

# Fee-For-Service Enrollment for Licensed Midwife Group Applications

Provider Enrollment Division

# Topics Covered

1. Getting Set Up in the PAVE System
  - National Provider Identifier (NPI)
  - PAVE User
  - PAVE Profile
2. PAVE Questionnaire to Start a Licensed Midwife Group Application
3. Medi-Cal Enrollment Requirements
4. Licensed Midwife Group Application Sections
5. DHCS Application Review
6. Additional Resources

# National Provider Identifier (NPI)

Before getting started in PAVE you must obtain an NPI. The type of NPI depends on your business structure:

- » **Type-1 NPIs** are for individuals and sole proprietors. A sole proprietorship is a business owned and operated by one person and the business and the person are one and the same for income tax reporting.
- » **Type-2 NPIs** are for business entities such as a corporations, LLCs, and partnerships, even if you are the only owner of the entity.

If you do not have an NPI, you can obtain one online by visiting the [NPPES website](#).

# List of Documents Required Before Starting An Application

- » Midwives (licensed by the Medical Board of California) are required to submit their individual and/or group applications via PAVE under the [Licensed Midwife Application Information](#) page.
- » If you are submitting a group application, please ensure you also submit at least two rendering applications in PAVE in order to form your group.
- » Prior to applying to Medi-Cal, first check the [Medical Board of California](#) to ensure you meet all the licensing requirements.
- » Next, gather the required documents, as applicable, in order to upload them into the [PAVE portal](#).

# Other Required Documents

- » Articles of Incorporation (only for corporations)
- » State-Issued Identification
- » Verification of TIN/EIN with one of the accepted documents: IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4 (confirmation notification)
- » Business License/Tax Certificate (if required by local government)
- » Fictitious Business Name statement (if using a fictitious name)
- » Workers' Compensation Insurance (if required by law)

# Exempted Requirements

- » Certain established place of business requirements (*CCR, Title 22, Section 51000.60(c)(9)*):
  - » Regular and permanently posted business hours
  - » Is identifiable as a medical/healthcare provider or business, by permanently attached signage that identifies the name of the provider or business as shown on the application.
  - » Obtains and maintains Liability insurance coverage, that covers premises and operation, in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer pursuant to Section 700 of the Insurance Code.
- » Comprehensive (general) liability insurance requirement (*CCR, Title 22, Section 51000.30(f)(2)*)

# Getting Set Up in PAVE for First Time Users

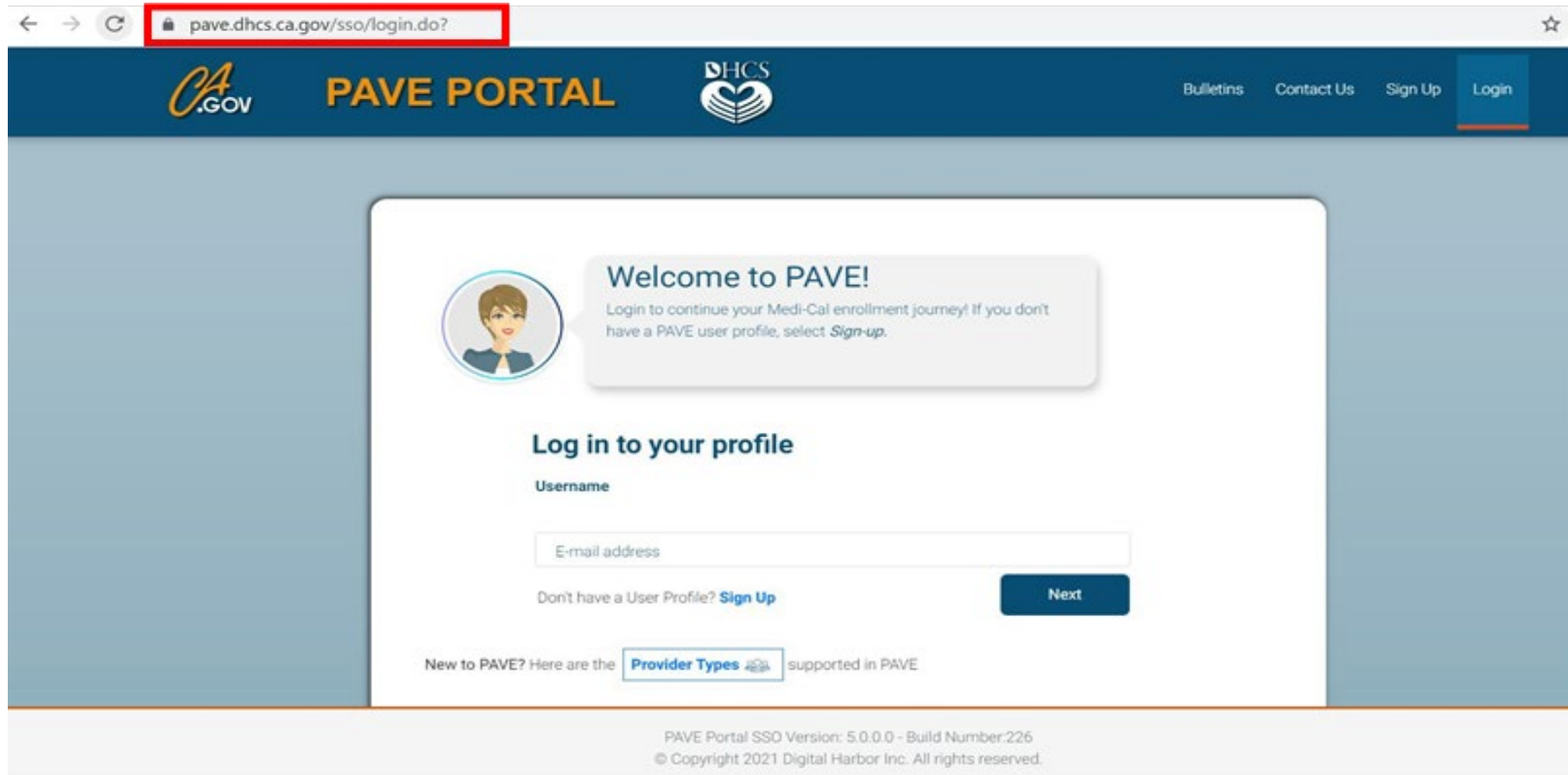
» The following slides are a guide for getting set up in PAVE. For additional resources and training, please visit our [PAVE 101 training slides](#).

## PAVE 101 Training Slides

- [What is PAVE and Understanding PAVE Terms](#)
- [Understanding PAVE User and PAVE Profiles, Application and Account Queues and User Roles](#)
- [How to Start a New PAVE Application if You Are New to Medi-Cal Fee-for-Service](#)
- [How to Access Your Enrollment Account in PAVE and Create PAVE Applications if you are actively enrolled in Medi-Cal Fee-for-Service](#)
- [How to Start a New Rendering Application in PAVE without a Group Application](#)
- [How to Start a PAVE Rendering Application within a Group Application](#)
- [Signing an Application in PAVE](#)
- [How to Correct an Application that has been Returned to Provider](#)

# Access PAVE

» Access PAVE by going to <https://pave.dhcs.ca.gov/sso/login.do?>.



The screenshot shows a web browser window with the address bar displaying [pave.dhcs.ca.gov/sso/login.do?](https://pave.dhcs.ca.gov/sso/login.do?). The page features a dark blue header with 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 has a light blue background and contains a white login box. Inside the box, there is a circular profile picture placeholder, a "Welcome to PAVE!" message, and instructions to login or sign up. Below this is a "Log in to your profile" section with a "Username" label and a text input field. A "Next" button is positioned to the right of the input field. At the bottom of the login box, there is a link for "Sign Up" and a "Provider Types" link. The footer of the page includes the text "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226" and "© Copyright 2021 Digital Harbor Inc. All rights reserved."

