

## Jiva Provider Portal Guidelines

<p><b>Document Summary</b></p>	<ul style="list-style-type: none"> <li>• This Job Aid includes guidelines for Providers to use when submitting Behavioral Health Outpatient and Behavioral Health Inpatient Authorization requests in the Jiva Provider Portal.</li> <li>• Key guidelines contained in this job aid include the following:             <ul style="list-style-type: none"> <li>○ <b>Accessing NaviNet and the Jiva Provider Portal</b></li> <li>○ <b>Searching for a Member</b></li> <li>○ <b>Guidelines for Behavioral Health Outpatient Authorization Requests</b></li> <li>○ <b>Guidelines for Behavioral Health Inpatient Authorization Requests</b></li> <li>○ <b>Re-authorization Requests for Behavioral Health Outpatient Episodes</b></li> <li>○ <b>Accessing and Submitting Provider Service Capacity Forms (<i>IBHS and FBMHS Providers</i>)</b></li> </ul> </li> <li>• The information in this Job Aid should be used in conjunction with the Jiva Provider Portal Reference Guide, which provides detailed system functionality information for accessing NaviNet and navigating the Jiva Provider Portal.</li> </ul>				
<p><b>NaviNet and Jiva</b></p>	<ul style="list-style-type: none"> <li>• NaviNet is a web-based portal application used by many providers to interact with the Health Plans they use most.</li> <li>• Jiva is the PerformCare Medical Management System that providers can use to electronically submit prior authorization requests and attach clinical information.</li> <li>• Providers will use NaviNet as a portal to access the Jiva Provider Portal.</li> <li>• NaviNet and Jiva are two separate systems, but Jiva is accessed through NaviNet, using single sign-on functionality.</li> </ul>				
<p><b>Behavioral Health Inpatient and Behavioral Health Outpatient Request Types in Jiva</b></p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="493 1084 1066 1149" style="background-color: #d9ead3;"> <p><b>Behavioral Health Inpatient (BH-IP) Requests</b></p> </td> <td data-bbox="1071 1084 1955 1149"> <p>Should only be submitted for <b>services provided by JCAHO RTF Providers</b></p> </td> </tr> <tr> <td data-bbox="493 1149 1066 1234" style="background-color: #d9ead3;"> <p><b>Behavioral Health Outpatient (BH-OP) Requests</b></p> </td> <td data-bbox="1071 1149 1955 1234"> <p>Should be submitted for all other services</p> </td> </tr> </table>	<p><b>Behavioral Health Inpatient (BH-IP) Requests</b></p>	<p>Should only be submitted for <b>services provided by JCAHO RTF Providers</b></p>	<p><b>Behavioral Health Outpatient (BH-OP) Requests</b></p>	<p>Should be submitted for all other services</p>
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<p><b>Contact / Support Information</b></p>	<p>If additional support/assistance is required, you can contact your Account Executive.</p>				

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## Accessing NaviNet and the Jiva Provider Portal

Follow the steps outlined below to access NaviNet and Jiva:

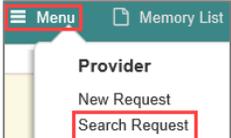
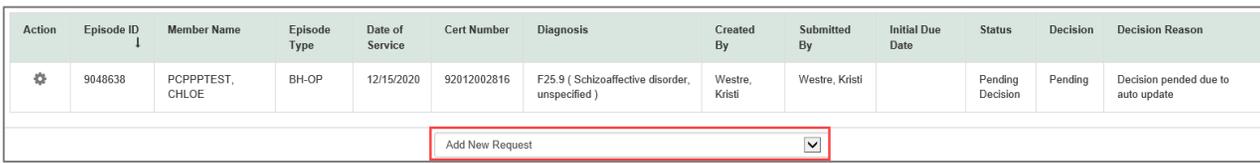
Step	Action
1.	Access NaviNet using the following address: <a href="https://navinet.navimedix.com/sign-in?ReturnUrl=/Main.aspx">https://navinet.navimedix.com/sign-in?ReturnUrl=/Main.aspx</a> .
2.	Enter your <b>User ID</b> and <b>Password</b> and click the <b>Sign In</b> button. <b>Result:</b> The NaviNet Home screen will be displayed.
3.	Click or hover the mouse over <b>HEALTH PLANS</b> . <b>Result:</b> A list of Health Plans will be displayed.
4.	Choose <b>PerformCare</b> from the list. <b>Result:</b> The <b>PerformCare Welcome Page</b> will be displayed.
5.	In the <b>Workflows for this Plan</b> section of the Welcome Page select Jiva Children's Svcs Authorization Management from the list. <b>Result:</b> The <b>Provider Selection</b> screen will be displayed.
6.	Select your appropriate Provider ID based on the member's county of MA eligibility from the drop-down list and click <b>Submit</b> . <b>Result:</b> The Jiva Dashboard will be displayed.

## Searching for a Member (Search Request Tab)

It is recommended that you search for a possible duplication before entering a request in the portal. Conducting the search from the **Search Request** tab allows you to view existing requests for a member.

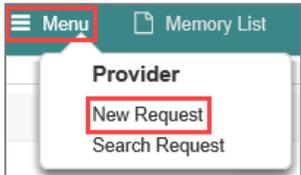
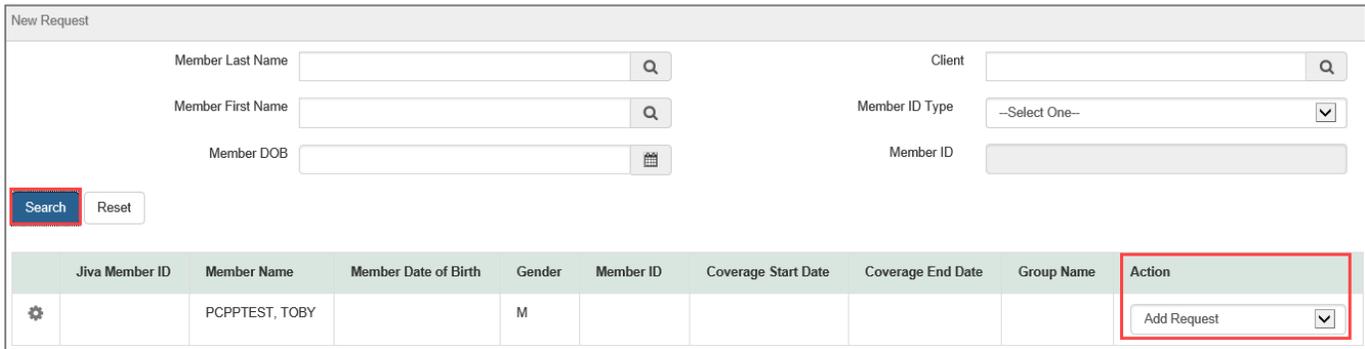


- Jiva will compare dates of service, treating provider and procedure request to other cases for the member. You will receive a warning message if a possible duplicate exists.
- Jiva will not auto approve any case that is a possible duplicate. The request will be evaluated by the Utilization Management team.

