

Fee-For-Service Enrollment for Correctional Facility Pharmacies and Exempt from Licensure Clinics Using the PAVE System

TOPICS COVERED

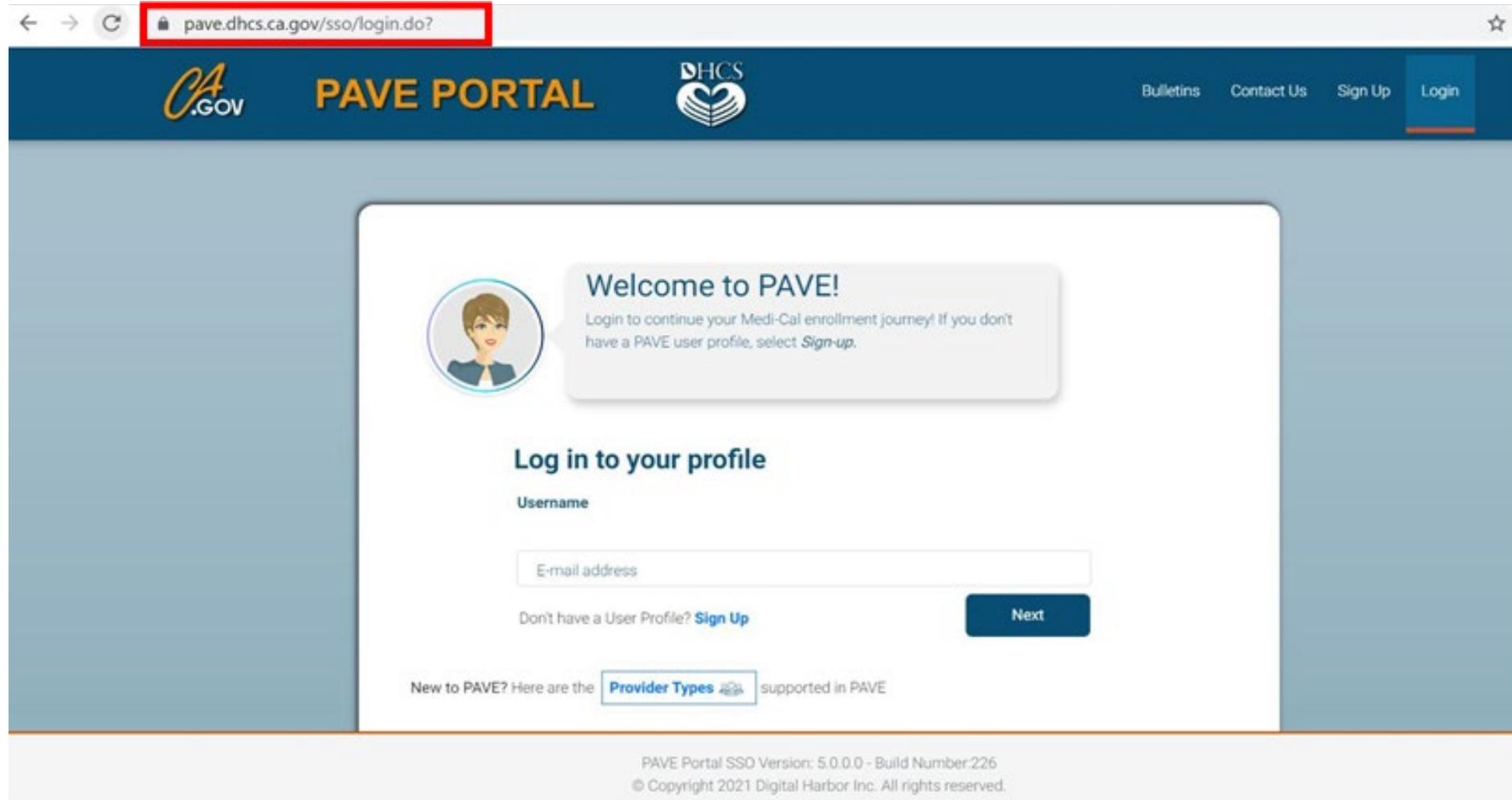
1. Getting Set Up in the PAVE Enrollment System – New to PAVE & not enrolled
2. Accessing PAVE from an existing/enrolled account
3. PAVE Questionnaire to Start a NEW Pharmacy and/or Exempt from Licensure Clinic Application
4. Medi-Cal Enrollment Requirements

GETTING SET UP IN THE PAVE ENROLLMENT SYSTEM

IF THE TAX-ID FOR YOUR FACILITY IS NOT CURRENTLY ASSOCIATED WITH A MEDI-CAL ENROLLMENT, THEN YOU WILL NEED TO CREATE AN ACCOUNT IN PAVE.