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**

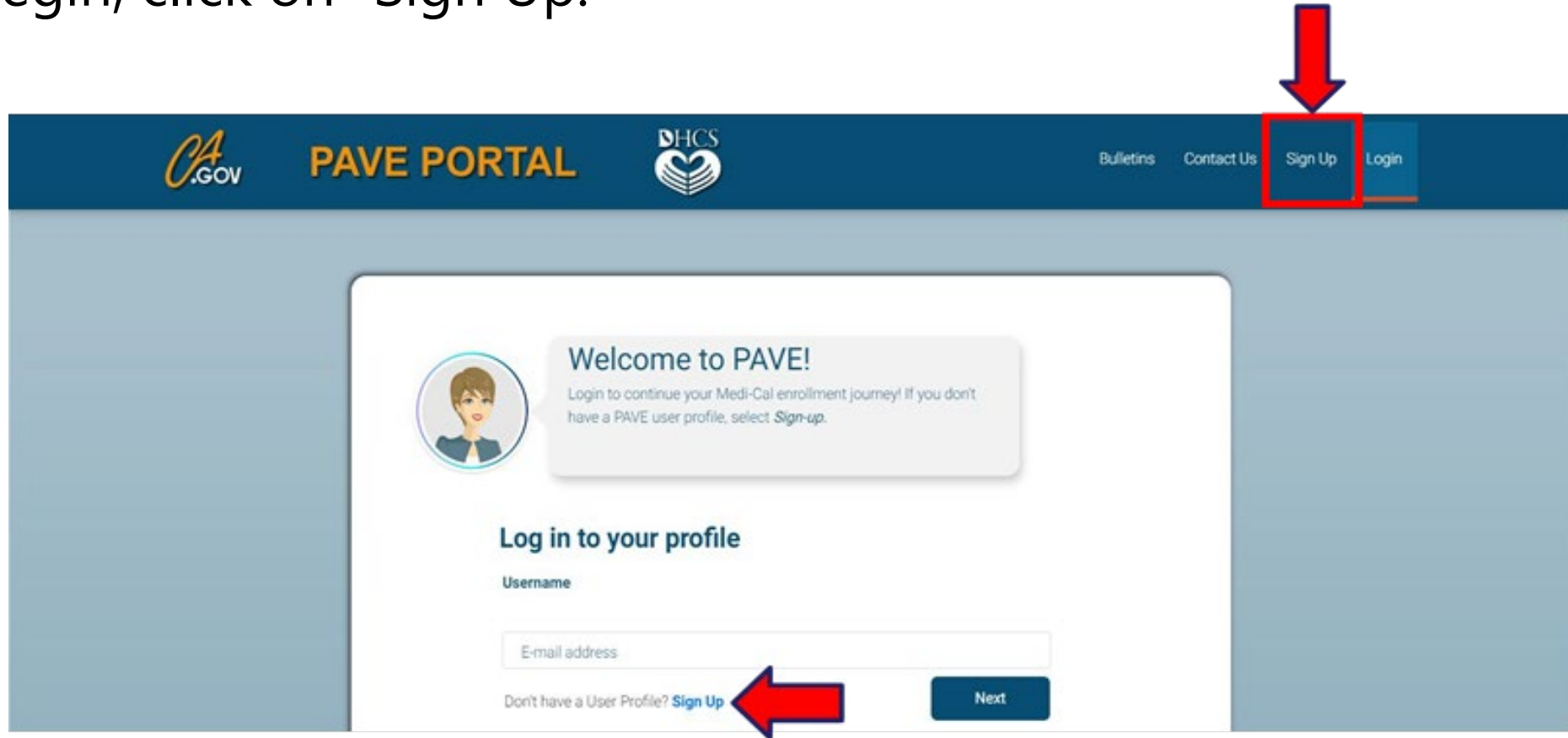
New to PAVE? Here are the [Provider Types](#) supported in PAVE

PAVE Portal SSO Version: 5.0.0.0 - Build Number:226  
© Copyright 2021 Digital Harbor Inc. All rights reserved.



# PAVE User Sign Up Process

» To begin, click on "Sign Up."



The screenshot shows the PAVE Portal homepage. The top navigation bar is dark blue and contains the following links: [CA.GOV](#), [PAVE PORTAL](#), [DHCS](#), [Bulletins](#), [Contact Us](#), [Sign Up](#), and [Login](#). The [Sign Up](#) link is highlighted with a red box and a red arrow pointing down to it. The main content area is white and features a welcome message: "Welcome to PAVE!" followed by the text "Login to continue your Medi-Cal enrollment journey! If you don't have a PAVE user profile, select [Sign-up](#)." Below this is a section titled "Log in to your profile" with input fields for "Username" and "E-mail address". At the bottom of this section, there is a link [Sign Up](#) and a "Next" button. A red arrow points to the [Sign Up](#) link in the footer.

# PAVE User Sign Up Process

» Complete the required information and click, "Next."

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

- First name:** Sandy
- Last name:** Lee
- Username:** sandy.1.lee@protonmail.com
- Password:** (masked with asterisks)
- Confirm:** (masked with asterisks)
- Phone number:** (555) 555-5555
- Recovery email address:** sandy.1.lee@protonmail.com

A message bubble with a person icon states: "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. Example: include area code, (999) 888-7777".

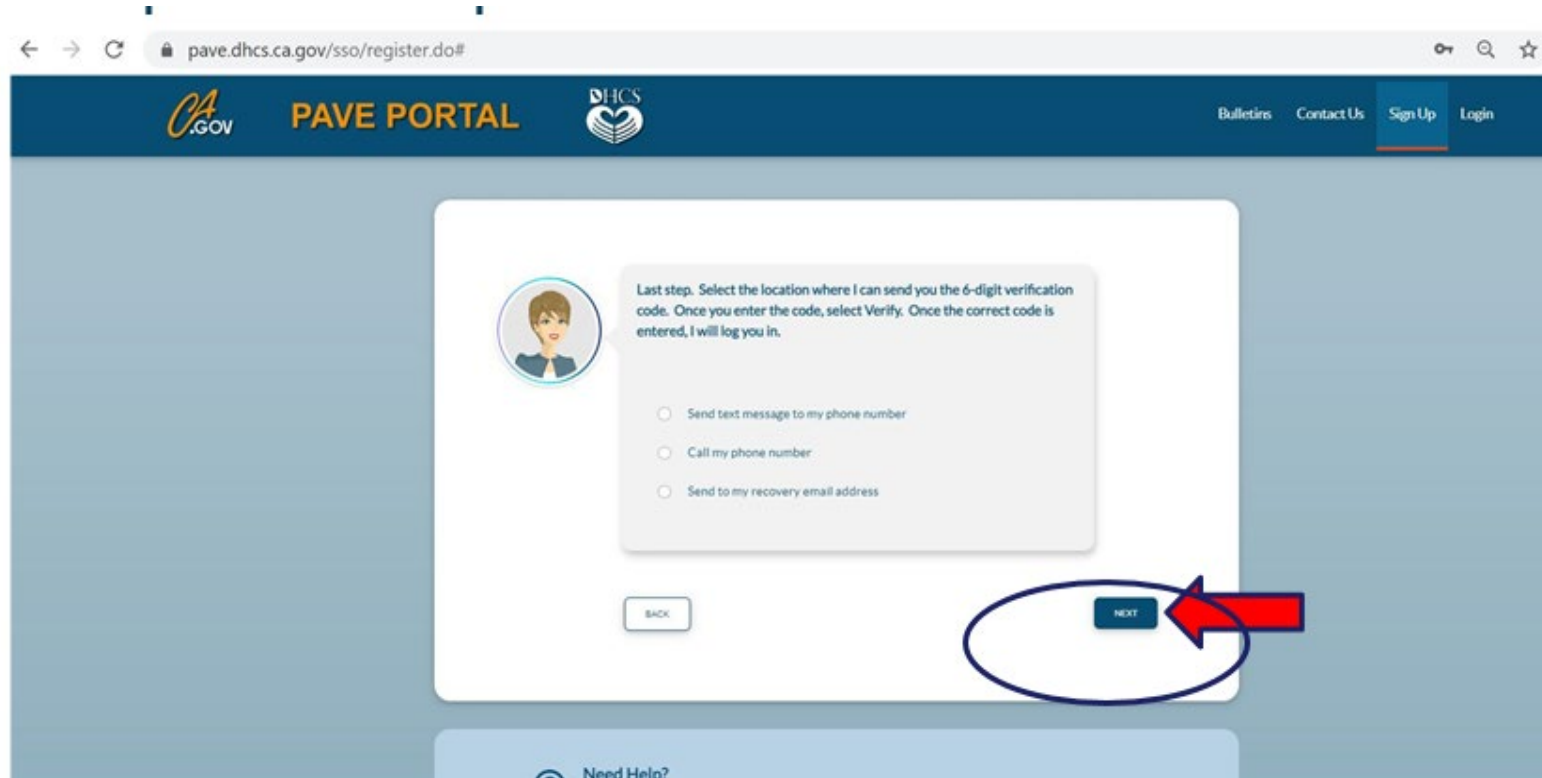
Below the phone number field is a green checkmark icon and the text "I'm not a robot", followed by a reCAPTCHA logo and "Privacy - Terms" link.