Step	Action								
1.	<p>Click on <b>Menu</b> on the menu bar and select <b>Search Request</b>.</p> 								
2.	<p>Search by one of the following:</p> <table border="1"> <thead> <tr> <th>Search Information</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Member ID</td> <td>Defaults to ELIG Member ID which is their health plan ID. You will need to enter <b>-01</b> at the end of the Member ID if using the ELIG Member ID. You may also change this field to use the Government ID (Medicaid ID).</td> </tr> <tr> <td>Member Name &amp; DOB</td> <td>You need to enter <b>both</b> the Member Name and DOB</td> </tr> <tr> <td>Certification Number</td> <td>If you are searching for a particular submitted or saved request, you may search by the Certification Number</td> </tr> </tbody> </table>	Search Information	Description	Member ID	Defaults to ELIG Member ID which is their health plan ID. You will need to enter <b>-01</b> at the end of the Member ID if using the ELIG Member ID. You may also change this field to use the Government ID (Medicaid ID).	Member Name & DOB	You need to enter <b>both</b> the Member Name and DOB	Certification Number	If you are searching for a particular submitted or saved request, you may search by the Certification Number
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3.	Select <b>"Cases Treated By Me"</b> in the <b>View Requests</b> drop-down								
4.	Verify that <b>"All"</b> is selected in the Business Entity field								
5.	<p>Click the <b>Search</b> button and check for duplicate requests.</p> <p><b>Result:</b> Cases found for the specified member will be displayed in the <b>"Request Search Results"</b> section, along with the <b>Add New Request</b> button. If no matching records for the specified member are found, a message will be displayed indicating this, along with the <b>Add New Request</b> button.</p> 								
6.	If this is a reauthorization request, use the current episode and add new service line(s) and new authorization periods. <i>(see page 18 for instructions)</i>								

## Searching for a Member (New Request Tab)

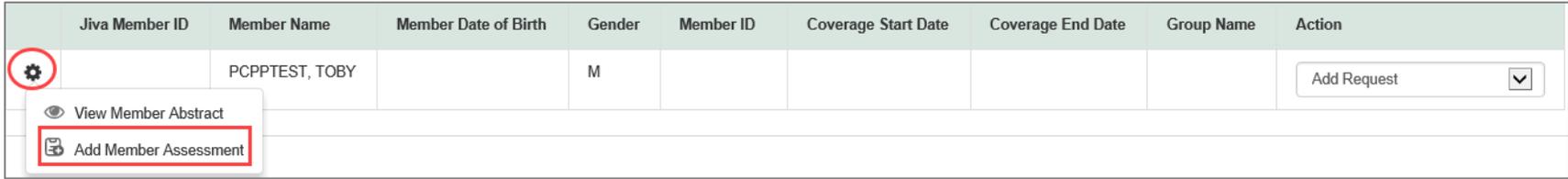
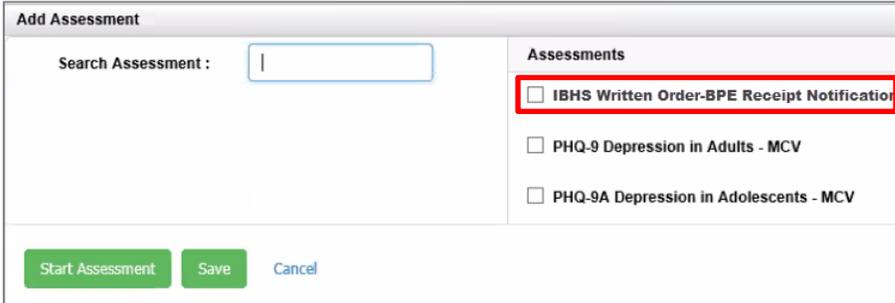
If the **Add New Request** button is not displayed after searching for a member using the **Search Request** hyperlink, you can search for a member and add a new request using the **New Request** hyperlink.

Step	Action						
1.	<p>Click the <b>Menu</b> on the menu bar and select <b>New Request</b></p> 						
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3.	<p>Click the <b>Search</b> button to search for the member.</p>  <p><b>Result:</b> Information for the specified member will be displayed and the <b>Add New Request</b> drop-down will be displayed in the <b>Action</b> column.</p>						

## Guidelines for Completing a Member Level Assessment

There may be times when an IBHS provider cannot start an IBHS assessment at the time it receives a Written Order or Best Practice Evaluation. When this occurs, you will need to complete the **IBHS Written Order-BPE Receipt Notification** Member Level Assessment.

Follow the steps below to complete the assessment:

Step	Action
1.	Search for the member using the <b>New Request</b> link (instructions on previous page). <b>Result:</b> The member information will appear below the search criteria fields.
2.	From the member line, click on the <b>gear icon</b> on the left side of the line and select <b>Add Member Assessment</b> .  <p>The screenshot shows a table with columns: Jiva Member ID, Member Name, Member Date of Birth, Gender, Member ID, Coverage Start Date, Coverage End Date, Group Name, and Action. A row for 'PCPPTTEST, TOBY' is shown with a gear icon circled in red. A dropdown menu is open from the gear icon, with 'Add Member Assessment' highlighted in red. Other options include 'View Member Abstract'.</p>
3.	From the Assessment window do the following: <ul style="list-style-type: none"> <li>a. Click on the <b>Add Assessment</b> button</li> <li>b. Select the <b>IBHS Written Order-BPE Receipt Notification</b> assessment</li> <li>c. Click the <b>Start Assessment</b> button</li> </ul>  <p>The screenshot shows the 'Add Assessment' window. It has a search field labeled 'Search Assessment :'. Below it is a list of assessments under the heading 'Assessments': <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IBHS Written Order-BPE Receipt Notification</li> <li><input type="checkbox"/> PHQ-9 Depression in Adults - MCV</li> <li><input type="checkbox"/> PHQ-9A Depression in Adolescents - MCV</li> </ul> At the bottom are three buttons: 'Start Assessment' (green), 'Save' (green), and 'Cancel' (blue).</p>
4.	Complete the assessment.

