



JIVA PROVIDER PORTAL USER GUIDE



COMMUNITY HEALTH PLAN
of Washington™

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Understanding The Dashboard

The Widgets

A widget is a “sneak peek” into a larger set of data intended to give you the information you need, when you need it. Jiva uses widgets to help users keep track of their work and facilitate timely communication between CHPW and providers.

Personal Productivity

- My Requests
 - “My Requests” links to a listing of all open requests the signed in user has created
 - In this view, changes can be made to the request including dates of service, adding or removing documents, and adding notes for CHPW staff to see
 - See “Providing Additional Documentation”
- Work in Progress
 - Graphically represents the requests created by the user that are being reviewed by CHPW staff and reflects the status in real time
 - See “Tracking a Request”
- Requests by Type
 - Graphically displays the status of each open request by request type (outpatient or inpatient)
- Decisions Made Today
 - Graphically represents the decisions rendered by CHPW staff on requests submitted by the user in real time

Team Productivity and Metrics

Note: CHPW must add this for your facility or office. If you want this configuration, please submit a request to Portal.Support@chpw.org.

- Team Members
 - Displays all users configured to the selected team and shows their availability on a given day
- Team's Work in Progress
 - Graphically represents the requests created by the team that are being reviewed by CHPW staff and reflects the status in real time
 - See "Tracking a Request"
- Team's Requests by Type
 - Graphically displays the status of each open request created by team members by request type (outpatient or inpatient)

The Menu

- New Clinical Quality Dashboard
 - Coming soon but not yet an available feature
- My Members
 - A sortable listing of all members for whom the logged in user has submitted a request
 - See “Understanding and Tracking the Patient Panel”
- New Request
 - The screen from which you can create a request
 - If the signed in user has not submitted a request in the past for the patient, they will be required to search by the Member Identification Number for the initial request. This is intended to protect patient confidentiality and accidental disclosure of PHI.
 - See “Submitting a Request”
- Search Request
 - Search for a previously-submitted request by various criteria
 - See “Tracking a Request”

The Memory List

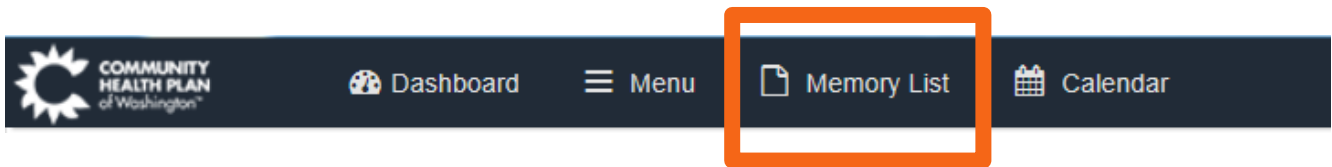
The Memory List is intended to aid in navigation of the provider portal and to save steps for users submitting requests.

The Memory List holds the last 10 records left open. “Records” include pages such as the request initiation screen, searches, and patient panel.

Requests “held” in a user’s memory list *cannot be accessed to edit by other users*. This is intentional, and ensures that duplicate work does not take place. That being said, it is important to release an episode from your memory list once you are done making changes.

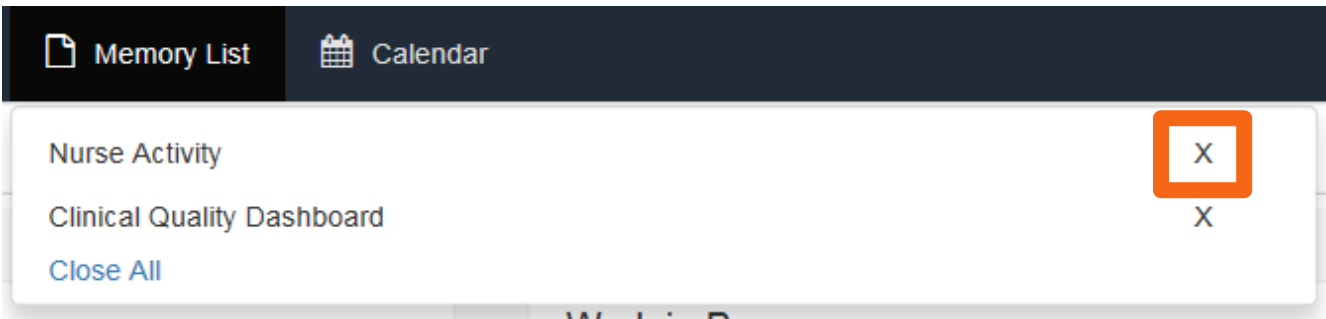
HOW TO ACCESS:

- 1. Press “Memory List” along the top navigation page on the portal



HOW TO RELEASE:

- 1. Open “Memory List” as described in the step above
- 2. After extending the menu, press the “x” on the far right side of the line you wish to remove



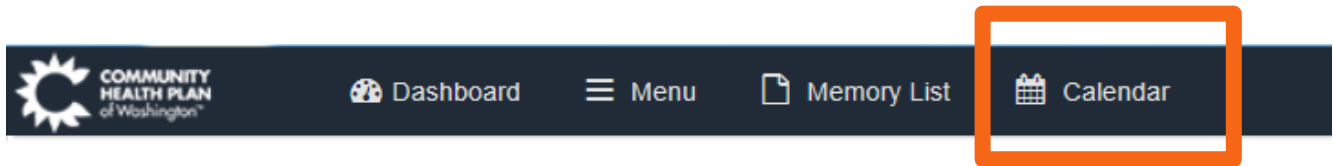
The Calendar

The calendar function allows a user to track their work and schedule tasks.

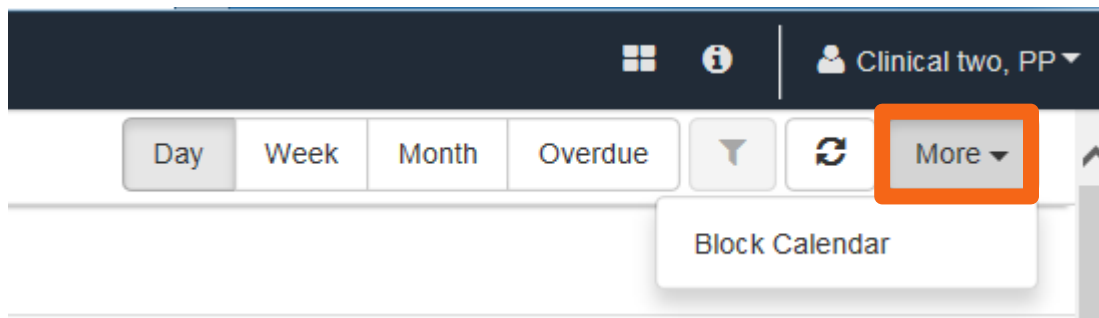
Additionally, the user can configure their calendar as “blocked” in order to reflect team availability in the Team tab of the dashboard.

HOW TO BLOCK

1. Select “Calendar” from the navigation bar



2. Select “More” from the top right corner of the calendar



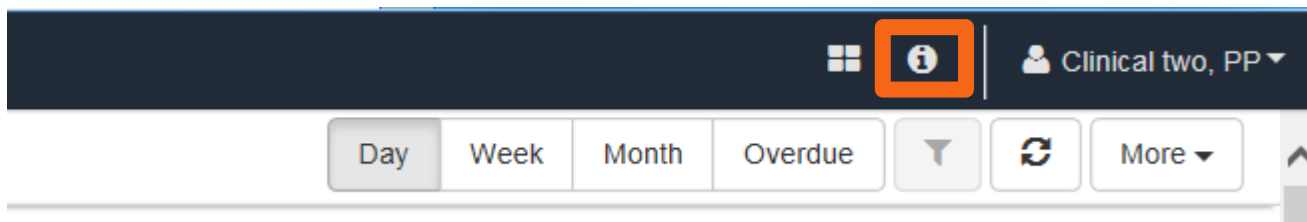
3. Select “Block Calendar”
4. Complete fields as appropriate

A screenshot of the 'Block Calendar' modal form. The form has a title bar with a question mark icon and a close button. It contains several input fields: 'From Date' with a date picker showing 12/27/2018, 'From Time' with two dropdown menus showing 15 and 19, 'To Date' with a date picker showing 12/27/2018, and 'To Time' with two dropdown menus showing 15 and 49. There is a checkbox labeled 'Block Entire Day' which is currently unchecked. Below these fields is a 'Comments' text area. At the bottom of the form are two buttons: a green 'Block' button and a blue 'Cancel' button.

The Help Function

The “Help” function is somewhat unique in the Jiva Provider Portal because it guides users to the article most applicable to the page from which it is launched. For example, if you press the “Help” button while you are in the calendar screen, it will give you the how-to article for the calendar specifically rather than requiring the user to search through a large manual for the correct passage.