At the bottom, it says "By selecting Next, you agree to the [Terms & Conditions](#) for PAVE Portal." A large red arrow points to a blue button labeled "NEXT".

Footer text: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

# PAVE User Sign Up Process

- » You will be prompted to select how you wish to receive the six-digit verification code. After selecting the preferred option, 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](#) (highlighted), and [Login](#). The main content area features a white card with a user profile icon on the left. The text on the card reads: "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 are two buttons: "BACK" and "NEXT". The "NEXT" button is circled in blue, and a red arrow points to it from the right. At the bottom of the page, there is a "Need Help?" link.

# PAVE User Sign Up Process

- » Each of the three options provides a verification code that is **valid for only 15 minutes**.

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

Your six digit verification code for PAVE is: 963803



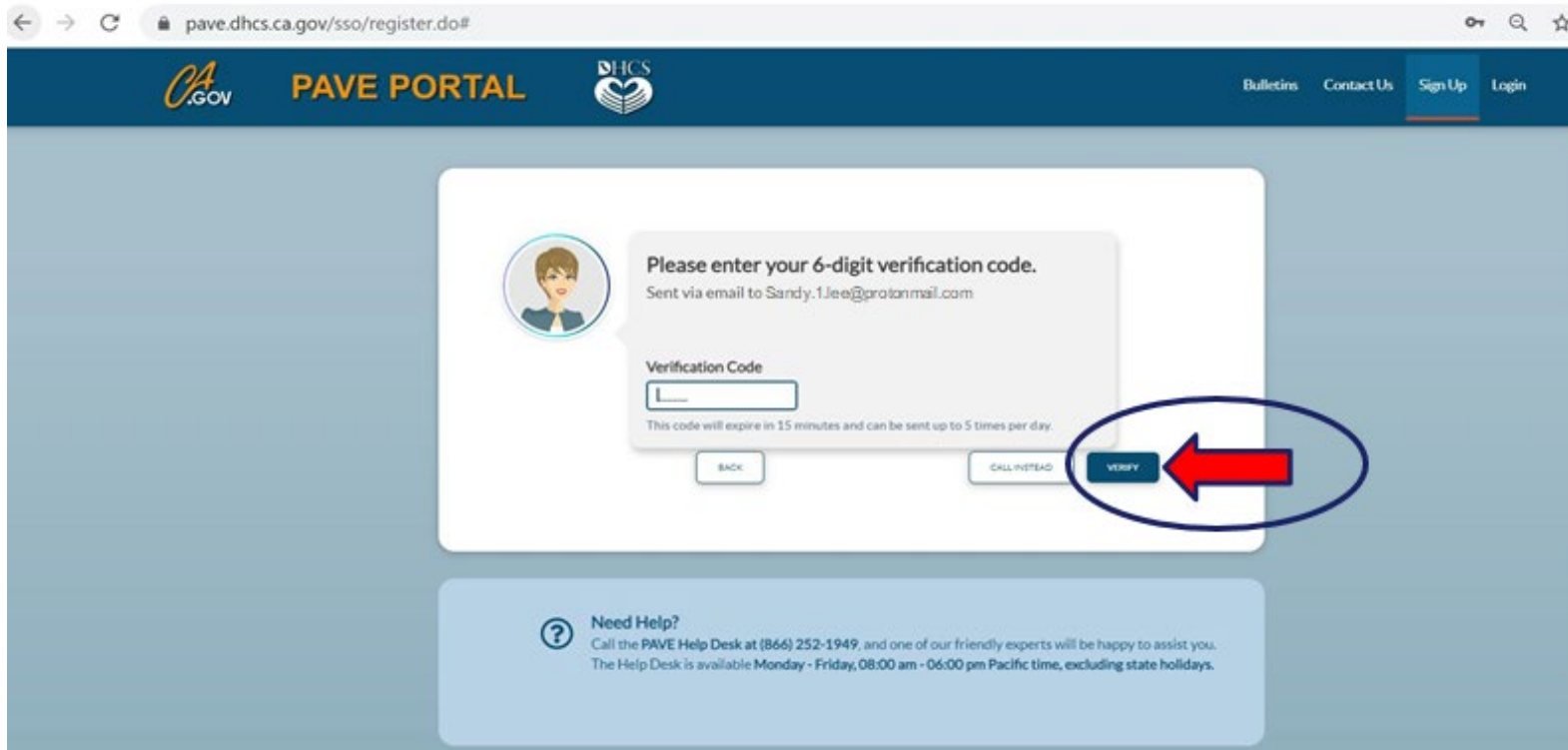
This verification code will expire in 15 minutes.

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.

# PAVE User Sign Up Process

» Enter the six-digit verification code and click, "Verify."



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, **PAVE PORTAL**, and the **DHCS** logo. Navigation links for **Bulletins**, **Contact Us**, **Sign Up** (highlighted), and **Login** are present. The main content area features a user profile icon and a message: "Please enter your 6-digit verification code. Sent via email to Sandy.1Jee@protonmail.com". Below this is a "Verification Code" input field. A note states: "This code will expire in 15 minutes and can be sent up to 5 times per day." At the bottom of the form are three buttons: **BACK**, **CALL INSTEAD**, and **VERIFY**. The **VERIFY** button is circled in blue with a red arrow pointing to it. A footer section titled "Need Help?" provides contact information for the PAVE Help Desk.

**CA.GOV** **PAVE PORTAL** **DHCS** [Bulletins](#) [Contact Us](#) [Sign Up](#) [Login](#)

Please enter your 6-digit verification code.  
Sent via email to Sandy.1Jee@protonmail.com