PAVE IS THE NAME OF THE ONLINE APPLICATION SYSTEM TO SUBMIT APPLICATIONS FOR FEE-FOR-SERVICE MEDI-CAL

ACCESS PAVE AT <https://pave.dhcs.ca.gov>



The screenshot shows a web browser window with the address bar containing pave.dhcs.ca.gov/sso/login.do?. The page header features the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and navigation links for "Bulletins", "Contact Us", "Sign Up", and "Login". The main content area includes a "Welcome to PAVE!" message with a user profile icon and instructions to login or sign up. Below this is a "Log in to your profile" section with a "Username" label and an "E-mail address" input field. A "Next" button is positioned to the right of the input field. A link for "Sign Up" is provided for users without a profile. At the bottom, there is a link for "Provider Types" and a footer with version and copyright information.

CA.GOV PAVE PORTAL DHCS

Bulletins Contact Us Sign Up Login

Welcome to PAVE!
Login to continue your Medi-Cal enrollment journey! If you don't have a PAVE user profile, select [Sign-up](#).

Log in to your profile

Username

E-mail address

Don't have a User Profile? [Sign Up](#) [Next](#)

New to PAVE? Here are the [Provider Types](#) supported in PAVE

PAVE Portal SSO Version: 5.0.0.0 - Build Number:226
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COMPLETE THE REQUIRED INFORMATION AND CLICK "NEXT"

Each individual who will be completing or accessing the application must have their own user name and password. Additional users can be added after initial sign-up.

The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/ss0/register.do`. The page title is "Sign Up". The form contains the following fields and elements:

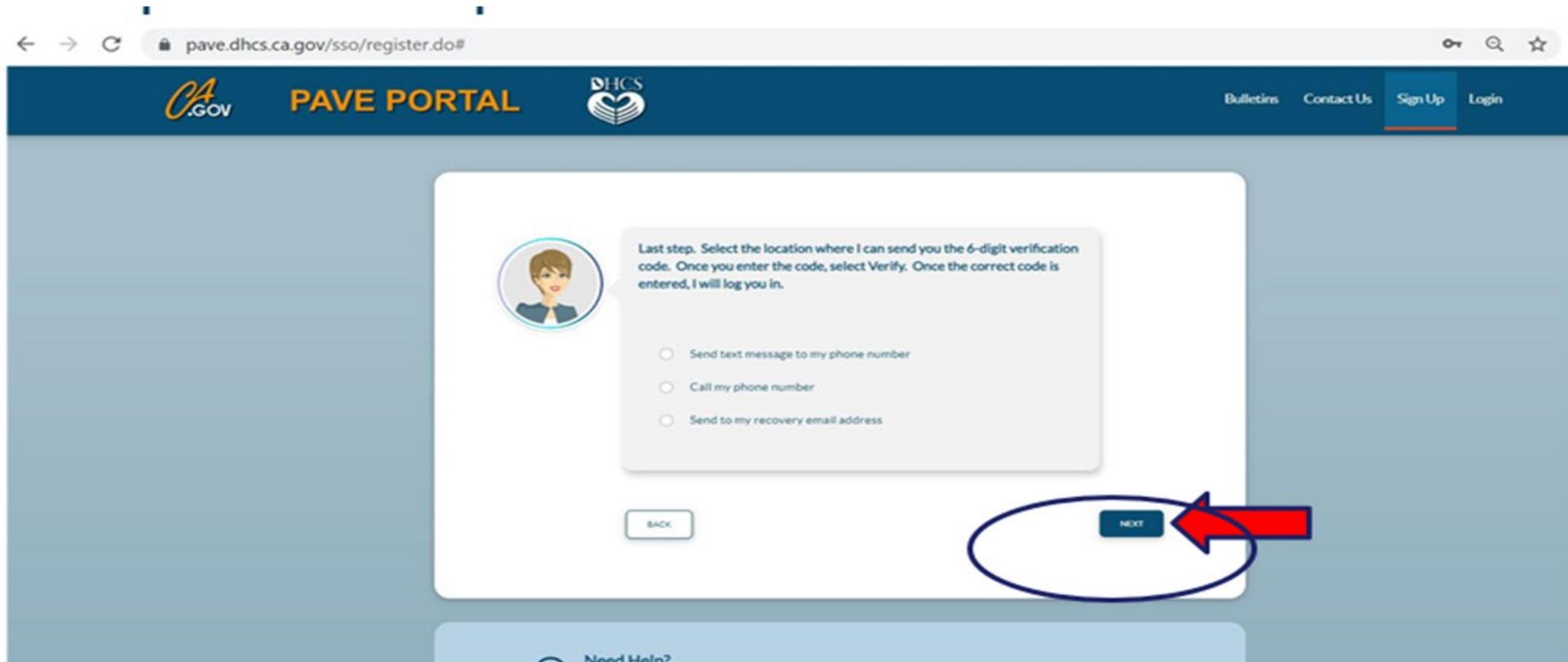
- First name:** Input field with "Sandy" entered.
- Last name:** Input field with "Lee" entered.
- Username:** Input field with "sandy.1.lee@protonmail.com" entered.
- Password:** Input field with masked characters "*****".
- Confirm:** Input field with masked characters "*****".
- Phone number:** A callout box with a speech bubble icon containing the text: "Enter your phone number. I prefer that you use your personal cell number so I can send you a text message just in case you forget your password. Don't worry, I will safeguard this number and will not give it out to anyone." Below this is an example: "Example: include area code, (999) 888-7777" and an input field with "(555) 555-5555".
- Recovery email address:** Input field with "sandy.1.lee@protonmail.com" entered.
- Verification:** A green checkmark icon and the text "I'm not a robot" next to a reCAPTCHA logo.
- Next Step:** A blue button labeled "NEXT" with a large red arrow pointing to it.

