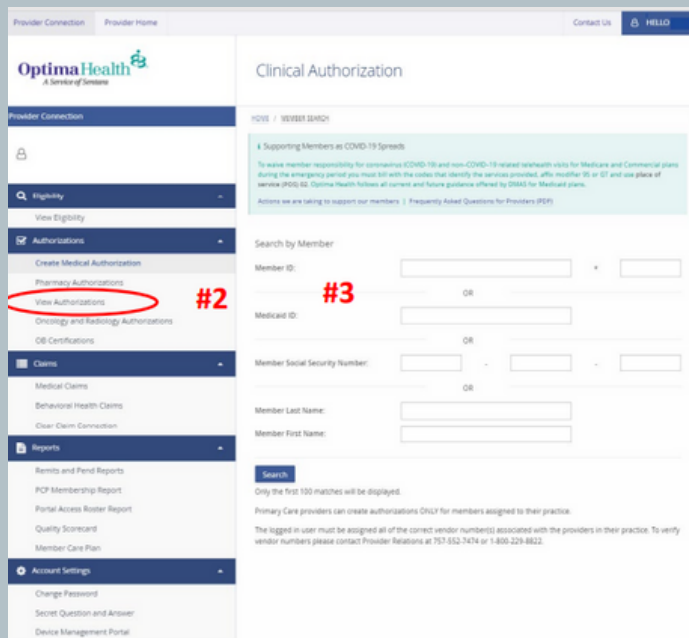
JIVA is used for to:

1. Request authorizations or complete the authorization.
2. Look up the member's care plan.



Step #2

Select **Create Medical Authorization**. Once selected, **to the right of the screen**, you will create a member search.



Step #3

When you retrieve the member's information, **copy the member ID** to place in the Jiva Portal.



| Member Information: | |
|---------------------------|--|
| Member Name: | |
| Address: | |
| Phone: | |
| Member Number: | |
| Date of Birth: | |
| Gender: | |
| | |
| Plan Information: | |
| Group ID Number: | |
| Group Name: | |
| Plan (Line of Business): | |
| Enrolled Date: | |
| Plan Type: | |
| Coordination of Benefits: | |

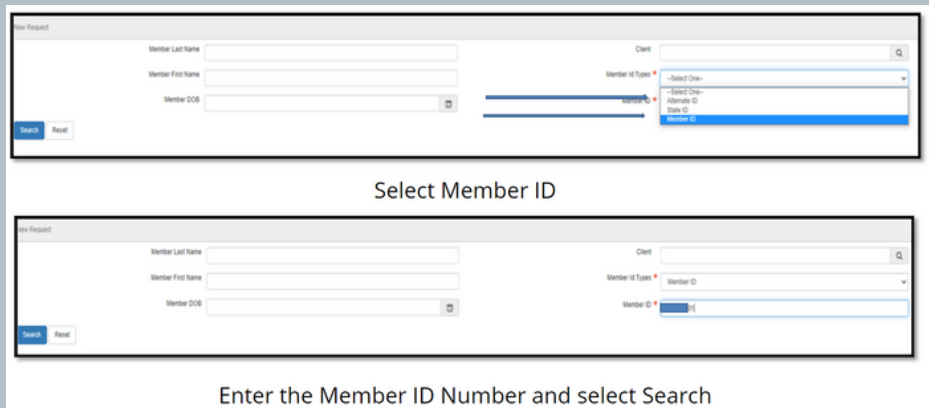
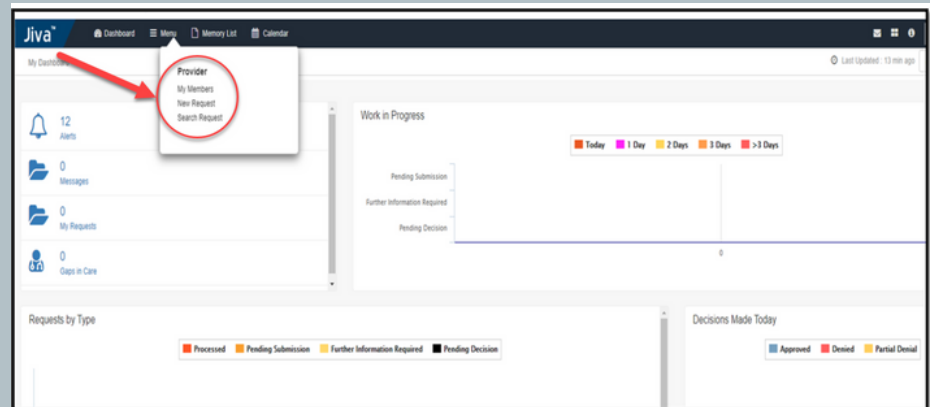
Step #4

If the notifications are above your name, **click on Always Allow** to go directly to create an authorization request.