Verification Code

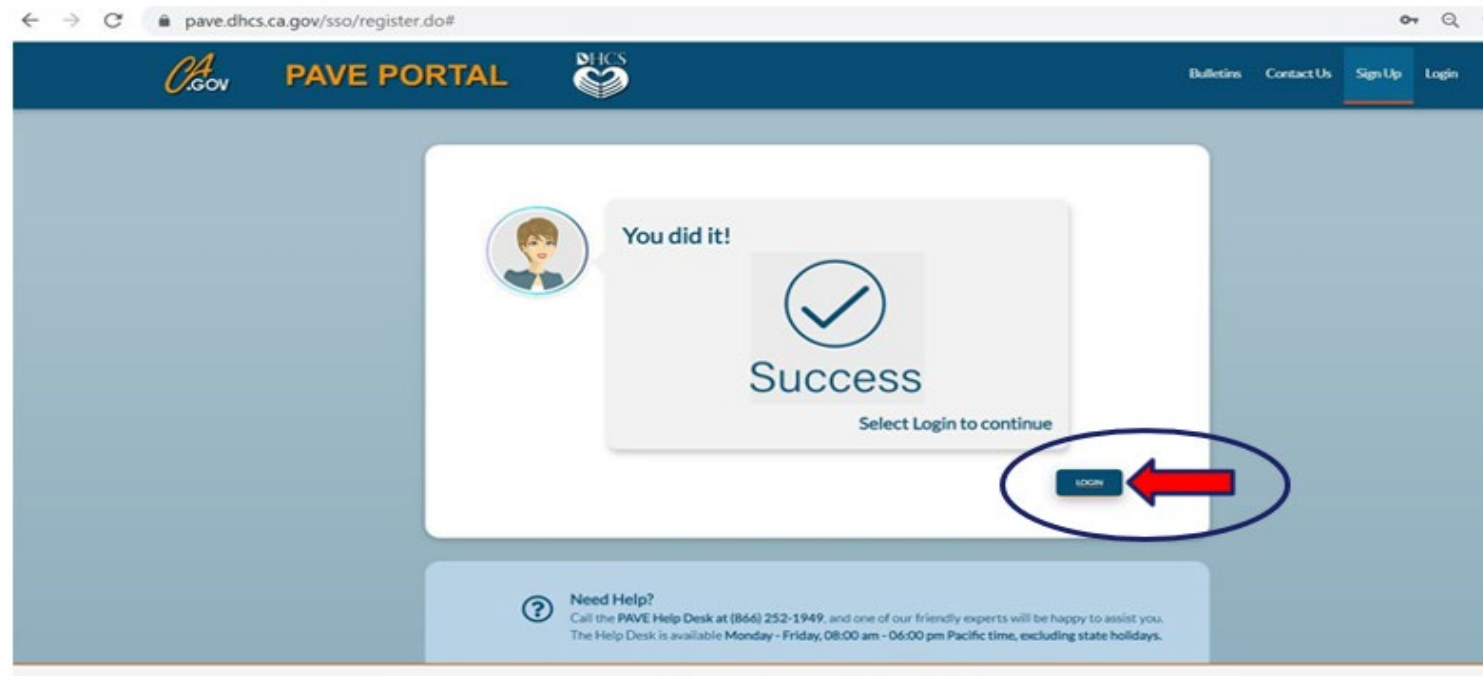
This code will expire in 15 minutes and can be sent up to 5 times per day.

[BACK](#) [CALL INSTEAD](#) [VERIFY](#)

**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.

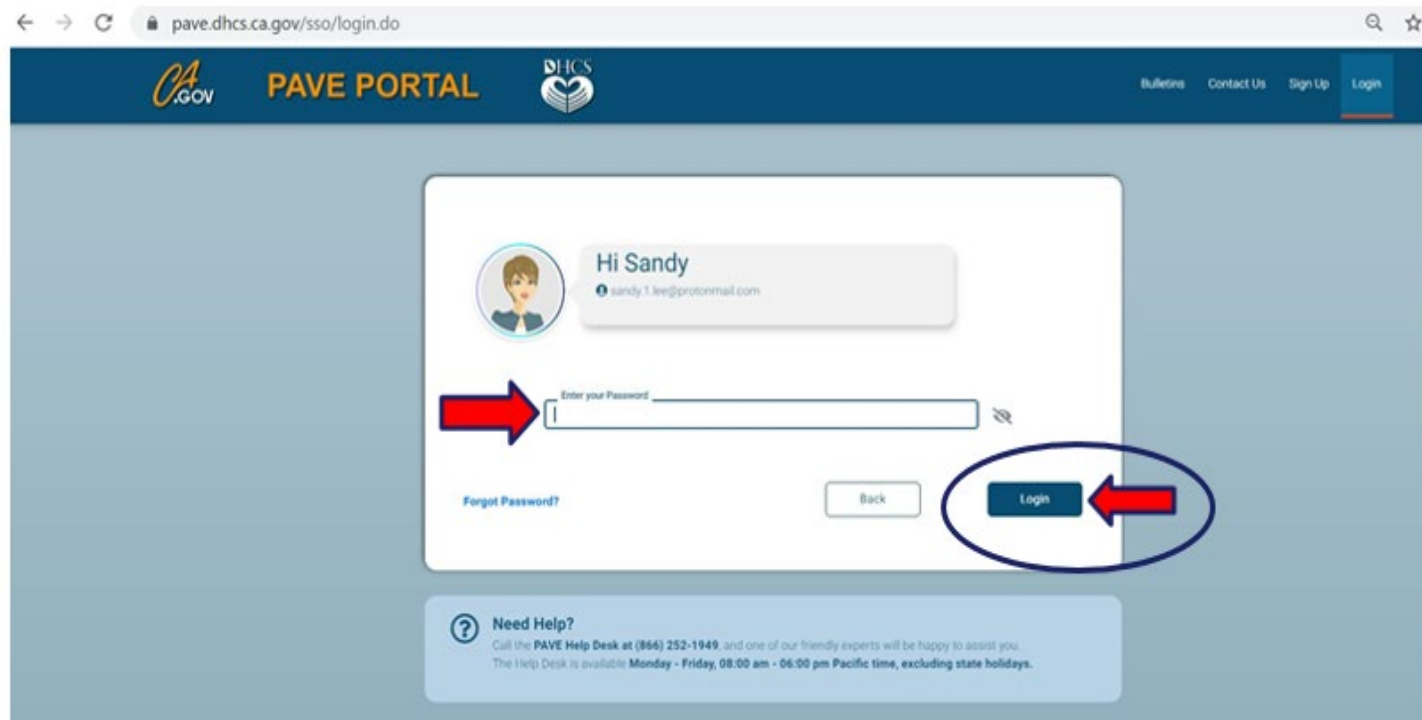
# PAVE User Sign Up Process

» Once PAVE confirms successful verification, click "Log In."



# PAVE User Sign Up Process

» Now enter your email and password, then click “Log In.”



The screenshot shows the PAVE Portal login page at [pave.dhcs.ca.gov/sso/login.do](https://pave.dhcs.ca.gov/sso/login.do). The page features a dark blue header with the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and navigation links for "Bulletin", "Contact Us", "Sign Up", and "Login". The main content area is light blue and contains a white login card. Inside the card, there is a user profile section with a circular avatar of a woman and the text "Hi Sandy" and "sandy.1.lee@protonmail.com". Below this is a password input field labeled "Enter your Password" with a red arrow pointing to it. To the left of the password field is a link for "Forgot Password?". To the right of the password field are "Back" and "Login" buttons. The "Login" button is circled in blue with a red arrow pointing to it. At the bottom of the page, there is a "Need Help?" section with a question mark icon and text: "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."

# PAVE Sign Up

- » Now that you are set up as a PAVE user, you will need to create your PAVE profile which is a workspace where groups or individual providers create applications and manage accounts.

**A Streamlined Provider  
Application Process**



**PAVE**



# PAVE Profile Set Up

- » Make sure that you are logged in with your user email and password.
- » Enter your NPI and click, "Verify."
- » Once the NPI is verified, you will enter the PAVE Profile name that represents your organization and click, "Create my PAVE Profile."

### Log in to your profile

Username

E-mail address

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

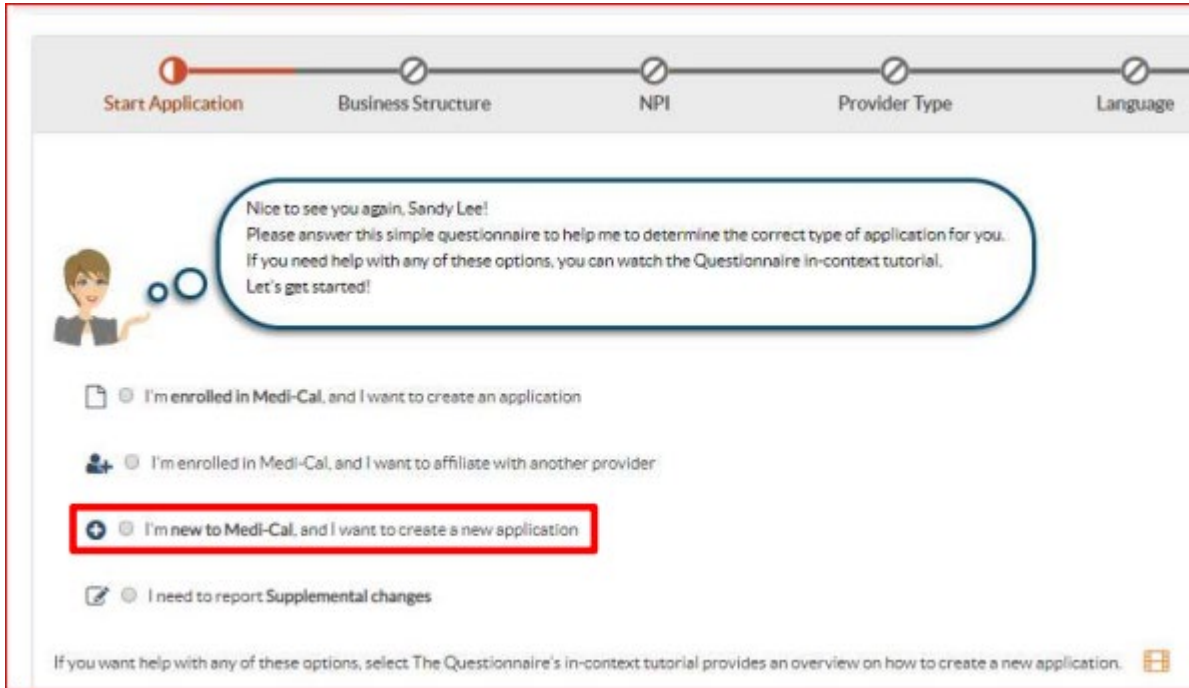
Next

# PAVE Profile

» Click the PAVE section you wish to access.