## Guidelines for Behavioral Health Outpatient Authorization Requests

Follow the guidelines outlined below when entering a Behavioral Health Outpatient Authorization Request:

**NOTE:** Each unique level of care should be represented by its own Jiva episode regardless of Treating Provider

Step	Action																										
1.	Search for the member and verify that a request does not already exist for the same service																										
2.	Click on <b>Add New Request</b> and select <b>Behavioral Health Outpatient</b> from the drop-down list																										
3.	<p>Complete the fields in the <b>Episode Details</b> section following the guidelines outlined below:</p> <table border="1"> <tr> <td><b>Request Type</b></td> <td>Select <b>Actual</b></td> </tr> <tr> <td><b>Request Priority</b></td> <td> <p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table border="1"> <thead> <tr> <th>Scenario</th> <th>Field Selection</th> </tr> </thead> <tbody> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td> <td>7 Business days</td> </tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td> <td>7 Business days</td> </tr> <tr> <td>Service Request Submissions</td> <td>2 Business days</td> </tr> <tr> <td>IBHS Assessment Registrations</td> <td>2 Business days</td> </tr> </tbody> </table> </td> </tr> <tr> <td><b>Reason for Request</b></td> <td> <p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table border="1"> <thead> <tr> <th>Scenario</th> <th>Field Selection</th> </tr> </thead> <tbody> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td> <td>Service Prescription</td> </tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td> <td>ISPT Meeting</td> </tr> <tr> <td>Service Request Submissions</td> <td>Select LOC pertaining to request (FBMHS Request, IBHS Request, FFT, etc.)</td> </tr> <tr> <td>IBHS Assessment Registrations</td> <td>IBHS Request</td> </tr> </tbody> </table> </td> </tr> </table>	<b>Request Type</b>	Select <b>Actual</b>	<b>Request Priority</b>	<p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table border="1"> <thead> <tr> <th>Scenario</th> <th>Field Selection</th> </tr> </thead> <tbody> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td> <td>7 Business days</td> </tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td> <td>7 Business days</td> </tr> <tr> <td>Service Request Submissions</td> <td>2 Business days</td> </tr> <tr> <td>IBHS Assessment Registrations</td> <td>2 Business days</td> </tr> </tbody> </table>	Scenario	Field Selection	Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)	7 Business days	Scheduling ISPT/Treatment Team Meetings	7 Business days	Service Request Submissions	2 Business days	IBHS Assessment Registrations	2 Business days	<b>Reason for Request</b>	<p>Choose the appropriate option from the drop-down list based on the scenario guidelines below:</p> <table border="1"> <thead> <tr> <th>Scenario</th> <th>Field Selection</th> </tr> </thead> <tbody> <tr> <td>Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)</td> <td>Service Prescription</td> </tr> <tr> <td>Scheduling ISPT/Treatment Team Meetings</td> <td>ISPT Meeting</td> </tr> <tr> <td>Service Request Submissions</td> <td>Select LOC pertaining to request (FBMHS Request, IBHS Request, FFT, etc.)</td> </tr> <tr> <td>IBHS Assessment Registrations</td> <td>IBHS Request</td> </tr> </tbody> </table>	Scenario	Field Selection	Submitting Best Practice Evaluations (CRR and non-IBHS recommendations only)	Service Prescription	Scheduling ISPT/Treatment Team Meetings	ISPT Meeting	Service Request Submissions	Select LOC pertaining to request (FBMHS Request, IBHS Request, FFT, etc.)	IBHS Assessment Registrations	IBHS Request
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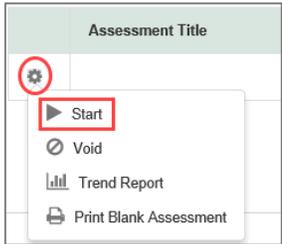
## Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