Step #5

Jiva "My Dashboard" will appear as the next screen. Click **Menu** and you will see a **Provider** drop-down menu. Select **New Request**.



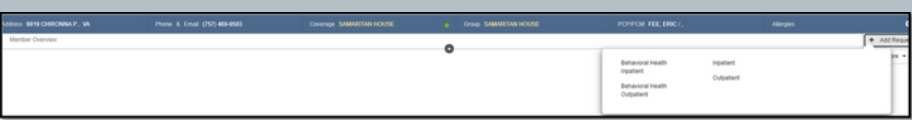
Step #6

Located on the right of the screen (and noted with red asterisks), a **"Member Types"** drop down will present your search options. We strongly recommend using the **Member ID** as it is the easiest way to find your member.

| Jiva Member ID | Member Name | Member Date of Birth | Gender | Member ID | Subscriber ID | Coverage Start Date | Coverage End Date | Group Name | Action |
|----------------|-------------|----------------------|------------|------------|---------------|---------------------|-------------------|--------------------------|-------------|
| 710151 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | UNITED WAY OF SHILOH RDG | Add Request |
| 710151 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | SAMARITAN HOUSE | Add Request |

Step #7

Member information will populate the fields. Ensure the dates of coverage are active and are not expired.



Step #8

Click the Add Request button to view a drop down listing authorization types for requested services.

Step #9

Remember to fill in the **Diagnosis codes**. **Complete each field accompanied with a Red Asterisks**. Indicate the amounts for requested #.

The screenshot shows the 'Outpatient Request' form with several fields marked with red asterisks to indicate they are required. These include: Request Type, Request Priority, Reason for Request, Code Type (set to ICD9), Diagnosis (with a search icon), Provider Details (with an 'Attach Provider' button), Service Type, Place of Service, Caste Type (set to CPT), Service Code (with a search icon), Member (with a search icon), Start Date, End Date, and Requested # (set to 1). There is also an 'Advanced Search' link.

This close-up shows the 'Service Specialty Drug Request' form. Fields with red asterisks include: Service Type (set to CPT), Place of Service (set to Outpatient Hospital), Caste Type (set to CPT), Service Code (with a search icon), Frequency Qualifier (with a dropdown), Authorized Frequency (with a dropdown), Units Qualifier (with a dropdown), and Requested # (set to 1). A tooltip for the Service Code field reads: 'ICD9 - Completed telegraphic alphabetic, four letters, with central separator, facility identifier codes, 2 characters, and two underscores, no trailing zeros'.

Please Complete All Sections as Required by the RED Asterisks

This close-up shows the same 'Service Specialty Drug Request' form with values entered: Service Type (CPT), Place of Service (Outpatient Hospital), Caste Type (CPT), Service Code (with a search icon), Frequency Qualifier (Day), Authorized Frequency (1), Units Qualifier (Unit), and Requested # (1). A blue 'Add' button is visible at the bottom.

Useful Tip: Units and Frequency Qualifiers are for Medicaid Authorization Requests. Remember to add them if this applies to your member.

This close-up shows the 'Units and Frequency Qualifiers' section of the form. It contains three dropdown menus: Frequency Qualifier, Authorized Frequency, and Units Qualifier, all marked with red asterisks to indicate they are required.

Useful Tip
Always complete Service Request First then go back and Attach Providers.

Step #10

Attach the provider. **The easiest method is using NPI or Tax ID.** For **non-network providers**, you **must submit the request by fax.**

The screenshot shows the 'Provider Details' section of the form. It features a blue 'Attach Provider' button and the text 'No Providers Attached'.

Useful Tip: Enter the NPI or Tax ID. Once you enter the selected number, you will then click Search.