# Starting a Licensed Midwife Group Application



The screenshot shows the 'Start Application' step of a five-step process. A welcome message from a character named Sandy Lee asks the user to answer a questionnaire to determine the correct application type. Four options are listed, with the third option, 'I'm new to Medi-Cal, and I want to create a new application', highlighted with a red box. A footer note mentions an in-context tutorial for help.

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

Nice to see you again, Sandy Lee!  
Please answer this simple questionnaire to help me to determine the correct type of application for you.  
If you need help with any of these options, you can watch the Questionnaire in-context tutorial.  
Let's get started!

- ☐ I'm enrolled in Medi-Cal, and I want to create an application
- ☐ I'm enrolled in Medi-Cal, and I want to affiliate with another provider
- ☒ I'm new to Medi-Cal, 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 Questionnaire's in-context tutorial provides an overview on how to create a new application.


- » In your PAVE profile, click on My 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 Licensed Midwife Group application.

# Starting a New Application

» Start the application questionnaire by selecting, “New Application.”

My MessagesApplicationsAccountsMy Tools ▾HelpWhat's New!

My Applications



Listed below are the provider applications you are currently working on. Once enrolled, you can modify your **Medi-Cal accounts** at any time.

Owners/Personal information

New Application

Total Apps 0

In ProgressReturn to ProviderResubmittedApprovedDenied

> Applications Dashboard

- Filter by -

- Please select a filter -


Search

Provider Name	Provider Type	NPI	Application	Status	Complete	Last Update	Owner	App ID
No applications are listed								

If you need technical support, call the PAVE Help Desk at (866) 252-1949, for assistance, Monday - Friday, 8:00am - 6:00pm PST, excluding state holidays.

# Application 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!

**COVID-19 Special Announcement**

☐ 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

» Select your application type as a group.

# Group Billing Provider



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.

## COVID-19 Special Announcement

### Group billing provider

- ☐ Physicians Group Practice
- ☐ Self Employed Sole Proprietor
- ☒ Group Practice
- ☐ Dental Group Practice

### Other type

- ☐ Medicare Crossover-Only Group practice

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

← Previous

Continue →



» Be sure to go to the bottom of this section and mark "Group Practice."

# National Provider Identifier (NPI)

» Here you will add your NPI and then click, "Verify."



Start Application   Business Structure   NPI   Provider Type   Language   Last step

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.

National Provider Identifier (NPI)

1234567890

Verify →

# NPI/Taxonomy

The screenshot shows a web application for NPI/Taxonomy registration. At the top, a progress bar has three steps: 'Start Application', 'Business Structure', and 'NPI'. The 'NPI' step is currently active, indicated by a red circle. Below the progress bar, a speech bubble from a cartoon character says: 'Okay, now that I know you want to create a new application, what is the NPI you selected sole proprietor you must enter a Type 1 NPI. Any other business...'. The form fields are as follows:

National Provider Identifier (NPI)	1234567890
Type	2-Organization
Business name	[Redacted]
Taxonomy code(s)	XXXXXXXXXXXX
NPPES address (registered)	123 Main Street, Sacramento 95815
Is this the correct information?	
<input type="radio"/> Yes <input type="radio"/> No	
Required value	

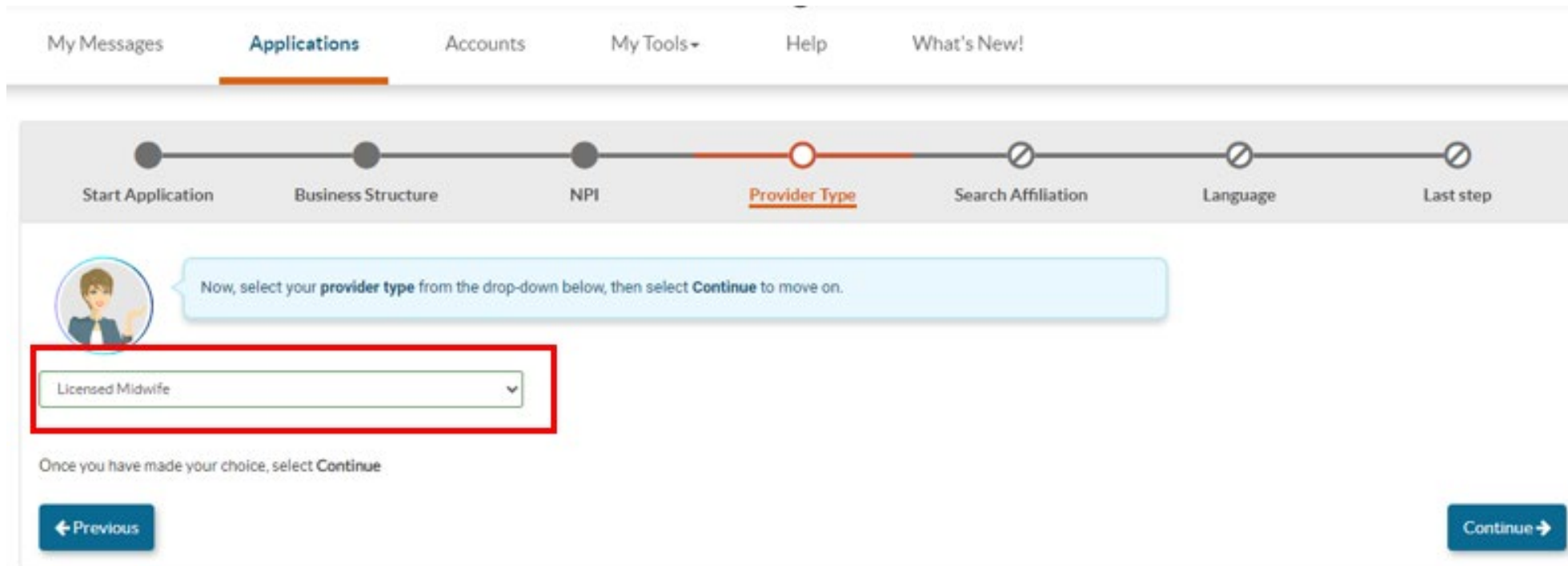
Below the form, it says: 'Once you have made your choice, select Continue'. At the bottom left, there is a blue button labeled '← Previous'.

- » Check to ensure this information matches your business structure and taxonomy.
- » To find your taxonomy code, please visit the [NPPES NPI Registry](#).