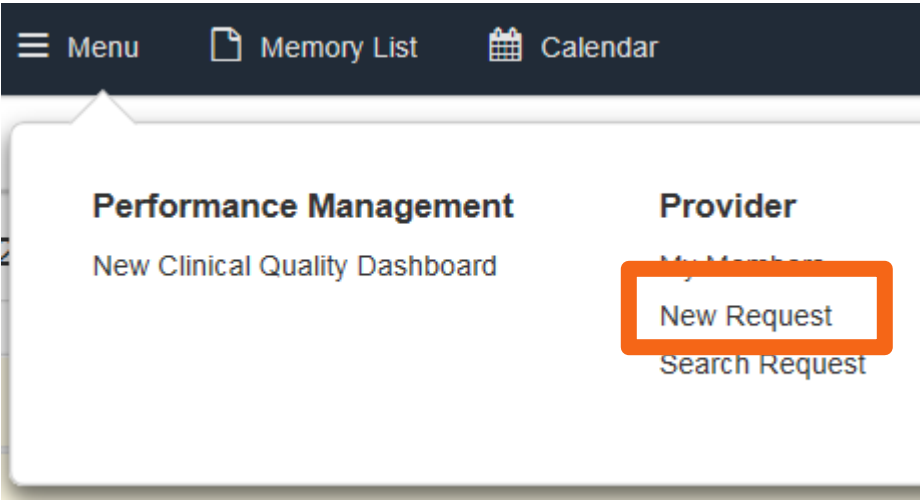
The “Help” function is found on the right side of the navigation pane; see below.



Working Within the Jiva Provider Portal

Submitting a Request

1. First, in order to create a request, select “New Request” from the menu



2. Search for member

Note: If the signed in user has not submitted a request in the past for the patient, they will be required to search for the Member Identification Number for the initial request. This is intended to protect patient confidentiality and accidental disclosure of PHI.

3. Once you have found the member, select the type of request you wish to create

Note: Outpatient requests are typically submitted via the “Prior Authorization” type



4. Selecting the type of request you wish to generate will navigate the user to the creation page where step 5 can be completed

- Complete all required fields in the **Episode Details** and **Diagnosis** sections using the dropdown menus
- Attach a provider by pressing the “Attach Providers” button (this will launch the search screen described in the next step)
- Once the search window is open, enter the information by which you intend to search and press the blue “Search” button

Attach Providers

Enter any search criteria

Provider Last Name

Provider First Name

NPIN

Provider ID

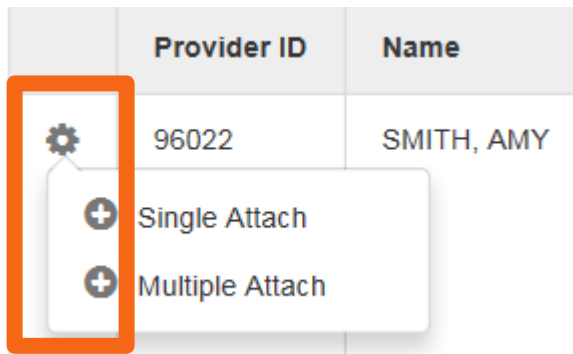
[Advanced Search](#)

- After finding the provider you wish to attach, select the appropriate role from the “Provider Role” dropdown

	Provider ID	Name	Location	Type	Provider Role	Specialty	In Network ?
	96022	SMITH, AMY	602 E Nob Hill Blvd Yakima, WA - 989013534	OTHER PRACTITIONER	Treatit	DENTIST-GENERAL	N

9. After selecting the correct role, press the gear symbol on the left side of the line item and select either “Single Attach” or “Multiple Attach” as appropriate

Note: “Single Attach” is appropriate if you intend to attach only one provider. “Multiple Attach” is appropriate for requests in which there are multiple providers involved. This allows you to continue searching for providers while keeping the ones you have selected thus far at the bottom of the page as you search.



10. Review all providers attached at the bottom of the page (if attaching multiple; if attaching a single provider, skip this step). Modify roles if necessary.

	Provider ID	Name	Location	Provider Role
⊖	96022	SMITH, AMY	602 E Nob Hill Blvd Yakima, WA - 989013534 USA Phone: 5092481082 Fax: 5094520613	Treating <input type="button" value="v"/>
⊖	117988	JONES, TERRIE , L	1100 NE 45th St Ste 600 Seattle, WA - 981054696 USA Phone: 2066737105 Fax: 2066327173	Requesting <input type="button" value="v"/>

11. Once you are satisfied with the providers selected, press “Attach” at the bottom left corner of the page

12. Complete the stay and service request sections as appropriate. Once information has been entered, press the blue “Add” button to complete the addition.