Attach Providers

Enter any search criteria

Client: OPT_OF_C

Provider Last Name:

Provider First Name:

NPI:

Provider ID:

Provider Type: --Select One--

Specialty: --Select One--

Tax ID:

State: --Select One--

City:

County:

Provider Phone:

Attach Providers

Enter any search criteria

| Provider ID | Provider Name | Location | Type | Provider Role | Specialty | In Network? |
|-------------|-----------------------------|---|--------------------|---------------|-------------|-------------|
| 19000 | IP-NORFOLK GENERAL HOSPITAL | 600 GRESHAM DRIVE NORFOLK, VA - 235071904 USA Phone: (757) 388-3000 | Hospital/ Facility | Treating | IP FACILITY | N |

Step #11
Click on **Multiple Attach** from the drop-down menu.

Search Results

| Provider ID | Provider Name | Location |
|-------------|-----------------------------|---|
| 19000 | IP-NORFOLK GENERAL HOSPITAL | 600 GRESHAM DRIVE NORFOLK, VA - 235071904 USA Phone: (757) 388-3000 |

- Single Attach
- Multiple Attach**
- View UDF

Step #12
Be sure to select a treating provider. Return to the search field and enter yourself as the Requesting Provider. Click the widget and **click Multiple Attach**. Don't forget to select **Attach** at the bottom of the page.

Selected Providers List

| Provider ID | Provider Name | Location | Provider Role |
|-------------|-----------------------------|--|---------------|
| 19000 | IP-NORFOLK GENERAL HOSPITAL | 600 GRESHAM DRIVE NORFOLK, VA - 235071904 USA Phone: (757) 388-3000 | Treating |

Provider Details

| ID | Name | Location | Role | Network |
|-------|-----------------------------|--|----------|----------------|
| 19000 | IP-NORFOLK GENERAL HOSPITAL | 600 GRESHAM DRIVE NORFOLK, VA - 235071904 USA Phone: (757) 388-3000 | Treating | Out of Network |

Service/Specialty Drug Service Type Product Code Modifier

Contact Information

Requesting Clinician

Phone Number

Email Address

Useful Tip: Please provide the best contact info in the Request Name and Phone Number fields. This ensures the nurse knows who to call if there are additional questions.

Step #13
Submit

Useful Tip: You will see an ALERT and then be directed to the criteria set, such as MCG. Click OK.

Document Title

Document Description

Document Type

Select Document No File Selected

Message from webpage

⚠ There are stay/service lines to be reviewed. Kindly complete the same before submit.

Email Address

Useful Tip: When you click the checkmark in the action box, the Review Tab will activate and become green.

Outpatient Request (Draft)

Service Request

| Action | Service Code | Requested# | Start Date | End Date | Service Type | Place of Service | Decision |
|-------------------------------------|--------------|------------|------------|------------|--------------|---------------------|----------|
| <input checked="" type="checkbox"/> | 73706(CPT) | 1 | 01/31/2022 | 02/01/2022 | ORF | Outpatient Hospital | - |

Documents

Document Title

Document Description

Document Type

Select Document No File Selected

Step #14

You will see the criteria set, the diagnosis, and CPT/HCPCS codes you requested. Click on Document Clinical and add your clinical findings.

Authorization Request

Report Form Document Clinical Submit Request

mgc

Patient: 862812 Name: DOB: Gender: Female

Authorization: Jsa-03808046-e40f-4812-8eda-29d267ee116a-EP5-2296 Type: Procedure Pre-authorization Status: NoDecisionMet

Diagnosis Codes: G88.0X0D-10 Diagnosis Procedure Codes: 73706(CPT/HCPCS)

Geographic Regions: All

Procedure Code: 73706 (CPT/HCPCS)

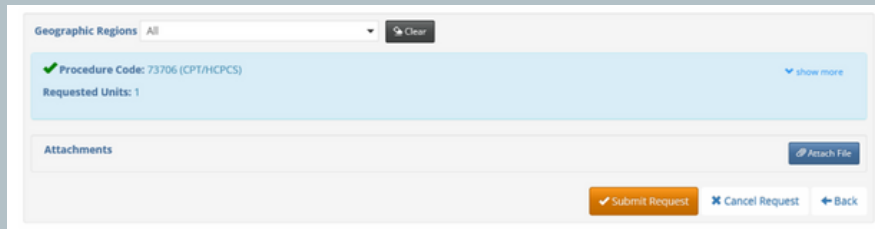
Requested Units: 1

Attachments

Step #15

Click on **SAVE** when **complete** and then

Submit Request. There will be a brief delay before the system takes you back to the request screen.