# Provider Type

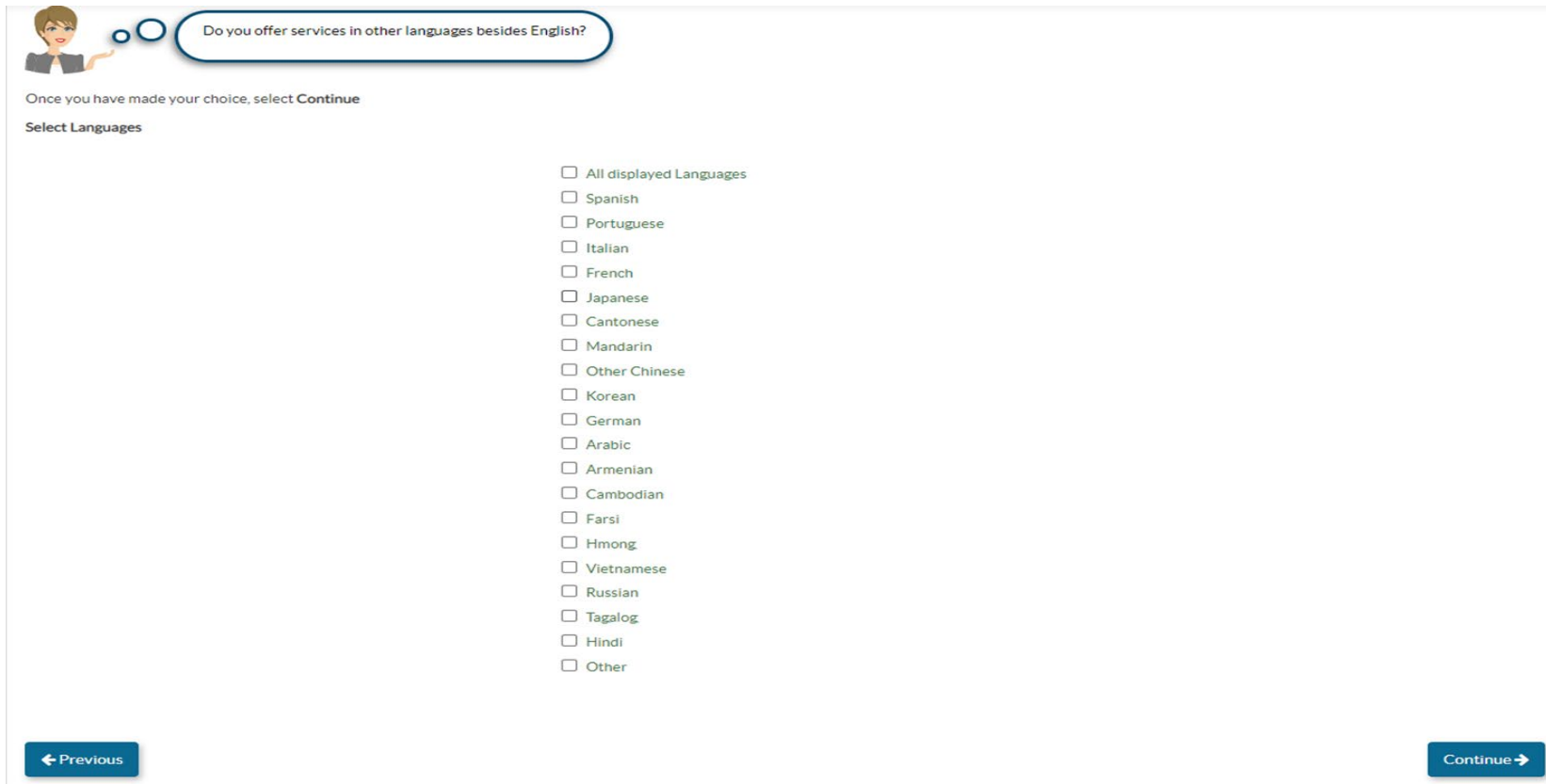
» Select your provider type as “Licensed Midwife.”



The screenshot shows a web application interface for selecting a provider type. At the top, there is a navigation bar with links: My Messages, Applications (highlighted with an orange underline), Accounts, My Tools (with a dropdown arrow), Help, and What's New!. Below the navigation bar is a progress bar with seven steps: Start Application, Business Structure, NPI, Provider Type (highlighted with an orange circle and underline), Search Affiliation, Language, and Last step. The main content area features a light blue instruction box with a female user icon and the text: "Now, select your **provider type** from the drop-down below, then select **Continue** to move on." Below this is a drop-down menu with "Licensed Midwife" selected, which is highlighted by a red rectangular box. At the bottom, there are two buttons: "← Previous" on the left and "Continue →" on the right. A small text note above the buttons says: "Once you have made your choice, select **Continue**".

# Languages

» Select your preferred language.



The screenshot shows a web interface for language selection. At the top left is a cartoon character of a woman with brown hair, wearing a grey blazer, pointing towards a speech bubble. The speech bubble contains the text "Do you offer services in other languages besides English?". Below this, the text "Once you have made your choice, select **Continue**" is displayed. Underneath, the heading "Select Languages" is followed by a list of languages, each preceded by an unchecked checkbox. The languages listed are: All displayed Languages, Spanish, Portuguese, Italian, French, Japanese, Cantonese, Mandarin, Other Chinese, Korean, German, Arabic, Armenian, Cambodian, Farsi, Hmong, Vietnamese, Russian, Tagalog, Hindi, and Other. 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 the text "Continue" and a right arrow.

Do you offer services in other languages besides English?

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

Select Languages

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

[< Previous](#)

[Continue >](#)

# Verify Information


Start Application

Business Structure

NPI

Provider Type

Language



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*

Start Application

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

I'm a group of individual providers

Business Structure

Group billing provider

Group Practice

NPI of the application

1234566788 [View Details](#)

Provider Type

Licensed Midwife

Language

[← Previous](#)

» Verify you have selected the correct business structure prior to launching the application.

# Who May Apply and Sign Applications

- » DHCS will enroll Licensed Midwives who are sole proprietors or professional corporations.
- » Limited Liability Company (LLC), non-profit corporations, or general corporations with lay ownership are not eligible for enrollment as individuals or groups.
- » Rendering applications and individual billing (sole proprietor) applications must be signed by the provider themselves.
- » Professional corporation applications must be signed by a corporate officer.

# Signatures on Your Application

Signatures cannot be delegated. 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 or 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."

# Licensed Midwife Group Application

Provider Name: Licensed Midwife  
Application ID: 231271EH  
Creation Date: 12/06/2023  
Package Type: Group Billing

Complete Documents

New Message Submit Section

Application Owner: Rhonda Jassal

Content Expand All

- Getting Started
- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

Getting Started

Hello! You have chosen to apply as a **DHCS Medi-Cal Licensed Midwife**.  
If you are not a Physician/Surgeon and you have Rendering providers, please choose the Group Practice option.

Our useful tools ([social chat](#), [explanation](#), [share](#) and [messages](#)) help you collaborate with your co-workers so you can become a Medi-Cal provider quickly and easily.

Getting Started Healthcare Group ICT

Your simple Medi-Cal application is now ready and waiting for you to complete! As far as this filling out process goes, remember that if some data is missing, you can continue onto the next section and return to complete the missing information later. Let's get this ball rolling!

» When the application is created, your Application ID will be generated and displayed at the top of screen.

# Business Profile

Content Expand All

Getting Started

Business Information

Business Profile

Contact Person

Delegated Officials

Addresses

Place of Business

Insurance

Practice Information

Disclosure Information

Rendering Provider Affiliations

Claim Payment

Signature

Submit Application

Business Profile TIN/EIN & Business License Business Permits Summary

Please share some basic information about your business.

Legal name Licensed Midwife, Inc.

Business name ☒ Same as legal name 88

Entity type Licensed Midwife, Inc.