Service Type *	<input type="text" value="Therapy: Physical Adult Initial 6 visits"/>	<input type="button" value="v"/>	Modifier	<input type="text" value="Search Modifier"/>	<input type="button" value="Q"/>
Place of Service	<input type="text" value="--Select One--"/>	<input type="button" value="v"/>	Start Date *	<input type="text" value="12/27/2018"/>	<input type="button" value="calendar"/>
Code Type *	<input type="text" value="CPT"/>	<input type="button" value="v"/>	End Date *	<input type="text" value="03/26/2019"/>	<input type="button" value="calendar"/>
Service Code *	<input type="text" value="97110--THERAPEUTIC PX 1/> AREAS EACH 15 MIN E"/>	<input type="button" value="Q"/>	Requested # *	<input type="text" value="6"/>	

[Advanced Search](#)

[Optional Fields](#)

13. Attach a document with relevant clinical information supporting the request being made on behalf of the member. Add a descriptive title, select the document type, and press “Browse” to upload the desired document.

Document Title	<input type="text"/>	
Document Type	<input type="text" value="--Select One--"/>	<input type="button" value="v"/>
Select Document	<div><input type="button" value="Browse"/></div>	No File Selected

14. Add notes as appropriate to give the CHPW reviewer any additional applicable information. **It is critical that a note containing the fax number you wish to have correspondence sent to is entered. This ensures proper transmission of patient information and aids in HIPAA compliance.**

15. Once everything is complete, press “Submit”

Congratulations! You have successfully submitted a request!

Tracking a Request

Once you have completed a request, you can follow it through each step of the review process. There are several ways to accomplish this.

DASHBOARD WIDGETS (SUMMARY)

For a simple overview, see the appropriate widget on the dashboard.

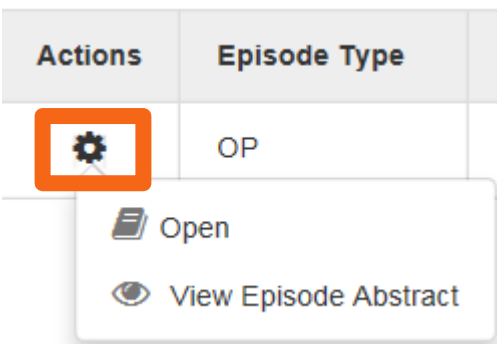
The **Work in Progress** widget will give information on the aging of requests that have been submitted by the user and have not yet had a decision rendered.

The **Decisions Made Today** widget will reflect decisions rendered today by CHPW staff.

COMPLETE LISTING (DETAILED)

The **My Requests** widget will reflect the total number of open requests submitted by the user. Clicking on the blue text will open the complete listing of open requests submitted by the user.

After opening **My Requests**, open the gear menu at the left of the desired line item and select either “Open” to access the whole request, or “View Episode Abstract” to view a summary.



The **Search Request** function allows you to search for requests submitted by you by various criteria. Enter a term by which you want to search and press “Search”

VIEWING WORK SUBMITTED BY OTHERS

A user can view authorizations submitted by someone else in their practice. However, in order to facilitate this, each account must be tied to the same **Requesting Provider**. Requesting Provider is the criterion by which Jiva determines shared access.