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4.	<p>Complete the fields in the <b>Diagnosis</b> section following the guidelines outlined below:</p> <table border="1" data-bbox="352 251 1934 496"> <tr> <td data-bbox="352 251 632 313"><b>Code Type</b></td> <td data-bbox="632 251 1934 313">This field will default to <b>ICD10</b>. You may select a different code if applicable.</td> </tr> <tr> <td data-bbox="352 313 632 496"><b>Diagnosis</b></td> <td data-bbox="632 313 1934 496"> <ul style="list-style-type: none"> <li>Type the diagnosis code or the diagnosis name in the <b>Diagnosis</b> field or click the <b>Advanced Search</b> hyperlink, if needed.</li> <li>As you type information, the auto coder will automatically display matches in the drop-down list. <b>Select the appropriate diagnosis from the list.</b> It will now display on the screen and be attached to the episode.</li> </ul> </td> </tr> </table> <p> <b>Note</b></p> <ul style="list-style-type: none"> <li>You may add multiple diagnoses, if necessary, by repeating the steps above.</li> <li>If you have set up the <b>Favorite Diagnosis</b> section, you may click on that hyperlink to select a diagnosis.</li> </ul>	<b>Code Type</b>	This field will default to <b>ICD10</b> . You may select a different code if applicable.	<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>Type the diagnosis code or the diagnosis name in the <b>Diagnosis</b> field or click the <b>Advanced Search</b> hyperlink, if needed.</li> <li>As you type information, the auto coder will automatically display matches in the drop-down list. <b>Select the appropriate diagnosis from the list.</b> It will now display on the screen and be attached to the episode.</li> </ul>				
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5.	<p>Behavioral Health Outpatient Episodes are required to have a <b>Treating</b> provider (<i>e.g. the Provider who is performing an evaluation, provider who is holding the ISPT meeting, provider who is requesting services, etc.</i>)</p> <p><b>Note: If the “Treating” Provider is not known at the time of the request, you can enter yourself as the “Referring” Provider.</b></p> <p>Follow the guidelines outlined below to attach providers to the request:</p> <table border="1" data-bbox="268 829 1969 1235"> <thead> <tr> <th data-bbox="268 829 359 873">Step</th> <th data-bbox="359 829 1969 873">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="268 873 359 967">1.</td> <td data-bbox="359 873 1969 967">Click the <b>Attach Providers</b> button <b>Result</b> – The <b>Attach Providers</b> window will be displayed.</td> </tr> <tr> <td data-bbox="268 967 359 1062">2.</td> <td data-bbox="359 967 1969 1062">Enter the appropriate search criteria and click on <b>Search</b>. <b>Result</b> – Results matching the criteria will be displayed. If the appropriate facility does not display, use the <b>Advanced Search</b> functionality.</td> </tr> <tr> <td data-bbox="268 1062 359 1235">3.</td> <td data-bbox="359 1062 1969 1235">Once the appropriate facility is located:           <ol style="list-style-type: none"> <li>Select <b>Treating</b> from the drop-down list in the <b>Provider Role</b> column</li> <li>Click the gear icon in the very left column of the row and select <b>Single Attach</b></li> </ol> <b>Result</b> – The facility will now be attached to the request         </td> </tr> </tbody> </table> <p> <b>Note</b></p> <ul style="list-style-type: none"> <li>Be sure that the selected provider has <b>PAR</b> in the <b>Participation Status</b> column and <b>In Network</b> in the <b>Provider Network</b> column.</li> <li>You may add multiple providers, if necessary, by repeating the steps above.</li> <li>If you have set up the <b>Favorite Providers</b> section, you may click on that hyperlink to select a provider.</li> </ul>	Step	Action	1.	Click the <b>Attach Providers</b> button <b>Result</b> – The <b>Attach Providers</b> window will be displayed.	2.	Enter the appropriate search criteria and click on <b>Search</b> . <b>Result</b> – Results matching the criteria will be displayed. If the appropriate facility does not display, use the <b>Advanced Search</b> functionality.	3.	Once the appropriate facility is located: <ol style="list-style-type: none"> <li>Select <b>Treating</b> from the drop-down list in the <b>Provider Role</b> column</li> <li>Click the gear icon in the very left column of the row and select <b>Single Attach</b></li> </ol> <b>Result</b> – The facility will now be attached to the request
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6.	<p>Complete the fields in the <b>Service Request</b> section following the guidelines outlined below:</p> <table border="1" data-bbox="268 253 1852 1047"> <tr> <td data-bbox="268 253 548 337"><b>Treatment Setting</b></td> <td data-bbox="548 253 1852 337">Select the appropriate value from the drop-down list based on the scenario <i>(e.g. IBHS Request, Provider Office, CRR, RTF, etc.)</i></td> </tr> <tr> <td data-bbox="268 337 548 422"><b>Treatment Type</b></td> <td data-bbox="548 337 1852 422">Select the appropriate value from the drop-down list based on the scenario <i>(e.g. Psychiatric, Chemical Dependence, Co-Occurring, etc.)</i></td> </tr> <tr> <td data-bbox="268 422 548 483"><b>Code Type</b></td> <td data-bbox="548 422 1852 483">Auto-populates to <b>CPT</b>. Update to <b>HCPC</b> when needed.</td> </tr> <tr> <td data-bbox="268 483 548 816"><b>Service Code</b></td> <td data-bbox="548 483 1852 816">           Enter the requested procedure code.  <b>Note:</b> You can type the procedure code or a description of the code. As information is typed, the auto coder will automatically display matches in the drop-down list. Select the appropriate procedure from the list. You can also use the <b>Advanced Search</b> hyperlink to initiate a search for the service code.   <b>Note:</b> <ul style="list-style-type: none"> <li>• For ISPT Meeting Requests, enter Service Code H2020</li> <li>• For IBHS Assessment Registration use:               <ul style="list-style-type: none"> <li>• 97151 for ABA      • H0032 for non-ABA – BC      • H2019 for non-ABA – MT</li> </ul> </li> </ul> </td> </tr> <tr> <td data-bbox="268 816 548 868"><b>Modifier</b></td> <td data-bbox="548 816 1852 868">Enter the primary modifier for the service code, <i>if applicable (U7 for ISPT Meeting Requests)</i></td> </tr> <tr> <td data-bbox="268 868 548 914"><b>Start Date</b></td> <td data-bbox="548 868 1852 914">Enter the start date for the requested service.</td> </tr> <tr> <td data-bbox="268 914 548 966"><b>End Date</b></td> <td data-bbox="548 914 1852 966">Enter the end date for the requested service.</td> </tr> <tr> <td data-bbox="268 966 548 1047"><b>Requested #</b></td> <td data-bbox="548 966 1852 1047">           Enter the # of units requested.  <b>Note:</b> This field will auto-populate if Time Frame, Time Period and Units/Visits fields are populated         </td> </tr> </table> <p>To view and utilize these fields, you may need to click on the <b>Optional Fields</b> hyperlink.</p> <table border="1" data-bbox="268 1118 1852 1263"> <tr> <td data-bbox="268 1118 548 1164"><b>Time Frame</b></td> <td data-bbox="548 1118 1852 1164">Select the requested Time Frame for the service</td> </tr> <tr> <td data-bbox="268 1164 548 1216"><b>Units/Visits</b></td> <td data-bbox="548 1164 1852 1216">Enter the requested # of Units/Visits for the time frame specified</td> </tr> <tr> <td data-bbox="268 1216 548 1263"><b>Time Period</b></td> <td data-bbox="548 1216 1852 1263">Select the requested Time Period</td> </tr> </table> <p>Click <b>Add</b> when completed. <b>Result:</b> The Service Request will be displayed.</p> <div data-bbox="283 1328 340 1409">  <p>Note</p> </div> <ul style="list-style-type: none"> <li>• If additional services are being requested <b>for the same provider</b>, repeat the steps above.</li> <li>• If additional services are being requested <b>for a different provider</b>, a new Behavioral Health Outpatient Request will need to be submitted.</li> </ul>	<b>Treatment Setting</b>	Select the appropriate value from the drop-down list based on the scenario <i>(e.g. IBHS Request, Provider Office, CRR, RTF, etc.)</i>	<b>Treatment Type</b>	Select the appropriate value from the drop-down list based on the scenario <i>(e.g. Psychiatric, Chemical Dependence, Co-Occurring, etc.)</i>	<b>Code Type</b>	Auto-populates to <b>CPT</b> . 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## Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

Step	Action
7.	<p>Click on the <b>Check for Review</b> button. The system will determine if there are any stay or service lines which need to be reviewed.</p> <p><b>Result</b> – You will receive a pop-up message stating there are stay/service lines to be reviewed.</p>
8.	<p>Click <b>OK</b> to close the message</p>
9.	<p>Click the checkbox in the header of the <b>Service Request</b> line and click on the green <b>Review</b> button.</p> <p><b>Result</b> – You will receive a pop-up message warning to only proceed if certain elements of the request are completed.</p>
10.	<p>Click <b>OK</b> <u>only</u> if you completed the items listed in the message. Otherwise, click Cancel and complete the necessary information before proceeding.</p> <p><b>Result if you click OK</b> – The system will determine if there is matching InterQual criteria.</p> <div data-bbox="283 630 346 714" style="display: inline-block; vertical-align: top;">  <p>Note</p> </div> <ul style="list-style-type: none"> <li>• You will receive a pop-up message stating there is no matching criteria. This is because there is no InterQual criteria currently available in Jiva Provider Portal. This step, however, must still be performed as part of the system requirements.</li> </ul>
11.	<p>Click <b>OK</b> to close the message</p>
12.	<p>If an assessment is associated with the request, an <b>Assessment</b> section will be displayed where you may access and complete the associated assessment.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• The <b>ISPT Meeting Notification Assessment</b> should be completed when scheduling ISPT Meetings.</li> <li>• The <b>IBHS Assessment Registration</b> should be completed when seeking IBHS Assessment authorization</li> <li>• The <b>IBHS Written Order-BPE Receipt Notification</b> assessment should be completed only if you cannot begin the IBHS assessment at the time you receive the Member’s written order or BPE</li> </ul> <div data-bbox="268 1112 550 1356" style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Assessment Title</p>  <p>The screenshot shows a dropdown menu for an assessment. At the top is a gear icon (Settings) circled in red. Below it is a 'Start' button with a play icon, also circled in red. Other options include 'Void', 'Trend Report', and 'Print Blank Assessment'.</p> </div> <div data-bbox="577 1112 1915 1372" style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> <li>• Click the gear icon to the left of the assessment title, then click <b>Start</b>.</li> <li>• Answer the questions in the Assessment. <b>Note:</b> Questions in <b>red</b> are mandatory.</li> <li>• Click the <b>Complete</b> button to complete the Assessment. (<b>DO NOT</b> hit <b>Submit Request</b> until the Assessment has been marked complete.)</li> </ul> <p><b>Note:</b> This will trigger any auto approval rules. The <b>Save as Draft</b> button will <u>not</u> trigger any auto approval rules.</p> </div>

## Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

Step	Action																										
13.	Follow the steps outlined below to add a <b>document</b> to the request:																										
	<table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>In the <b>Document Title</b> field, enter the appropriate title based on the type of document being attached:                             <table border="1"> <thead> <tr> <th colspan="2">Title Options</th> </tr> </thead> <tbody> <tr> <td>Evaluation</td> <td>Transfer Form</td> </tr> <tr> <td>Requested Information</td> <td>Treatment Plan</td> </tr> <tr> <td>Service Request</td> <td>Letter/Correspondence</td> </tr> <tr> <td>Discharge Summary</td> <td>CRR/RTF Referral Response</td> </tr> <tr> <td>Concurrent Review</td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td>2.</td> <td>Select <b>BH Document</b> in the <b>Document Type</b> field.</td> </tr> <tr> <td>3.</td> <td>Use the <b>Document Description</b> field to describe what items are being attached when "<b>Requested Information</b>" is entered as the Document Title.</td> </tr> <tr> <td>4.</td> <td>Click the <b>Browse</b> button to search for the document you wish to upload</td> </tr> <tr> <td>5.</td> <td>Select the document <b>Note</b> – the location and title of the document will appear in the <b>Select Document</b> field.</td> </tr> <tr> <td>6.</td> <td>Click the <b>Open</b> button. <b>Note</b> – The document should be displayed in the <b>Documents</b> section.</td> </tr> </tbody> </table>	Step	Action	1.	In the <b>Document Title</b> field, enter the appropriate title based on the type of document being attached: <table border="1"> <thead> <tr> <th colspan="2">Title Options</th> </tr> </thead> <tbody> <tr> <td>Evaluation</td> <td>Transfer Form</td> </tr> <tr> <td>Requested Information</td> <td>Treatment Plan</td> </tr> <tr> <td>Service Request</td> <td>Letter/Correspondence</td> </tr> <tr> <td>Discharge Summary</td> <td>CRR/RTF Referral Response</td> </tr> <tr> <td>Concurrent Review</td> <td></td> </tr> </tbody> </table>	Title Options		Evaluation	Transfer Form	Requested Information	Treatment Plan	Service Request	Letter/Correspondence	Discharge Summary	CRR/RTF Referral Response	Concurrent Review		2.	Select <b>BH Document</b> in the <b>Document Type</b> field.	3.	Use the <b>Document Description</b> field to describe what items are being attached when " <b>Requested Information</b> " is entered as the Document Title.	4.	Click the <b>Browse</b> button to search for the document you wish to upload	5.	Select the document <b>Note</b> – the location and title of the document will appear in the <b>Select Document</b> field.	6.	Click the <b>Open</b> button. <b>Note</b> – The document should be displayed in the <b>Documents</b> section.
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	<p><b>Note:</b> <i>If you are unable to upload Clinical Information documents, you can copy and paste or type Clinical information into the Episode Notes.</i></p> <p><b>Important Reminder:</b> Please continue attaching a copy of the PerformCare Submission Sheet with all documents uploaded via the Jiva Provider Portal to assist in accurate and timely processing.</p>																										

## Guidelines for Behavioral Health Outpatient Authorization Requests *(cont.)*

Step	Action																						
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	 <p><b>If there are urgent or critical issues, please continue to outreach directly to the Clinical Care Manager.</b></p>																						
15.	<p>Click <b>Submit Request</b> when all information has been completed.</p> <p><b>Result:</b> The Request Details information will be displayed, including the Cert Number and Decision.</p> <div data-bbox="268 833 1871 1062"> <p>Request Details</p> <p>Episode Abstract</p> <p>Expected Decision Date : 11/21/2020    Authorization Type : BH-OP    Episode Number : 9043477    Episode Status : OpenRequest    Cert Number 92011004946</p> <table border="1"> <thead> <tr> <th>Authorization Details</th> <th>Service ID</th> <th>Service Code</th> <th>Requested #</th> <th>Assigned #</th> <th>Denied</th> <th>Auth Start Date</th> <th>Auth End Date</th> <th>Treatment Setting</th> <th>Frequency</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td></td> <td>12559163</td> <td>H2020(HCPC)</td> <td>1</td> <td>1</td> <td>0</td> <td>11/23/2020</td> <td>11/24/2020</td> <td>JFACTS</td> <td>Per Day</td> <td>Pending</td> </tr> </tbody> </table> </div>	Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Treatment Setting	Frequency	Decision		12559163	H2020(HCPC)	1	1	0	11/23/2020	11/24/2020	JFACTS	Per Day	Pending
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## Guidelines for Behavioral Health Inpatient Authorization Requests

**Note:** Behavioral Health Inpatient Authorizations should only be submitted for services provided by JCAHO RTF Providers

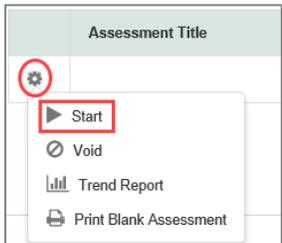
Follow the guidelines outlined below when entering a Behavioral Health Inpatient Authorization Request:

Step	Action								
1.	Search for the member and verify that a request does not already exist for the same service								
2.	Click on <b>Add New Request</b> and select <b>Behavioral Health Inpatient</b> from the drop-down list								
3.	<p>Complete the fields in the <b>Episode Details</b> section following the guidelines outlined below:</p> <table border="1"> <tr> <td><b>Request Type</b></td> <td>Select <b>Expected</b></td> </tr> <tr> <td><b>Request Priority</b></td> <td>Select <b>Standard 2BD</b></td> </tr> <tr> <td><b>Admit Type</b></td> <td>Select <b>Elective</b></td> </tr> <tr> <td><b>Reason for Request</b></td> <td>Select <b>RTF Request</b></td> </tr> </table> <p> To complete the <b>Reason for Request</b> field, you will need to click on the <b>Optional Fields</b> hyperlink to open that section.</p>	<b>Request Type</b>	Select <b>Expected</b>	<b>Request Priority</b>	Select <b>Standard 2BD</b>	<b>Admit Type</b>	Select <b>Elective</b>	<b>Reason for Request</b>	Select <b>RTF Request</b>
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4.	<p>Complete the fields in the <b>Diagnosis</b> section following the guidelines outlined below:</p> <table border="1"> <tr> <td><b>Code Type</b></td> <td>This field will default to <b>ICD10</b>. You may select a different code if applicable.</td> </tr> <tr> <td><b>Diagnosis</b></td> <td> <ul style="list-style-type: none"> <li>Type the diagnosis code or the diagnosis name in the <b>Diagnosis</b> field or click the <b>Advanced Search</b> hyperlink, if needed.</li> <li>As you type information, the auto coder will automatically display matches in the drop-down list. <b>Select the appropriate diagnosis from the list</b>. It will now display on the screen and be attached to the episode.</li> </ul> </td> </tr> </table> <p> <ul style="list-style-type: none"> <li>You may add multiple diagnoses, if necessary, by repeating the steps above.</li> <li>If you have set up the <b>Favorite Diagnosis</b> section, you may click on that hyperlink to select a diagnosis.</li> </ul> </p>	<b>Code Type</b>	This field will default to <b>ICD10</b> . You may select a different code if applicable.	<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>Type the diagnosis code or the diagnosis name in the <b>Diagnosis</b> field or click the <b>Advanced Search</b> hyperlink, if needed.</li> <li>As you type information, the auto coder will automatically display matches in the drop-down list. <b>Select the appropriate diagnosis from the list</b>. It will now display on the screen and be attached to the episode.</li> </ul>				
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## Guidelines for Behavioral Health Inpatient Authorization Requests- (cont.)

Step	Action										
5.	<p>Behavioral Health Inpatient Episodes are required to have a <b>Treating</b> provider (the Facility where the member is receiving services).</p> <p>Follow the guidelines outlined below to attach providers to the request:</p> <table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Click the <b>Attach Providers</b> button <b>Result</b> – The <b>Attach Providers</b> window will be displayed.</td> </tr> <tr> <td>2.</td> <td>Enter the appropriate search criteria and click on <b>Search</b>. <b>Result</b> – Results matching the criteria will be displayed. If the appropriate facility does not display, use the <b>Advanced Search</b> functionality.</td> </tr> <tr> <td>3.</td> <td>Once the appropriate facility is located:                             <ol style="list-style-type: none"> <li>Select <b>Treating</b> from the drop-down list in the <b>Provider Role</b> column</li> <li>Click the gear icon in the very left column of the row and select <b>Single Attach</b></li> </ol> <b>Result</b> – The facility will now be attached to the request                         </td> </tr> </tbody> </table> <p> <b>Note</b></p> <ul style="list-style-type: none"> <li>• Be sure that the selected provider has <b>PAR</b> in the <b>Participation Status</b> column and <b>In Network</b> in the <b>Provider Network</b> column.</li> <li>• You may add multiple providers, if necessary, by repeating the steps above.</li> <li>• If you have set up the <b>Favorite Providers</b> section, you may click on that hyperlink to select a provider.</li> </ul>	Step	Action	1.	Click the <b>Attach Providers</b> button <b>Result</b> – The <b>Attach Providers</b> window will be displayed.	2.	Enter the appropriate search criteria and click on <b>Search</b> . <b>Result</b> – Results matching the criteria will be displayed. If the appropriate facility does not display, use the <b>Advanced Search</b> functionality.	3.	Once the appropriate facility is located: <ol style="list-style-type: none"> <li>Select <b>Treating</b> from the drop-down list in the <b>Provider Role</b> column</li> <li>Click the gear icon in the very left column of the row and select <b>Single Attach</b></li> </ol> <b>Result</b> – The facility will now be attached to the request		
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2.	Enter the appropriate search criteria and click on <b>Search</b> . <b>Result</b> – Results matching the criteria will be displayed. If the appropriate facility does not display, use the <b>Advanced Search</b> functionality.										
3.	Once the appropriate facility is located: <ol style="list-style-type: none"> <li>Select <b>Treating</b> from the drop-down list in the <b>Provider Role</b> column</li> <li>Click the gear icon in the very left column of the row and select <b>Single Attach</b></li> </ol> <b>Result</b> – The facility will now be attached to the request										
6.	<p>Complete the fields in the <b>Add Stay Request</b> section following the guidelines outlined below:</p> <table border="1"> <tbody> <tr> <td><b>Treatment Setting</b></td> <td>Select <b>RTF</b></td> </tr> <tr> <td><b>Treatment Type</b></td> <td>Select <b>Psychiatric</b></td> </tr> <tr> <td><b>Admit Date</b></td> <td>Enter the Admission Date</td> </tr> <tr> <td><b>LOS Requested #</b></td> <td>Enter the amount of days requested for the stay</td> </tr> <tr> <td><b>Requested Level of Care</b></td> <td>Select <b>RTF</b></td> </tr> </tbody> </table> <p>Click <b>Save</b> when completed.</p> <p><b>Result:</b> The Stay Line will be displayed in the <b>Stay Request</b> section.</p>	<b>Treatment Setting</b>	Select <b>RTF</b>	<b>Treatment Type</b>	Select <b>Psychiatric</b>	<b>Admit Date</b>	Enter the Admission Date	<b>LOS Requested #</b>	Enter the amount of days requested for the stay	<b>Requested Level of Care</b>	Select <b>RTF</b>
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7.	Skip the <b>Service Request</b> section which will be displayed.										

## Guidelines for Behavioral Health Inpatient Authorization Requests- (cont.)

Step	Action
8.	<p>Click on the <b>Check for Review</b> button. The system will determine if there are any stay or service lines which need to be reviewed.</p> <p><b>Result</b> – You will receive a pop-up message stating there are stay/service lines to be reviewed.</p>
9.	<p>Click <b>OK</b> to close the message</p>
10.	<p>Click on the green <b>Review</b> button in the <b>Stay Request</b> section.</p> <p><b>Result</b> – You will receive a pop-up message warning to only proceed if certain elements of the request are completed.</p>
11.	<p>Click <b>OK <u>only</u></b> if you completed the items listed in the message. Otherwise, click Cancel and complete the necessary information before proceeding.</p> <p><b>Result if you click OK</b> – The system will determine if there is matching InterQual criteria.</p> <div data-bbox="283 727 346 812">  <p>Note</p> </div> <ul style="list-style-type: none"> <li>You will receive a pop-up message stating there is no matching criteria. This is because there is no InterQual criteria currently available in Jiva Provider Portal. This step, however, must still be performed as part of the system requirements.</li> </ul>
12.	<p>Click <b>OK</b> to close the message</p>
13.	<p>If there is an assessment associated with the request, an <b>Assessment</b> section will be displayed where you may access and complete the associated assessment.</p> <div data-bbox="268 1052 550 1295">  </div> <ul style="list-style-type: none"> <li>Click the gear icon to the left of the assessment title, then click <b>Start</b>.</li> <li>Answer the questions in the Assessment. <b>Note:</b> Questions in <b>red</b> are mandatory.</li> <li>Click the <b>Complete</b> button to complete the Assessment. (<u>DO NOT</u> hit <b>Submit Request</b> until the Assessment has been marked complete.)</li> </ul> <p><b>Note:</b> This will trigger any auto approval rules. The <b>Save as Draft</b> button will <u>not</u> trigger any auto approval rules.</p>