Entity type Corporation

Articles of Incorporation TEST.docx

Corporate number 123456

State incorporated California, CA

Business phone number (276) 213-4567

Telephone number extension

Does your business use a registered Fictitious Business Name/Permit? ☐ Yes ☒ No 88

Previous Continue

» In this section, you will be required to provide the following information:

- Business/Legal Name
- Entity Type
- Fictitious Business Name Permit (if required)
- Tax Identification Number
- Business License/Permits

# Business License Requirements

- » Business licenses are sometimes called business registration certificates or business tax registration certificates.
- » Issued by cities and counties.
- » Most cities require licenses from all businesses, including:
  - Sole proprietor businesses.
  - Businesses with no employees.
  - Home-based businesses.
- » Please check with your city (or with your county if an unincorporated area) to confirm their requirements.
- » **Applications submitted without required business licenses will be returned.**



# Fictitious Business Name Statement (FBNS)

- » Also known as a “doing business as” or “DBA” name.
- » Only counties issue FBNS.
- » For an individual, a FBNS is required when the name of the business (dba) does not include the last name (surname) of the owner OR the dba implies additional owners. (Such as "Company" or "Associates").
- » For a corporation or limited partnership, a FBNS is required when the DBA does not match exactly what is registered with Secretary or State.
- » **Applications submitted without required FBNS will be returned.**

# Contact Person

The screenshot shows a web-based application form titled "Contact Person Information" with a "Summary" tab. On the left is a navigation menu with steps: Getting Started, Business Information (selected), Business Profile, Contact Person (highlighted with an orange arrow), Delegated Officials, Addresses, Practice Information, Disclosure Information, Rendering Provider Affiliations, Claim Payment, Signature, and Submit Application. The main form area has a header with a person icon and the question "Who should Medi-Cal contact if they have questions about your application?". Below this is a instruction: "Please include a contact person who will be available during regular business hours." The form contains six input fields: First name, Last name, Title/Position, Telephone number, Telephone number extension, and Email address. Each of the first five fields has a blue "Required value" label below it. The Email address field also has a "Required value" label. At the bottom are two buttons: "Previous" with a left arrow and "Continue" with a right arrow. On the right side of the form, there is a vertical stack of five circular icons: a blue circle with a white 'i', a blue circle with a white speech bubble, an orange circle with a white plus sign, a red circle with a white minus sign, and a blue circle with a white magnifying glass.

- » Please ensure the Contact Person information is accurate.
- » This is the name, email address and phone number that will be used to contact you during the application process if needed.

# Delegated Officials

Content Expand All

- Getting Started
- Business Information
  - Business Profile
  - Contact Person
  - Delegated Officials**
  - Addresses
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

Delegated Officials Summary

**Lucy Text:**

In this section, you may designate all of your Delegated Officials. A Delegated Official is an individual with Ownership or control interest, or a W-2 Employee (not contractor) who you wish to authorize to sign Affiliation Applications on behalf of your Group/Organization. Adding a Delegated Official is optional. However, if you do not add any Delegated Officials, only the authorized individuals may sign affiliation applications.

By selecting this checkbox you are confirming that no Delegated Officials are related to the TAX ID of this application. If you have previously declared Delegated Officials for this TAX ID, they will be deleted if you select this checkbox and this application is approved. ☐

Add

Legal Name	Reported by	Added Date	Last Update	Status	Actions
No Delegated Officials listed.					

☐ A DELEGATED OFFICIAL means an individual who is delegated the authority to sign on behalf of the applicant or provider by an authorized official for situations as specified in the provider bulletin titled Requirements and Procedures for Groups Designating Delegated Officials. The delegated official must be an individual with Ownership or control

- » Review Lucy text for information on delegated officials.
- » You can choose to report one or indicate on the application that you do not have any.

# Report Addresses

Content Expand All

Getting Started

Business Information

Business Profile

Contact Person

Delegated Officials

Addresses

Practice Information

Disclosure Information

Service Address Pay to Address Mailing Address Summary

This is simpler than it seems, isn't it? Let's see the summary of the **Addresses Sub-Form**. If you see something erroneous or incomplete, go ahead and edit it.

Continue →

Summary: Addresses

☒ Service Address Edit

- » In the address section, you must report your service address, pay-to address and mailing address.
- » The service address cannot be a PO Box, virtual office or mailbox, or any other address that is used for mail delivery only and will be reported to the Open Data Portal.

# NPI/Taxonomy

Content

Expand All

Getting Started

Business Information

Practice Information

Prof. Licenses, Certificates & Lab Services

NPI/Taxonomy

Disclosure Information

Rendering Provider Affiliations

Claim Payment

Signature

Submit Application

1

NPI/Taxonomy

Summary

Let's check the **NPI number** you provided when you created your application. Then enter your taxonomies. You need to identify your **primary taxonomy code**.

National Provider Identifier (NPI) 1234566788

Associated NPI Taxonomy Codes

Add

Description	Taxonomy Code	Type	Actions
Midwife	176B00000X	Primary	<div><div></div><div></div><div></div></div>

Previous

Continue

- » The Taxonomy Code associated with your NPI will generally pre-populate.
- » However, you can add or remove any Taxonomy Codes that are associated with your NPI.

# Disclosure Section

The screenshot shows a web application interface for the 'Medicaid/Medicare Participation' section. On the left is a vertical sidebar with a list of menu items: 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', 'Program Participation', 'Adverse Actions', 'Fines/Debts (Gov.)', 'Subcontractors', 'Ownership/Control Interest', and 'Significant Transactions'. The 'Program Participation' item is highlighted with a red rectangular box. The main content area is titled 'Medicaid/Medicare Participation' with a 'Summary' tab selected. It features a message bubble from a cartoon character stating: 'It's time to review the information you provided in the Program Participation sub-form. Once you are satisfied with the information, please click the Continue button.' Below this is a 'Continue' button. Further down, the section is titled 'Summary: Program Participation' and includes a checkbox for 'Medicaid/Medicare Participation' which is checked, with an 'Edit' button next to it. At the bottom, there is a text prompt: 'List the name and address of all health care providers, participating or not participating in Medi-Cal, in which also has ownership or control interest.' On the right side of the main content area, there are three orange circular icons: a back arrow, a share icon, and an up arrow.

» The Disclosure Section is where you will report all federally required information including past participation in Medicare and/or Medicaid, any past license discipline, and ownership control.

# Rendering Providers

**Create Affiliation Application**

Enter the provider's NPI you would like to affiliate with:

National Provider Identification (NPI)  [Verify](#)

[Add Rendering](#)

Application ID	App Status	Rendering Name	Provider Type	NPI	Status	Actions
No affiliations listed						

[Previous](#) [Continue](#)

- » You must have two rendering providers to meet the requirement to enroll as a Medi-Cal provider group.
- » You must click, "Add Rendering" and enter the NPI of each individual rendering provider.

# Rendering Providers

- » If the rendering provider is already enrolled in Medi-Cal, PAVE will generate a Rendering Affiliation Form to affiliate the enrolled individual with the group.
- » If the rendering provider is not enrolled in Medi-Cal, PAVE will generate a rendering provider application. This application must be completed **in addition** to the group application and can only be signed by the individual rendering provider.
- » For more information on the Rendering Application please review the Licensed Midwife Rendering Provider Application Training.



# New Rendering Application

- » A rendering provider is the individual whose services are billable through a group.
- » Rendering applications can be started in the applications tab by clicking on the “New Application” button.
- » Rendering applications can also be started while completing a group application or individual billing application.
- » In the **rendering section** of the group Application or individual billing application, you can start a new rendering application.
- » The Licensed Midwife Rendering Provider Application Training will demonstrate a rendering provider application started independent of a group or individual billing application.

# Claim Payment

The screenshot displays a web application for submitting a claim payment. On the left is a sidebar menu with the following items: 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Provider Affiliations', 'Claim Payment' (highlighted with a blue bar), 'Claim Payment' (with a document icon), 'Signature', and 'Submit Application'. The main content area features a progress bar at the top with three steps: 'Payment Information' (active), 'EFT Agreement', and 'Summary'. Below the progress bar, a callout box with a woman icon asks the user to select a preferred delivery method for claim payments, either physical check or Electronic Fund Transfer (EFT). A note states: 'Medi-Cal requires all claim payments to be made using one of the two options below'. There are two radio button options: 'Physical Check' (selected) and 'Electronic Fund Transfer (EFT Direct Deposit)'. At the bottom of the form are two buttons: 'Previous' and 'Continue'.

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Claim Payment
- Signature
- Submit Application

Payment Information EFT Agreement Summary

Please select your preferred delivery method for claim payments, either physical check or Electronic Fund Transfer (EFT).

Medi-Cal requires all claim payments to be made using one of the two options below

Physical Check ☒

Electronic Fund Transfer (EFT Direct Deposit) ☐

[Previous](#) [Continue](#)

- » Here you will indicate how you would like to receive payment for claims submitted.
- » If you choose EFT, you will be required to enter your banking information.