At the bottom of the page, there is a footer: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

CLICK ON "SIGN UP"

The screenshot displays the PAVE PORTAL interface. At the top, a dark blue navigation bar contains the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and links for "Bulletins", "Contact Us", "Sign Up", and "Login". The "Sign Up" link is highlighted with a red box, and a red arrow points down to it from the main heading above. Below the navigation bar, a white card contains a "Welcome to PAVE!" message with a user profile icon and instructions to log in or sign up. Underneath, there is a "Log in to your profile" section with input fields for "Username" and "E-mail address", and a "Next" button. A red arrow points to the "Sign Up" link in the text "Don't have a User Profile? Sign Up".

SELECT YOUR PREFERRED WAY TO RECEIVE A SIX DIGIT VERIFICATION CODE THEN CLICK "NEXT"



The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do#`. The page header includes the `CA.GOV` logo, the text `PAVE PORTAL`, the `DHCS` logo, and navigation links for `Bulletins`, `Contact Us`, `Sign Up`, and `Login`. The main content area features a white card with a female avatar icon on the left. A text box contains the instruction: "Last step. Select the location where I can send you the 6-digit verification code. Once you enter the code, select Verify. Once the correct code is entered, I will log you in." Below this text are three radio button options: "Send text message to my phone number", "Call my phone number", and "Send to my recovery email address". At the bottom of the card, there are two buttons: "BACK" on the left and "NEXT" on the right. A blue circle highlights the "NEXT" button, and a red arrow points to it from the right.

EACH OPTION PROVIDES A CODE THAT IS VALID FOR ONLY 15 MINUTES

On Wednesday, August 25th, 2021 at 11:58 AM, <PAVE-DHCS@dhcs.ca.gov> wrote:

Your six digit verification code for PAVE is: 963803

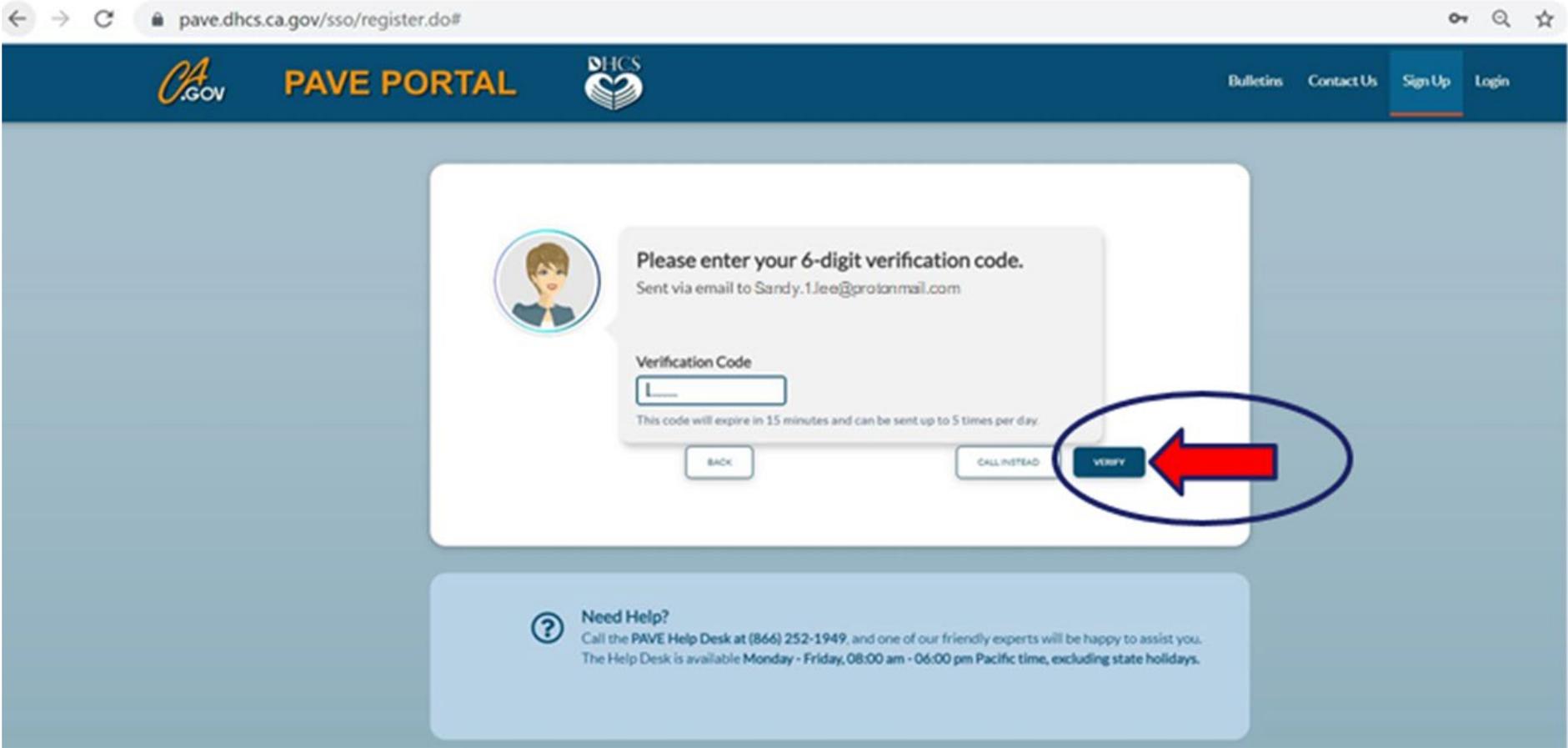


This verification code will expire in 15 minutes.

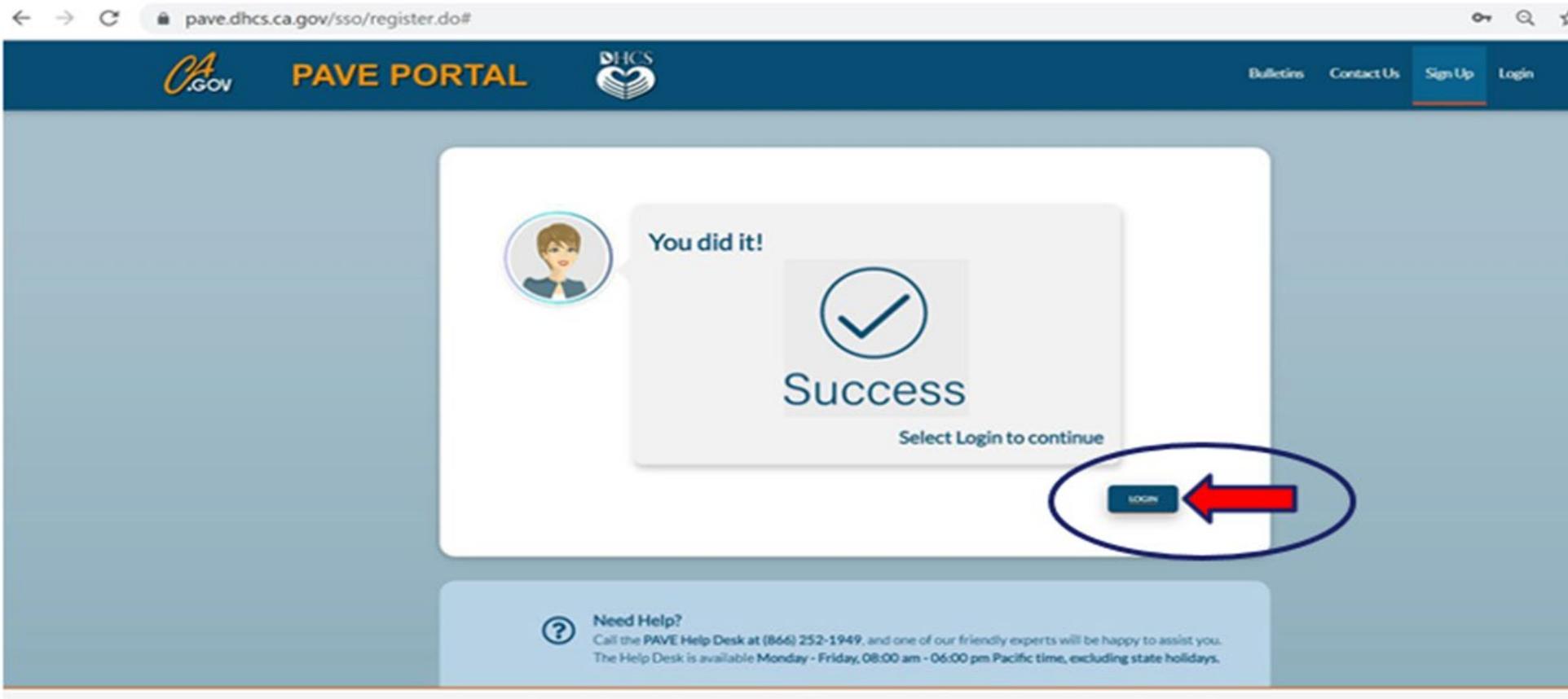
PAVE Portal Administration

Please note: This email was sent from an auto-notification system that cannot accept incoming email. Please do not reply to this message.

ENTER THE SIX-DIGIT CODE AND CLICK “VERIFY”



ONCE PAVE CONFIRMS SUCCESSFUL VERIFICATION, CLICK "LOGIN"



NOW ENTER YOUR EMAIL AND PASSWORD AND CLICK "LOGIN"

CA.GOV PAVE PORTAL DHCS

Hi Sandy
sandy.1.lee@protonmail.com

Enter your Password

Forgot Password? Back Login

Need Help?
Call the PAVE Help Desk at (866) 252-1949 and one of our friendly experts will be happy to assist you.
The Help Desk is available Monday - Friday, 08:00 am - 06:00 pm Pacific time, excluding state holidays.

UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL OFFENSE.

PAVE Portal SSO Version: 5.0.0.0 - Build Number 226
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PAVE USER SIGN UP IS COMPLETE

- » Now that you are set up as a PAVE user, you will need to create your PAVE profile which is a workspace where you and other individuals in your organization can work to create applications for your organization and manage accounts.

NOW ENTER THE NPI FOR THE PHARMACY AND/OR EXEMPT FROM LICENSURE CLINIC AND CLICK "VERIFY"

Create your PAVE Profile



A PAVE Profile is a workspace for groups or individual providers where applications and accounts are created.

Please enter your NPI number or select I don't have an NPI number.

NPI Number

1234567777

Verify

I don't have an NPI number

Not sure which NPI number to use? [View the PAVE Profile Setup Guide](#)

PAVE PROFILE SET UP

- » Make sure that you are logged in with your own user email and password. Each person that accesses PAVE must use unique log-in credentials. Usernames and passwords cannot be shared.
- » Enter the Type 2 NPI for the pharmacy or exempt from licensure clinic and click "Verify". Additional information on obtaining an NPI can be found in the Appendix.
- » There can only be one PAVE profile per tax ID. There can be more than one NPI, provider type, and/or location within the same PAVE profile, if all are associated with the same Tax ID.
- » Once the NPI is verified, you will enter the PAVE Profile name that represents your organization, e.g., CDCR PHARMACIES. Next, click "Create my PAVE Profile".

ENTER THE PROFILE NAME - Typically the legal name of the entity

If you are not able to create a PAVE profile [click here](#) to go to existing accounts.

Create your PAVE Profile

NPI Number

Thank you! It looks like your organization is new to PAVE. Enter the PAVE Profile name that represents your organization, *Create PAVE Profile*

PAVE Profile Name

Do you have an application in progress with California Department of Public Health? Yes No

PAVE PROFILE – ARROW POINTS TO NAME OF A SAMPLE PROFILE

[Click here](#) to go to how to start a new application



ACCESSING PAVE FROM AN EXISTING/ENROLLED ACCOUNT

If you are using a Tax ID Number that is already associated with a Medi-Cal enrollment, but do not have access rights to the existing account, you will need to request permissions from an authorized person within your organization.

Do not create separate PAVE profiles for the same tax ID.

PAVE PROFILE – Account is already existing, Request to Join

Create your PAVE Profile



A **PAVE Profile** is a **workspace for groups or individual providers** where applications and accounts are created.

Please **enter your NPI number** or select **I don't have an NPI number**.

NPI Number

Verify

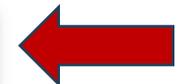
NPI 1342345345 is associated with PAVE Profile.

ABC Clinic belongs to this PAVE Profile

What would you like to do?

Do you want to join this profile? Send a Request to Admin **Jean Smith**

Request to join as a guest



PAVE PROFILE –

Enter the information on why you would need access and send request. You will not gain access until the administrator within your organization has granted you rights.

Request to be part of ABC Clinic Business Profile ✕

Why would you like to be part of ABC Clinic Business Profile?

I am an administrator at the Sacramento Office - please grant PAVE profile access. I can be reached at abc2@abcmedical.org, 916-555-5555.

Thank you,
Sandy Lee

The message above will be included in the Request to Join ABC Clinic business profile.

✕ Cancel ➤ Send Request 

PAVE QUESTIONNAIRE

THE INITIAL PATH TO START A PHARMACY OR EXEMPT FROM
LICENSURE CLINIC APPLICATION

STARTING AN APPLICATION

- » In your organization's PAVE profile, click on Applications, then "+ New Application".
- » You will complete a questionnaire to start the correct application.
- » The following slides are a guide for how to move through the questionnaire to start a Pharmacy or Exempt from Licensure Clinic application.

QUESTIONNAIRE – START OF APPLICATION

If new select the I am new option and then I am a healthcare business

The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!

- I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to create an application
- I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to affiliate with another provider
- I'm **new to Medi-Cal or Medi-Cal Dental**, and I want to create a new application

What type of provider are you?

- I'm an individual provider
- I'm a group of individual providers
- I'm a healthcare business
- I need to report Supplemental changes

If you want help with any of these options, select the in-context tutorial video icons for assistance.

Once you have made your choice, select **Continue**

[← Previous](#) [Continue →](#)

QUESTIONNAIRE – START OF APPLICATION

If existing, select “I am enrolled” option and then select that you are adding a location.

The screenshot shows a progress bar at the top with six steps: Start Application (active), Business Structure, NPI, Provider Type, Language, and Last step. Below the progress bar is a help bubble with a person icon and the text: "The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!". The main content area contains a list of radio button options. Two red arrows point to the first two options: "I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to create an application" and "My business is expanding to an additional location". Below these are four more options: "I want to add a new provider type to an existing service location", "I want to report a change of service address", "I want to report either a change of ownership of more than 50% or the purchase of a healthcare business", and "I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to affiliate with another provider". Below these are two more options: "I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application" and "I need to report Supplemental changes". At the bottom, there is a text prompt: "If you want help with any of these options, select the in-context tutorial video icons for assistance." followed by a video icon. Below that is the instruction: "Once you have made your choice, select Continue". At the bottom left is a "Previous" button with a left arrow, and at the bottom right is a "Continue" button with a right arrow. A red arrow points to the "Continue" button.