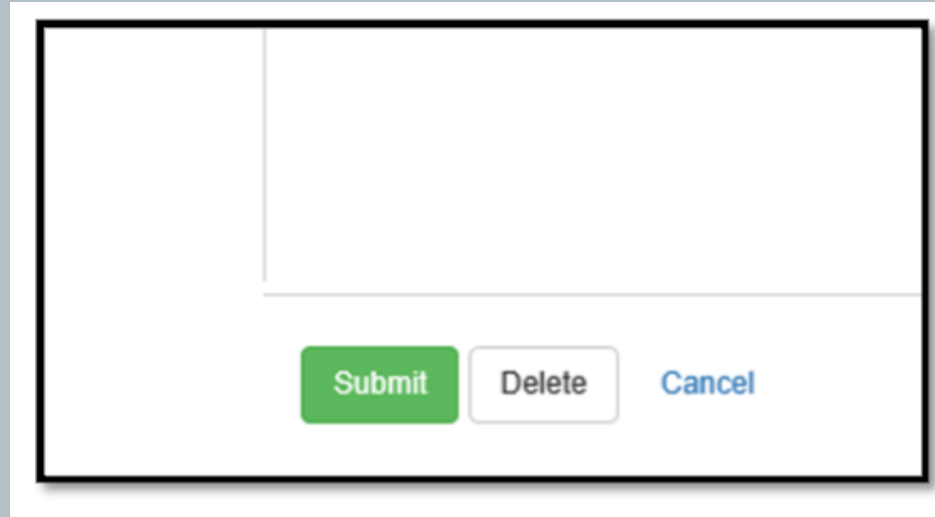
The screenshot shows a web form for submitting a request. At the top, there is a dropdown menu for 'Geographic Regions' set to 'All' and a 'Clear' button. Below this, a green checkmark indicates the 'Procedure Code: 73706 (CPT/HCPCS)' is selected, with a 'show more' link. Underneath, it shows 'Requested Units: 1'. There is an 'Attachments' section with an 'Attach File' button. At the bottom right, there are three buttons: 'Submit Request' (orange), 'Cancel Request' (grey), and 'Back' (grey).

Useful Tips for Coding

- JIVA Defaults to ICD-10, You can change to ICD-9 where applicable.
- You can add more than one code. Add one code at a time before entering other codes.
- Units and Frequency Qualifiers are Medicaid.
- This will not appear on any Commercial screens - only Government.

Useful Tip: If you have additional documents to submit, add to your request by using the drop down labeled Prior Authorization Request:

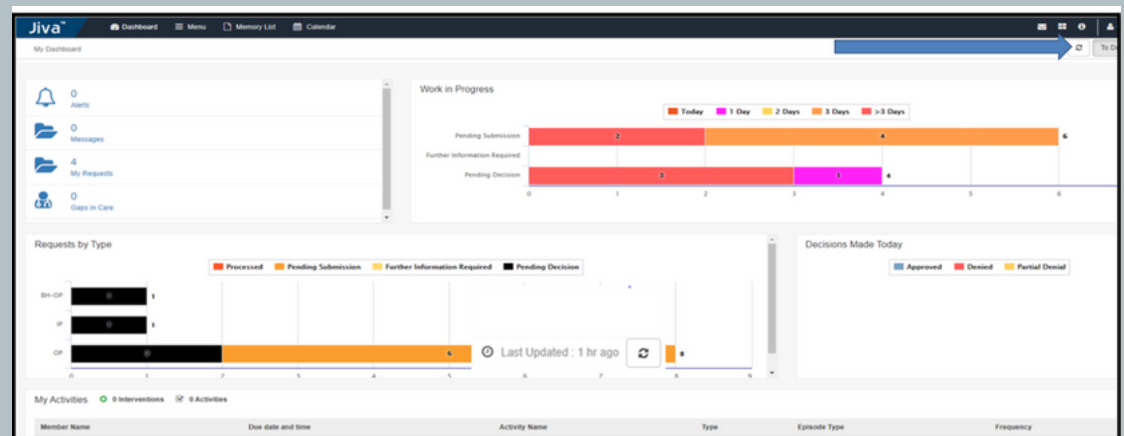
1. Find the additional documents in your Browser.
2. Attach the documents for this case review and hit submit.



Step #16

You can then **view your dashboard** and see all requests you (or your designee) have made. This allows you to review all work in progress and decisions made related to the requested authorization.

Also remember to refresh your screen by clicking on refresh.



Useful Tip: Status **Approved** indicates that the information provided met criteria. Go to "My Results" to see the decision is for your authorizations.

- Authorizations upload to CSC in batch file nightly.