Step-by-Step Guide

Medicaid Authorization Requests in the JIVA Provider Portal

Please refer to the prior authorization list (PAL) Tool at **pal.sentarahealthplans.com** to view authorization requirements for in-network providers.

1. In Jiva, from the dashboard, select **Menu**.

2. Select **New Request**.

3. In Member ID Types, select **Member ID**.

4. Enter Member ID: **XXXXXXXX**.

5. If the member is present in the list or listed with multiple lines, select the line where **Coverage End Date** is blank. If multiple lines have blank Coverage End Dates, select **Member Coverage** in this order: Commercial, Medicare, Medicaid.

6. Under the **Action** dropdown, select **Inpatient, Outpatient, Behavioral Health Inpatient**, or **Behavioral Health Outpatient**.

7. For **outpatient Medicaid** authorizations

    Request Type, select from the following:

    •   **Pre-Service** (outpatient)

    •   **Initial Inpatient Admission (inpatient)**

    •   **Precert** (Elective) **Medicaid** (inpatient electives or post-acute)

    •   **Post Service** (Retro)

Request Priority, select from the following:

•   **Standard Pre-Service**

•   **Expedited Pre-Service**

•   **Post Service**

8. Enter the **Reason for Request**: select the **most appropriate services from the list**.

9. For **Diagnosis(es)**, add the ICD-10 (you may add multiple diagnosis codes).

10. Enter **Service Types**:
    The most common **Service Types** for **Medicaid** authorizations:

    Inpatient
    INPT-IM-GENERAL MEDICINE

    INPT-PEDIATRICS (<21 years old)

    INPT-PSYCHIATRY – Mental Health Inpatient

    Outpatient
    DURABLE MED EQUIPT – All rental durable medical equipment (DME) and supplies

    HOME HEALTH SVCS – For all home health services (codes start with G)

    LABORATORY – Lab tests

    AMSG-GENERAL SURGERY – Outpatient surgery

    DIAGNOSTIC IMAGING – CT/MRI/PET

    OTPT-PHYS THERAPY – Physical therapy

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OTPT-SPEECH THERAPY – Speech therapy

OTPT-OCCUPA THERAPY – Occupational therapy

OTPT PROCEDURES – All outpatient procedures (surgery, diagnostics, sleep studies, video EEG, etc.)

OTPT REHAB THERAPY – Outpatient cardiac/pulmonary rehab

MD-IM-GEN MEDICINE – Non-par office visits, home doctor visits

11. Add service codes for outpatient (no service lines needed for Inpatient). Check codes on the PAL list to ensure auth is needed. Our PAL list will indicate if a code should be submitted to a specific vendor (imaging goes to Evolent, genetic requests go to Avalon, and chemotherapy, radiation therapy, and genetics for cancer diagnoses go to OncoHealth).

- CPT/HCPCS Codes (only add modifier RR for rental)
- Start Date and End Date (not to span greater than a year; example: 4/27/24 to 4/26/25)
- Units and Frequency Qualifiers for Medicaid members (PT/OT/ST and most rentals use Month/1 Unit; procedures use visit/1/ unit, reusable DME other/0/ unit)
- Visits for home health, physical therapy, and occupational therapy should be entered in units = 1 visit equals 4 units
- Example: Request 10 visits from 5/1/2025 to 6/30/2025; enter 20 units in the service line (10 visits x 4/ number of months)

Click **ADD** and add the codes to the request. You may add multiple codes by adding other codes and clicking **ADD**.

12. There is a green **ADD** button that you must click before adding the providers.

13. Attach providers: Always use **Multiple Attach** to add providers as needed **(ensure that a treating *and* requesting provider is added for Medicaid members)**.

    a. **NPI N – Treating Provider** (this is usually the facility) – do **Multiple Attach** using the widget

    b. **NPIN – Requesting Provider** – do **Multiple Attach** using the widget

14. Add contact information – **It must include your name and phone number.** Fax numbers are strongly encouraged.

15. Hit **Submit** and click on the **Action** button above the CPT codes you added for requests. Click on the green **Review** button to get to the criteria sets.

    For inpatient requests, there will only be a review button to click in the Stay Area.

    Always look for the green **Review** button.

16. Clicking the **Review** button will take you to the criteria sets. If there are no criteria to review, type "No Criteria" in the document, click save, and then submit. After a few seconds, you will return to the main screen.

17. Now, you may add your documents to the request. Accepted document types include PDFs, Word, and Excel documents. For the document title, enter "Clinical Information" **(DME requests must include CMN)**.

18. After attaching the documents, click **Submit**. You will see a summary of what was submitted. Return to the **Dashboard** and refresh the screen. Your submission will be in your **My Episode** folder. ***Don't forget to clear your Memory List.***

19. **Check the web note for notes left by the reviewer, such as requests for missing information or clarifying questions.**

    In the **My Episode** folder, you can view previously submitted requests and see if they are pending for review or have been processed. **Processed requests must be opened to view the final determination of approved or denied.**

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