Start Application Business Structure NPI Provider Type Language Last step

The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!

- I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to create an application
- My business is expanding to an additional location
 - I want to add a new provider type to an existing service location
 - I want to report a change of service address
 - I want to report either a change of ownership of more than 50% or the purchase of a healthcare business
- I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to affiliate with another provider
- I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application
- I need to report Supplemental changes

If you want help with any of these options, select the in-context tutorial video icons for assistance.

Once you have made your choice, select **Continue**

Previous Continue

QUESTIONNAIRE – START OF APPLICATION

If existing and adding a provider type to an enrolled location, select the I am enrolled option and then select that you are adding a provider type.

Start Application Business Structure NPI Provider Type Language Last step

The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!

- I'm **enrolled in Medi-Cal or Medi-Cal Dental**, and I want to create an application
- My business is expanding to an additional location
- I want to add a new provider type to an existing service location
- I want to report a change of service address
- I want to report either a change of ownership of more than 50% or the purchase of a healthcare business
- I'm enrolled in Medi-Cal or Medi-Cal Dental, and I want to affiliate with another provider
- I'm **new to Medi-Cal or Medi-Cal Dental**, and I want to create a new application
- I need to report **Supplemental changes**

If you want help with any of these options, select the in-context tutorial video icons for assistance. 📺

Once you have made your choice, select **Continue**

← Previous Continue →

QUESTIONNAIRE – BUSINESS STRUCTURE **NEW**

For governmental agency, county jail, youth correctional facility, or state prison (CDCR) select “other entity” and then “continue.”

The screenshot shows a progress bar at the top with six steps: Start Application, Business Structure, NPI, Provider Type, Language, and Last step. The 'Business Structure' step is highlighted with an orange circle. Below the progress bar is a welcome message from a female avatar: "Welcome! Let's create your application. I'll be here to help guide you throughout the process. To start, you can hover over each option below to get additional information about the application type." The main question is "What is your health care business structure?". There are three radio button options: "Sole Proprietor", "Other entity", and "I'm enrolling as a Medicare Crossover-only provider". A red arrow points to the "Other entity" option. Below the question, it says "Once you have made your choice, select Continue". At the bottom, there are two buttons: "Previous" and "Continue". A red arrow points to the "Continue" button.

Start Application **Business Structure** NPI Provider Type Language Last step

Welcome! Let's create your application. I'll be here to help guide you throughout the process. To start, you can hover over each option below to get additional information about the application type.

What is your health care business structure?

Sole Proprietor

Other entity

I'm enrolling as a Medicare Crossover-only provider

Once you have made your choice, select **Continue**

[← Previous](#) [Continue →](#)

QUESTIONNAIRE – BUSINESS STRUCTURE **EXISTING**

For governmental agency, county jail, youth correctional facility, or state prison (CDCR) select “healthcare business” and then “other entity” and then “continue.”

The screenshot shows a progress bar at the top with five steps: 'Start Application', 'Business Structure', 'NPI', 'Provider Type', 'Language', and 'Last step'. The 'Business Structure' step is highlighted with an orange circle and underline. Below the progress bar is a welcome message from a female avatar: 'Welcome! Let's create your application. I'll be here to help guide you throughout the process. To start, you can hover over each option below to get additional information about the application type.' The main question is 'What is your health care business structure?'. There are five radio button options: 'I'm an individual licensed/certified health care practitioner', 'I'm a group of licensed/certified health care practitioners', 'I'm a health care business', 'Sole proprietor', and 'Other entity'. The 'I'm a health care business' and 'Other entity' options are highlighted with grey backgrounds. Two red arrows point to these two options. Below the options is the instruction 'Once you have made your choice, select Continue'. At the bottom left is a 'Previous' button with a left arrow, and at the bottom right is a 'Continue' button with a right arrow. A red arrow points to the 'Continue' button.

Start Application **Business Structure** NPI Provider Type Language Last step

Welcome! Let's create your application. I'll be here to help guide you throughout the process. To start, you can hover over each option below to get additional information about the application type.

What is your health care business structure?

- I'm an individual licensed/certified health care practitioner
- I'm a group of licensed/certified health care practitioners
- I'm a health care business
- Sole proprietor
- Other entity
- I'm a Medicare Crossover-only provider

Once you have made your choice, select **Continue**

← Previous **Continue** →

QUESTIONNAIRE – NPI

Enter the Type 2 NPI that will be used for billing and click “verify.”
Validate the information displayed is correct and then continue.



Okay, now that I know you want to create a new application, what is the NPI for this new application? Remember, if you selected sole proprietor you must enter a Type 1 NPI. Any other business entity type requires a Type 2 NPI.