# Provider Agreement

The screenshot shows the 'Declarations' step of the Medi-Cal provider application process. On the left is a 'Content' sidebar with a list of steps: Getting Started, Business Information, Practice Information, Disclosure Information, Rendering Provider Affiliations, Claim Payment, Signature (highlighted), Electronic Signature, and Submit Application. The main area has a progress bar at the top with three steps: Declarations (active), E-Signature, and Summary. A callout box with a cartoon character says: 'You're almost ready to sign your application! Even though you're completing and submitting your application through RAVE Portal and not on paper, your signature is still required. Using the electronic signature feature, you can submit this application just like your handwritten signature. Please read the Medi-Cal Provider Agreement declarations below and then check the boxes to declare that you agree with this process.' Below this, a note states: 'Please note that in order to continue with the E-Signature process, you must read the Provider Agreement.' There are links for 'Medi-Cal Provider Agreement' and 'Required value'. An 'Important Information' icon is present. Four declaration boxes follow, each with a checkbox that is checked: 1. 'I, [redacted], declare that I have legal authorization to sign this application for and on behalf of Diana Doula, Inc..', 2. 'I, [redacted], have read, understood and agree to the terms of the Medi-Cal Provider Agreement.', 3. 'I, [redacted], have reviewed my application and believe all information and attachments are correct, to the best of my knowledge.', 4. 'I, [redacted], declare under penalty of perjury under the laws of the State of California that the foregoing information and the information on all attachments is true, accurate and complete, to the best of my knowledge and belief, and that I am authorized to sign this application pursuant to Title 22, California Code of Regulations, Section 51000.30.' At the bottom are 'Previous' and 'Continue' buttons.

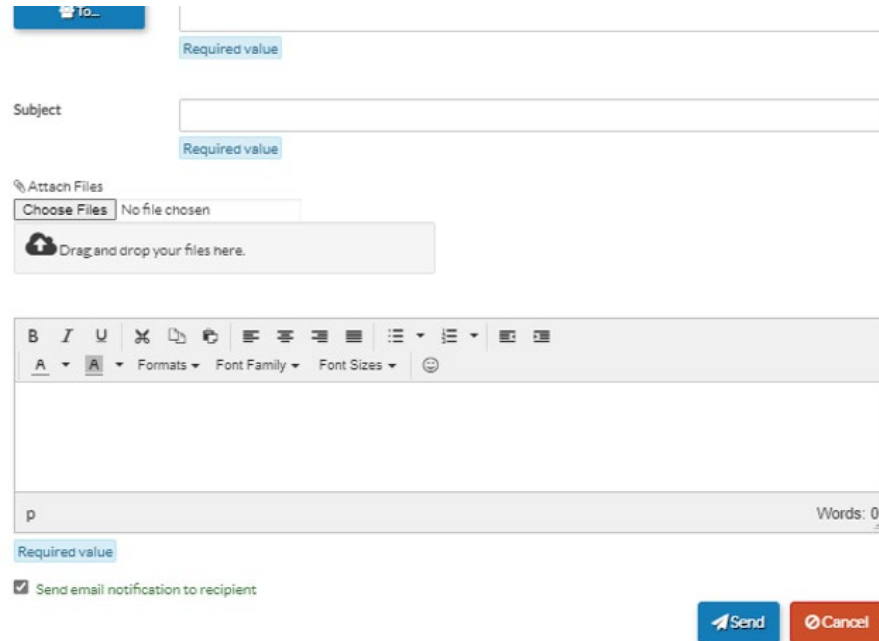
» You must review the Medi-Cal provider agreement and agree with related Declarations prior to electronically signing the Medi-Cal application.

# Electronic Signature

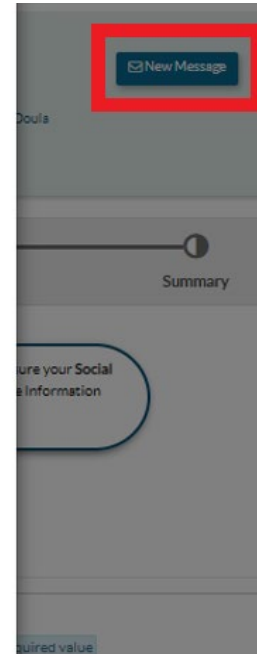
The screenshot displays a web application for electronic signing. On the left is a sidebar menu with the following items: 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Provider Affiliations', 'Claim Payment', 'Signature' (highlighted), 'Electronic Signature', and 'Submit Application'. The main content area has a progress bar at the top with three steps: 'Declarations', 'E-Signature' (active), and 'Summary'. A callout bubble from a character icon states: 'I need to verify your personal information before you can electronically sign. After agreeing to the declaration, make sure your Social Security Number and Date of Birth are identical to what you entered in the Personal Information section of the Profile Information form.' Below this, a text box contains the declaration: 'I, Diana Doula, certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.' To the right of the text box is a checkbox and a 'Required value' label. Below the declaration are four input fields: 'SSN (last 4 digits)' with a masked input '###-##-\_\_\_\_', 'Year of birth' with a masked input '##/##/\_\_\_\_', 'Email address' with a masked input '\_\_\_\_@\_\_\_\_.\_\_\_\_', and 'Password' with a masked input '\_\_\_\_'. Each masked input has a 'Required value' label below it. At the bottom left is a 'Previous' button and at the bottom right is a 'Continue' button. On the far right of the interface is a vertical toolbar with icons for help, back, forward, and other navigation functions.

- » In order to electronically sign, you must verify the last four digits of your SSN, birth year and enter your PAVE profile password.
- » Once your application is signed, you can submit it.

# Messages



A screenshot of a web form for sending a message. The form includes a 'To:' field with a 'Required value' error message, a 'Subject' field with a 'Required value' error message, an 'Attach Files' section with a 'Choose Files' button and a 'No file chosen' message, and a large text area for the message body with a 'Required value' error message. At the bottom, there is a checkbox for 'Send email notification to recipient' and 'Send' and 'Cancel' buttons.



» If you have questions related to enrollment and/or application requirements, you can submit messages before, during and after the application process by selecting, "New Message."

# Incomplete Applications

- » If your application is incomplete, PED will return it to you for corrections.
- » You will be notified via email to log into the PAVE system to fix the noted deficiencies in your application.
- » Please ensure your information is accurate, complete and current.
- » Questions related to your application can be submitted by selecting the, "New Message" tab.
- » Resubmit your application to PED within 60 days.

# The Enrollment Process

- » Complete your application in the PAVE portal.
- » DHCS reviews in order of date received.
- » The legal allowance for the initial review period is 180 days, but DHCS strives to complete initial reviews in a timely manner.

 My Applications 



Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

# Common Denial Reasons

## **Wrong NPI Type or Number**

- » Provider has formed a corporation, but submits application with Type 1 NPI.
- » Provider is a sole proprietor and submits application with Type 2 NPI.

## **Failure to Fix All Deficiencies**

- » Expired supporting documents.
- » Not providing required documentation.
- » Application is not signed by an authorized person.

## **Failure to submit at least two renderings**

- » “Provider Group” means two or more rendering providers doing business together under a provider number at the same business location.



# Status Notification

- » If your application is approved, you will be notified via email to log into the PAVE system to receive your Approval Letter.
- » If your application is denied, you will be notified via email to log into the PAVE system to receive your Denial Letter with Appeal Rights.
- » For additional help in PAVE, click on the link below to take you to the PAVE homepage where you can access Provider Training videos and other [PAVE Training Slides](#).

# Additional Resources

- » For technical assistance with the PAVE system, please direct questions to the PAVE Help Desk at (866) 252-1949.
- » For Medi-Cal enrollment questions, you can send an email inquiry by following this link [Provider Enrollment Division \(PED\) \(ca.gov\)](#) and click on "Inquiry Form."
- » Or, you may contact us at (916) 323-1945.
- » For additional help in PAVE, click on the link below to take you to the PAVE homepage where you can access [Provider Training videos](#) and other tutorials.

**Thank You!**