**Guidelines for Behavioral Health Inpatient Authorization Requests- (cont.)**

Step	Action																								
14.	<p>Follow the steps outlined below to add a <b>document</b> to the request:</p> <table border="1" data-bbox="268 256 1969 1040"> <thead> <tr> <th data-bbox="268 256 359 295">Step</th> <th data-bbox="359 256 1969 295">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="268 295 359 586">1.</td> <td data-bbox="359 295 1969 586"> <p>In the <b>Document Title</b> field, enter the appropriate title based on the type of document being attached:</p> <table border="1" data-bbox="373 358 1178 565"> <thead> <tr> <th colspan="2" data-bbox="373 358 1178 397">Title Options</th> </tr> </thead> <tbody> <tr> <td data-bbox="373 397 779 438">Document</td> <td data-bbox="779 397 1178 438">Discharge Summary</td> </tr> <tr> <td data-bbox="373 438 779 479">Evaluation</td> <td data-bbox="779 438 1178 479">Transfer Form</td> </tr> <tr> <td data-bbox="373 479 779 519">Requested Information</td> <td data-bbox="779 479 1178 519">Treatment Plan</td> </tr> <tr> <td data-bbox="373 519 779 565">Packet</td> <td data-bbox="779 519 1178 565">Letter/Correspondence</td> </tr> </tbody> </table> </td> </tr> <tr> <td data-bbox="268 586 359 667">2.</td> <td data-bbox="359 586 1969 667">Select <b>BH Document</b> in the <b>Document Type</b> field.</td> </tr> <tr> <td data-bbox="268 667 359 773">3.</td> <td data-bbox="359 667 1969 773">Use the <b>Document Description</b> field to describe what items are being attached when <b>“Requested Information”</b> is entered as the Document Title.</td> </tr> <tr> <td data-bbox="268 773 359 846">4.</td> <td data-bbox="359 773 1969 846">Click the <b>Browse</b> button to search for the document you wish to upload</td> </tr> <tr> <td data-bbox="268 846 359 951">5.</td> <td data-bbox="359 846 1969 951">Select the document <b>Note</b> – the location and title of the document will appear in the <b>Select Document</b> field.</td> </tr> <tr> <td data-bbox="268 951 359 1040">6.</td> <td data-bbox="359 951 1969 1040">Click the <b>Open</b> button. <b>Note</b> – The document should be displayed in the <b>Documents</b> section.</td> </tr> </tbody> </table> <p data-bbox="268 1114 1892 1138"><b>Note: If you are unable to upload Clinical Information documents, you can copy and paste or type Clinical information into the Episode Notes.</b></p> <p data-bbox="268 1162 1927 1219"><b>Important Reminder:</b> Please continue attaching a copy of the PerformCare Submission Sheet with all documents uploaded via the Jiva Provider Portal to assist in accurate and timely processing.</p>	Step	Action	1.	<p>In the <b>Document Title</b> field, enter the appropriate title based on the type of document being attached:</p> <table border="1" data-bbox="373 358 1178 565"> <thead> <tr> <th colspan="2" data-bbox="373 358 1178 397">Title Options</th> </tr> </thead> <tbody> <tr> <td data-bbox="373 397 779 438">Document</td> <td data-bbox="779 397 1178 438">Discharge Summary</td> </tr> <tr> <td data-bbox="373 438 779 479">Evaluation</td> <td data-bbox="779 438 1178 479">Transfer Form</td> </tr> <tr> <td data-bbox="373 479 779 519">Requested Information</td> <td data-bbox="779 479 1178 519">Treatment Plan</td> </tr> <tr> <td data-bbox="373 519 779 565">Packet</td> <td data-bbox="779 519 1178 565">Letter/Correspondence</td> </tr> </tbody> </table>	Title Options		Document	Discharge Summary	Evaluation	Transfer Form	Requested Information	Treatment Plan	Packet	Letter/Correspondence	2.	Select <b>BH Document</b> in the <b>Document Type</b> field.	3.	Use the <b>Document Description</b> field to describe what items are being attached when <b>“Requested Information”</b> is entered as the Document Title.	4.	Click the <b>Browse</b> button to search for the document you wish to upload	5.	Select the document <b>Note</b> – the location and title of the document will appear in the <b>Select Document</b> field.	6.	Click the <b>Open</b> button. <b>Note</b> – The document should be displayed in the <b>Documents</b> section.
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## Guidelines for Behavioral Health Inpatient Authorization Requests- (cont.)

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16.	<p>Click <b>Submit Request</b> when all information has been completed.</p> <p><b>Result:</b> The Request Details information will be displayed, including the Cert Number and Decision.</p> <div data-bbox="268 826 1808 1057"> <p>Request Details</p> <p>Episode Abstract</p> <p>Expected Decision Date : 11/21/2020    Authorization Type : BH-IP    Episode Number : 9043468    Episode Status : OpenRequest    Cert Number 92011004937</p> <table border="1"> <thead> <tr> <th>Stay Request</th> <th>Stay ID</th> <th>LOS Requested#</th> <th>LOS Assigned#</th> <th>LOS Denied</th> <th>Auth Start Date</th> <th>Auth End Date</th> <th>Treatment Setting</th> <th>Decision</th> </tr> </thead> <tbody> <tr> <td></td> <td>12559156</td> <td>3</td> <td>3</td> <td>0</td> <td>11/20/2020</td> <td>11/23/2020</td> <td>RTF</td> <td>Pending</td> </tr> </tbody> </table> </div>	Stay Request	Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Treatment Setting	Decision		12559156	3	3	0	11/20/2020	11/23/2020	RTF	Pending
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## Guidelines for Re-authorization Request for Existing BH-OP Request