I don't have an NPI, and I'd like to continue with the application process.

National Provider Identifier (NPI)

1234567890

Verify →

National Provider Identifier (NPI)

1234567890

Type

2-Organization

Business name

ABC Clinic

Taxonomy code(s)

122300000X

NPES address (registered)

1350 Main St, Los Angeles CA 90001

Is this the correct information?

Yes No

Once you have made your choice, select **Continue**

← Previous

Continue →

QUESTIONNAIRE – PROVIDER TYPE

For enrolling a Pharmacy, select “Pharmacy” from the drop-down list.

The screenshot displays a multi-step questionnaire interface. At the top, a progress bar indicates the current step is 'Provider Type', which is highlighted with an orange circle and underline. The other steps are 'Start Application', 'Business Structure', 'NPI', 'Language', and 'Last step', each marked with a grey circle. Below the progress bar, a light blue callout box with a female avatar icon contains the instruction: 'Now, select your provider type from the drop-down below, then select Continue to move on.' Below this, a dropdown menu is shown with 'Pharmacy' selected. A red arrow points to the dropdown menu. Below the dropdown, a blue information icon is followed by the text: 'If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure, click [here](#)'. Below this text, it says 'Once you have made your choice, select Continue'. At the bottom left is a blue button with a left arrow and the text 'Previous'. At the bottom right is a blue button with a right arrow and the text 'Continue', which is highlighted with a red arrow.

QUESTIONNAIRE – PROVIDER TYPE

For enrolling an Exempt from Licensure Clinic, select “Exempt from Licensure Clinic” from the drop-down list.

Do NOT select “exempt from licensure county clinic not associated with a hospital.”

The screenshot shows a progress bar at the top with seven steps: Start Application, Business Structure, NPI, **Provider Type** (highlighted in orange), Exempt from Licensure, Language, and Last step. Below the progress bar is a light blue instruction box with a female avatar icon: "Now, select your **provider type** from the drop-down below, then select **Continue** to move on." Below this is a drop-down menu with "Exempt from Licensure Clinic" selected. A red arrow points to the drop-down menu. Below the menu is a blue information icon and text: "If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure, click [here](#)". Below that is the text "Once you have made your choice, select **Continue**". At the bottom are two buttons: "← Previous" on the left and "Continue →" on the right. A red arrow points to the "Continue" button.

QUESTIONNAIRE – EXEMPT FROM LICENSURE

Select the first option, “a federal, state, county or city clinic” and click “continue.”

If enrolling an exempt from licensure clinic and this page does not display, click “Previous” as you selected the incorrect provider type (note: this will not display for pharmacy).

Start Application Business Structure NPI Provider Type **Exempt from Licensure** Language Last step

In this section, use the sliders to indicate which exemptions apply to your practice. You must select at least one to be able to apply as an Exempt from Licensure Clinic. If one of the exemption categories listed below (which correspond to the Health and Safety Code Section 1206) describes your clinic's ownership and operations, **but you wish to enroll as a provider group and not as an exempt from licensure clinic**, go back and select the group application package and complete it and attach a letter to your group application supporting and explaining your licensure exemption]

Turn the button to ON if the exemption applies to your practice. You need to select at least one of the following to be able to apply as an Exempt from Licensure Clinic

- A federal, state, county or city clinic Open Closed
- Any clinic conducted, maintained, or operated by a federally recognized Indian tribe or tribal organization, as defined in Section 450 or 1601 of Title 25 of the United States Code, that is located on land recognized as tribal land by the federal government. Closed
- Clinics conducted, operated, or maintained as outpatient departments of hospitals. Closed
- A clinic operated by, or affiliated with, any institution of learning that teaches a recognized healing art. Closed
- Student health centers operated by public institutions of higher education. Closed
- A clinic operated by a nonprofit corporation that conducts medical research and health education. Closed
- A clinic limited to in vivo diagnostic services by magnetic resonance imaging functions. Closed
- A clinic operated by an employer or jointly by two or more employers for their employees. Closed
- A clinic operated by a nonprofit corporation as an entity organized and operated exclusively for scientific and charitable purposes. Closed

Once you have made your choice, select **Continue**

← Previous **Continue** →

QUESTIONNAIRE – LANGUAGE

Select the applicable languages and click “continue”

The screenshot shows a progress bar at the top with seven steps: Start Application, Business Structure, NPI, Provider Type, Exempt from Licensure, Language (highlighted in red), and Last step. Below the progress bar is a circular icon of a person and a light blue box containing the question: "Do you offer services in other languages besides English?". Below this, the text reads "Once you have made your choice, select Continue" and "Select Language(s)". A list of languages with checkboxes is provided, including "All displayed Languages", "Spanish", "Portuguese", "Italian", "French", "Japanese", "Cantonese", "Mandarin", "Other Chinese", "Korean", "German", "Arabic", "Armenian", "Cambodian", "Farsi", "Hmong", "Vietnamese", "Russian", "Tagalog", "Hindi", "Taiwanese", "Mongolian", "Laotian", "Punjabi", "Thai", and "Other". At the bottom left is a "Previous" button with a left arrow, and at the bottom right is a "Continue" button with a right arrow, which is highlighted with a large red arrow pointing to it.