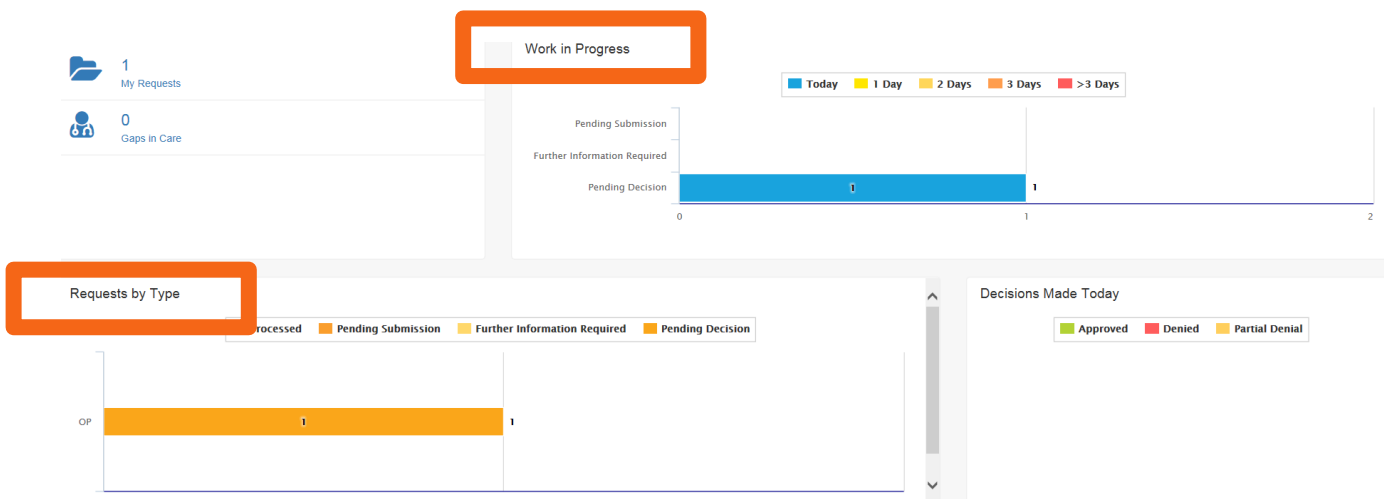
Providing Additional Documentation

One major benefit of upgraded version of Jiva is that it facilitates instant communication between providers and CHPW staff performing reviews. There are two ways in which you will be notified that the nurse reviewer has requested additional documentation to support the request.

NOTIFICATION OF ADDITIONAL INFORMATION REQUIRED

The **Work in Progress** dashboard widget provides at a glance the status of all pending requests, including those that require additional information to complete the request. Simply press the colored bar of the graph to navigate to a listing of all cases requiring additional documentation and explanatory notes from CHPW staff detailing what is needed.

The **Request by Type** widget will provide the same information described in the aforementioned widget. It can also be accessed by clicking on the bar graph. This widget will display information by status *and* request type – further broken down from the **Work in Progress** widget.



PROVIDING ADDITIONAL INFORMATION

After being notified that CHPW reviewers need additional documentation for your request, you can quickly provide it by adding it to the existing request.

Before continuing to the steps below, first open the desired request by following the steps listed in the “Complete Listing (Detailed)” section.

After opening the request per the instructions referenced above, you should see a screen like the one below (note that information has been redacted for patient privacy):

The screenshot shows the Jiva portal interface. At the top, there's a navigation bar with 'Jiva' logo, 'Dashboard', 'Menu', 'Memory List', and 'Calendar'. Below this is a patient information header with fields for (Female), DOB, Coverage ID, Address, Phone & Email, Coverage, Group, PCP/PCM, Allergies, and a 'SPANISH' language indicator. A 'Member Overview' section shows 'OP' and 'Stay/Service Summary'. A table lists requests with columns: Status, Primary Dx, Assigned To, Assigned Reviewer, Cert Number, and Auth Coverage. The table has 6 rows, all with 'Initial' status and 'Physical Adult Initial 6 visits' therapy. To the right, a sidebar shows 'Note' (Add Notes, View All Notes), 'Diagnosis' (Add Diagnosis), 'Documents' (Add Document), and 'Providers' (Attach Providers). The 'Providers' section shows a table with one provider: Harrison Medical Center, 2520 Cherry Ave, Bremerton, WA - 983104229, USA, Phone: 3603376500.

Status	Primary Dx	Assigned To	Assigned Reviewer	Cert Number	Auth Coverage		
Initial	Therapy: Physical Adult Initial 6 visits	97140 (CPT)	08/30/2019 14:03	Pending	12/27/2018	06/25/2019	Star
Initial	Therapy: Physical Adult Initial 6 visits	97161 (CPT)	08/30/2019 14:03	Pending	12/27/2018	06/25/2019	Star
Initial	Therapy: Physical Adult Initial 6 visits	97162 (CPT)	08/30/2019 14:03	Pending	12/27/2018	06/25/2019	Star
Initial	Therapy: Physical Adult Initial 6 visits	97163 (CPT)	08/30/2019 14:03	Pending	12/27/2018	06/25/2019	Star
Initial	Therapy: Physical Adult Initial 6 visits	97164 (CPT)	08/30/2019 14:03	Pending	12/27/2018	06/25/2019	Star
Initial	Therapy: Physical Adult Initial 6 visits	97530 (CPT)	08/30/2019 14:03	Pending	12/27/2018	06/25/2019	Star

ID	Name	Location	Role	Network	Phone
62381	Harrison Medical Center	2520 Cherry Ave Bremerton, WA - 983104229 USA Phone: 3603376500	Treating	In Network	3603376500

From this page, you will be able to complete the following actions. Follow the color coding to find the link in the screen shot above.

Add notes

Add, remove, or prioritize diagnoses

Add documents

Add, remove, or edit providers