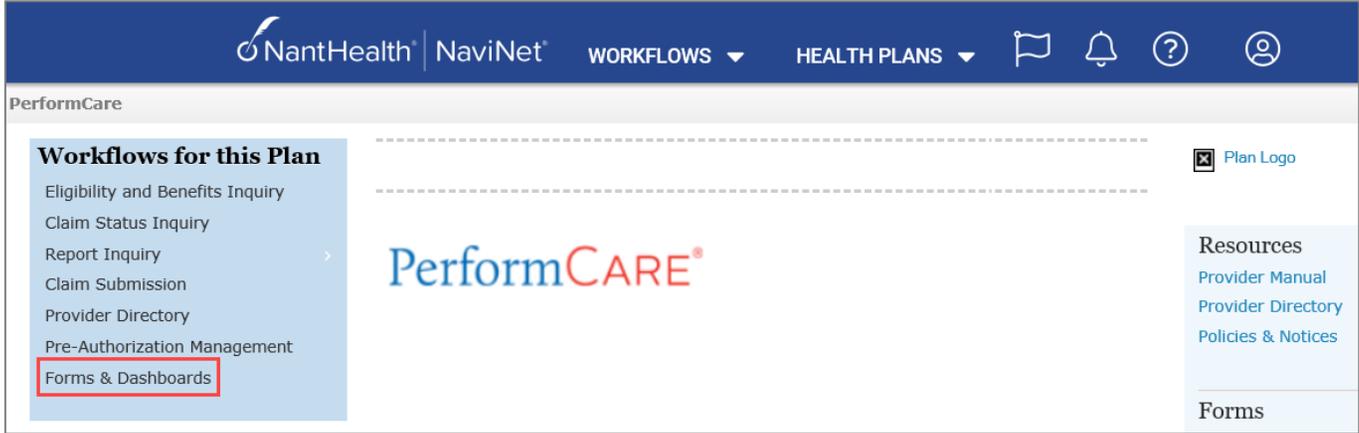
Closed Episodes will be accessible in a 'view only' format. If you would like to extend the request or add notes to a closed case, you will need to contact the Utilization Management department to request to have the case reopened.

Step	Action																										
1.	<p>Click on <b>Menu</b> from the menu bar and select <b>Search Request</b> (see page 4 for detailed instructions)</p> <p>a. Enter the appropriate search criteria and click on <b>Search</b></p>																										
2.	<p>Click the <b>gear icon</b> in the <b>Actions</b> column of the appropriate case and select <b>Open</b></p> <table border="1" data-bbox="233 418 1944 626"> <thead> <tr> <th>Action</th> <th>Episode ID</th> <th>Member Name</th> <th>Episode Type</th> <th>Date of Service</th> <th>Cert Number</th> <th>Diagnosis</th> <th>Created By</th> <th>Submitted By</th> <th>Initial Due Date</th> <th>Status</th> <th>Decision</th> <th>Decision Reason</th> </tr> </thead> <tbody> <tr> <td></td> <td>9048638</td> <td>PCPPPTST,</td> <td>BH-OP</td> <td>12/15/2020</td> <td>92012002816</td> <td>F25.9 ( Schizoaffective disorder, unspecified )</td> <td>Westre, Kristi</td> <td>Westre, Kristi</td> <td></td> <td>Processed</td> <td>Approved</td> <td>Clinical Reviewer Approval</td> </tr> </tbody> </table> <p>View Episode Abstract   Open  Add Member Assessment</p> <p style="text-align: right;">Page 1 of 1</p>	Action	Episode ID	Member Name	Episode Type	Date of Service	Cert Number	Diagnosis	Created By	Submitted By	Initial Due Date	Status	Decision	Decision Reason		9048638	PCPPPTST,	BH-OP	12/15/2020	92012002816	F25.9 ( Schizoaffective disorder, unspecified )	Westre, Kristi	Westre, Kristi		Processed	Approved	Clinical Reviewer Approval
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3.	<p>Select the line that needs to be extended. <b>Note:</b> You may only select one line at a time.</p> <p>a. Click on the <b>Extension</b> button</p> <p>b. Enter the appropriate information (i.e., Requested #, Start/End Dates)</p> <p>c. Click the <b>Save</b> button.</p> <div data-bbox="430 841 1793 971" style="border: 1px solid black; padding: 10px; margin-top: 10px;">  <p>Clicking Save will submit your extension request. However, you must enter a note and attach any appropriate documentation to support the extension request.</p> </div>																										
4.	<p>On the right side of the episode, click on <b>Add Notes</b></p> <p>a. Enter the appropriate notes for the extension. Be sure to include your name/contact information.</p> <p>b. Click the <b>Save</b> button</p>																										
5.	<p>On the right side of the episode, click on <b>Add Document</b> and upload any documents that are relevant to the service extension request.</p>																										

## Accessing and Submitting Provider Service Capacity Forms

- Provider Service Capacity Forms should be used to submit service capacity information for Family Based Mental Health Services (FBMHS) and Intensive Behavioral Health Services (IBHS) on a **weekly** basis.
- Data submitted on these forms will be displayed on the PerformCare website.

Follow the steps outlined below to access and submit the Provider Service Capacity Form:

Step	Action
1.	<p>In the <i>Workflows for this Plan</i> section of the PerformCare Welcome Page select <b>Forms and Dashboards</b> from the list.</p>  <p>The screenshot shows the PerformCare website interface. At the top, there is a dark blue navigation bar with the NantHealth and NaviNet logos, and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. Below the navigation bar, the main content area is titled 'PerformCare'. On the left, there is a 'Workflows for this Plan' sidebar menu with several options: 'Eligibility and Benefits Inquiry', 'Claim Status Inquiry', 'Report Inquiry', 'Claim Submission', 'Provider Directory', 'Pre-Authorization Management', and 'Forms &amp; Dashboards'. The 'Forms &amp; Dashboards' option is highlighted with a red rectangular box. To the right of the sidebar, there is a large 'PerformCARE' logo. Further right, there is a 'Plan Logo' section with a checkbox and a 'Resources' section with links for 'Provider Manual', 'Provider Directory', and 'Policies &amp; Notices'. At the bottom right, there is a 'Forms' section.</p> <p><b>Result:</b> The <b>Provider Selection</b> screen will be displayed.</p>
2.	<p>Select your Provider ID for the appropriate geographic area you want to report from the drop-down list and click <b>Submit</b>.</p> <p><b>Result:</b> The <b>Provider Service Capacity Forms</b> screen will be displayed.</p>
3.	<p>Select the appropriate hyperlink to access either the <b>IBHS</b>, <b>IBHS-ABA</b> or <b>FBMHS Service Capacity Form</b>.</p> <p><b>Result:</b> The form will be displayed.</p>
4.	<p>Complete each field in the form to indicate service availability information.</p> <p><b>Note:</b> Click the  icon at the end of the row to add another line.</p>
5.	<p>Click <b>Submit</b> when completed.</p>
6.	<p>Click <b>Back to Home</b> to exit and return to the Forms menu.</p>