Start Application Business Structure NPI Provider Type Exempt from Licensure **Language** Last step

 Do you offer services in other languages besides English?

Once you have made your choice, select Continue

Select Language(s)

- All displayed Languages
- Spanish
- Portuguese
- Italian
- French
- Japanese
- Cantonese
- Mandarin
- Other Chinese
- Korean
- German
- Arabic
- Armenian
- Cambodian
- Farsi
- Hmong
- Vietnamese
- Russian
- Tagalog
- Hindi
- Taiwanese
- Mongolian
- Laotian
- Punjabi
- Thai
- Other

[← Previous](#) [Continue →](#)

QUESTIONNAIRE – LAST STEP

Review all information to ensure it is accurate as it cannot be changed after the application is generated. Click “continue” once confirmed.

Start Application Business Structure NPI Provider Type Exempt from Licensure Language **Last step**

 Before you can continue, please review the summary below. It contains all your previous selections to create this application. You can select the Previous button to go to the previous sections and make any changes you need.

Please review the summary of information that you've entered so far. If everything looks correct, select *continue* to proceed forward creating this application or select *previous* to make any necessary changes.

Start Application
I'm **new to Medi-Cal or Medi-Cal Dental**, and I want to create a new application
I'm a healthcare business

Business Structure
Other entity

NPI of the application
1912342544 [View Details](#)

Provider Type
Exempt from Licensure Clinic

Language

[← Previous](#)  [Continue →](#)

MEDI-CAL PROGRAM REQUIREMENTS

SPECIFIC FOR THE COUNTY JAIL, YOUTH CORRECTIONAL
FACILITY, OR STATE PRISON (CDCR) PHARMACY OR CLINIC

PROGRAM REQUIREMENTS

- » The Medi-Cal Program requirements are woven into the application process. The next few slides show:
 - List of Required Documents to Attach
 - Medi-Cal Established Place of Business Requirements
 - Medi-Cal Disclosure Requirements
 - Who is Authorized to Sign the Medi-Cal application

SOME REQUIRED DOCUMENTS

- » State-Issued Identification of person who signs the application
- » Verification of TIN/EIN with one of these accepted documents:
IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4
(Confirmation Notification)
- » **Business License** (For county jails, youth correctional facilities, or state prisons (CDCR), mark N/A)
- » If the pharmacy or exempt from licensure clinic space is leased, then a copy of the lease agreement is required.

ADDITIONAL REQUIRED DOCUMENTS

- » Copy of the county jail, youth correctional facility, or state prison (CDCR)'s Workers' Compensation Insurance Certificate
- » Copy of county jail, youth correctional facility, or state prison (CDCR)'s Comprehensive (General) Liability Insurance Certificate
- » Seller's Permit – Mark N/A
- » Pharmacy Permit issued by the California Board of Pharmacy
- » Name, Driver License or State Issued ID, Professional License, and SSN for Pharmacist-In-Charge (PIC)

MEDI-CAL DISCLOSURE REQUIREMENTS

- » For governmental agencies, such as county jail, youth correctional facility, or state prison (CDCR), the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees.
- » Managing Employees are individuals who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations of the county jail, youth correctional facility, or state prison (CDCR) pharmacy or clinic.

MEDI-CAL DISCLOSURE REQUIREMENTS

- » Managing employees must report their name, their residence address, SSN, Driver's License #, Date of Birth and job title.
- » They must also answer all questions listed on the Ownership/Control Interest page of the Disclosure Form.
- » All disclosure information, including managing employees, are for the entity and not for each location. This means that for every application that has the same Tax ID, the disclosure information, including managing employees, must be the same.

WHO CAN SIGN THE APPLICATIONS

- » CCR, Title 22, Section 51000.30(a)(2)(B) states...
 - Applications shall... “Be signed under penalty of perjury by an individual who is the sole proprietor, partner, corporate officer, or **by an official representative of a governmental entity (*who is disclosed as such in the application*)** or official representative of a non-profit organization, **who has the authority to legally bind** the applicant seeking enrollment, or the provider seeking continued enrollment, or the provider seeking enrollment at a new, additional, or change in location, as a Medi-Cal provider.”

APPLICATION SIGNATURE

- » One of the managing employees disclosed in the application who has the authority to legally bind the county jail, youth correctional facility, or state prison (CDCR) pharmacy or clinic, may sign the Medi-Cal applications.
- » Signatures cannot be delegated
- » Signer attaches a copy of their Driver's License or State-Issued ID

APPENDIX



NPI RESOURCES

Please visit the below CMS & HHS resources for information on obtaining an NPI:

- » [National Provider Identifier Standard \(NPI\) \(CMS.gov\)](https://www.cms.gov/npi)
- » [NPPES \(hhs.gov\)](https://www.hhs.gov/nppes)
- » [NPPES FAQs — NPPES Documentation \(hhs.gov\)](https://www.hhs.gov/nppes/faq)
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