

Licensed Midwife Rendering Provider Application

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 Rendering Application
3. Medi-Cal Enrollment Requirements
4. Licensed Midwife Rendering Application Sections
5. DHCS Application Review
6. Additional Resources

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 following slides demonstrate a rendering provider application started independent of a group or individual billing application.

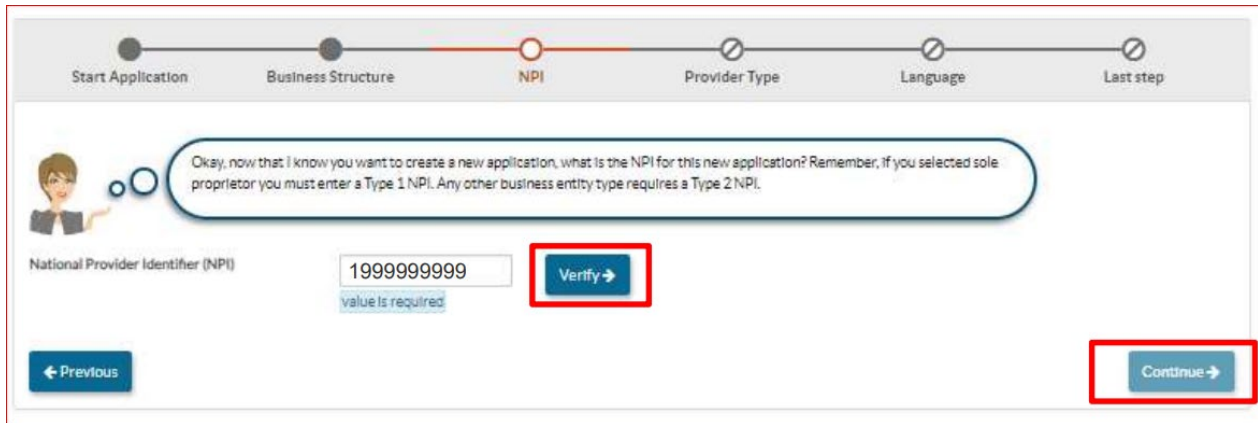
List of Documents Required Before Starting An Application

- » 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.
- » 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](#).

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)*)

National Provider Identifier (NPI)



The screenshot shows a multi-step application process. The progress bar at the top indicates the current step is 'NPI', with previous steps being 'Start Application' and 'Business Structure', and future steps being 'Provider Type', 'Language', and 'Last step'. A message bubble from a cartoon character explains that a Type 1 NPI is required for sole proprietors and a Type 2 NPI for other business entities. Below this, the 'National Provider Identifier (NPI)' field contains the text '1999999999' and a red error message 'value is required'. To the right of the input field is a 'Verify' button with a right-pointing arrow, which is highlighted with a red rectangle. At the bottom left is a 'Previous' button with a left-pointing arrow, and at the bottom right is a 'Continue' button with a right-pointing arrow, also highlighted with a red rectangle.

- » Before getting started in PAVE, rendering providers must obtain a Type-1 NPI which is for individuals and sole proprietors.
- » If you do not have an NPI, you can obtain one online by visiting the [NPPES website](#).

Getting Set Up in PAVE for First Time Users

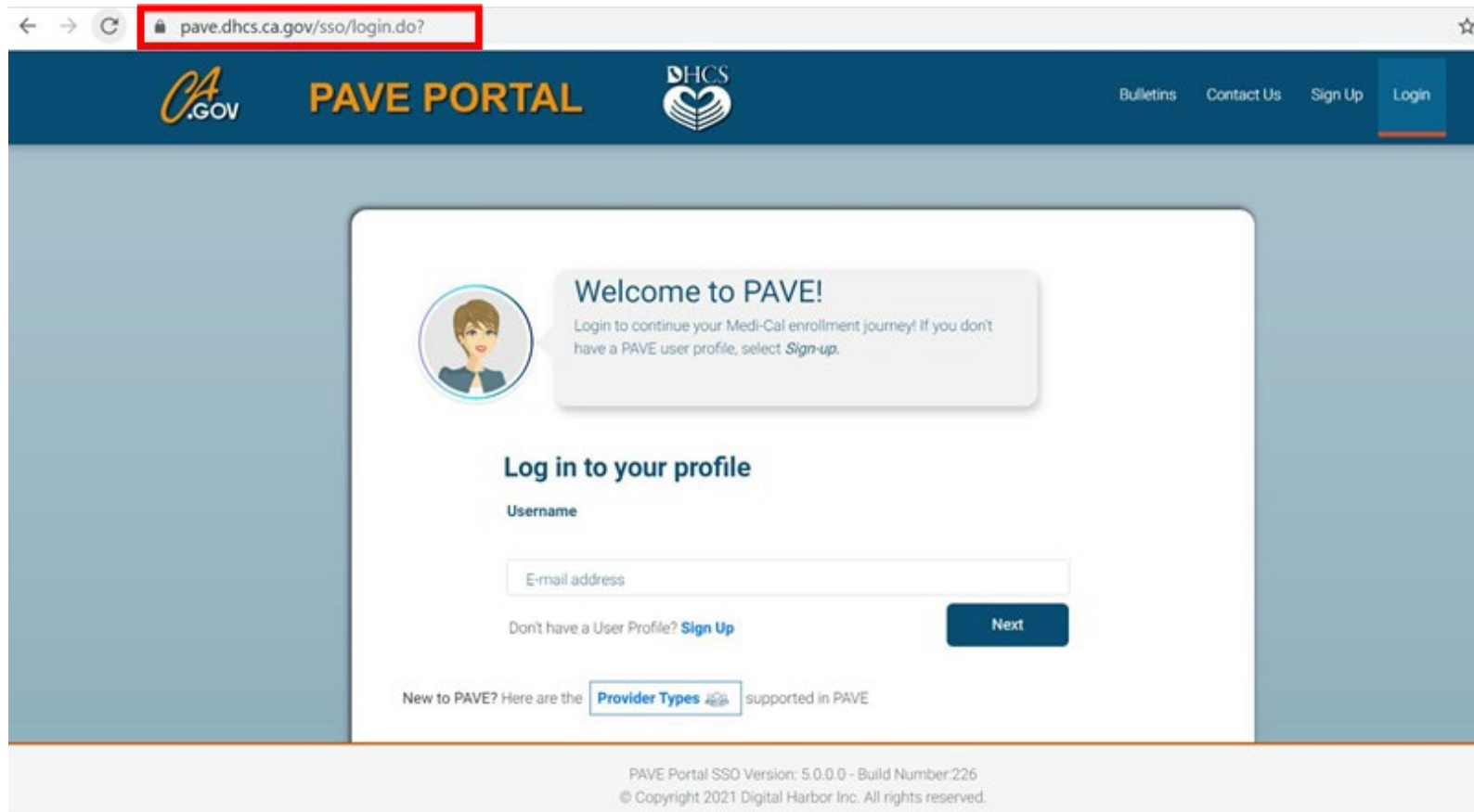
» The following slides are a guide for getting set up in PAVE. For additional resources and training, please visit our [PAVE 101 training slides](#).

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?. 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 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 an "E-mail address" 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 link for "Provider Types". The footer of the page contains version information: "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

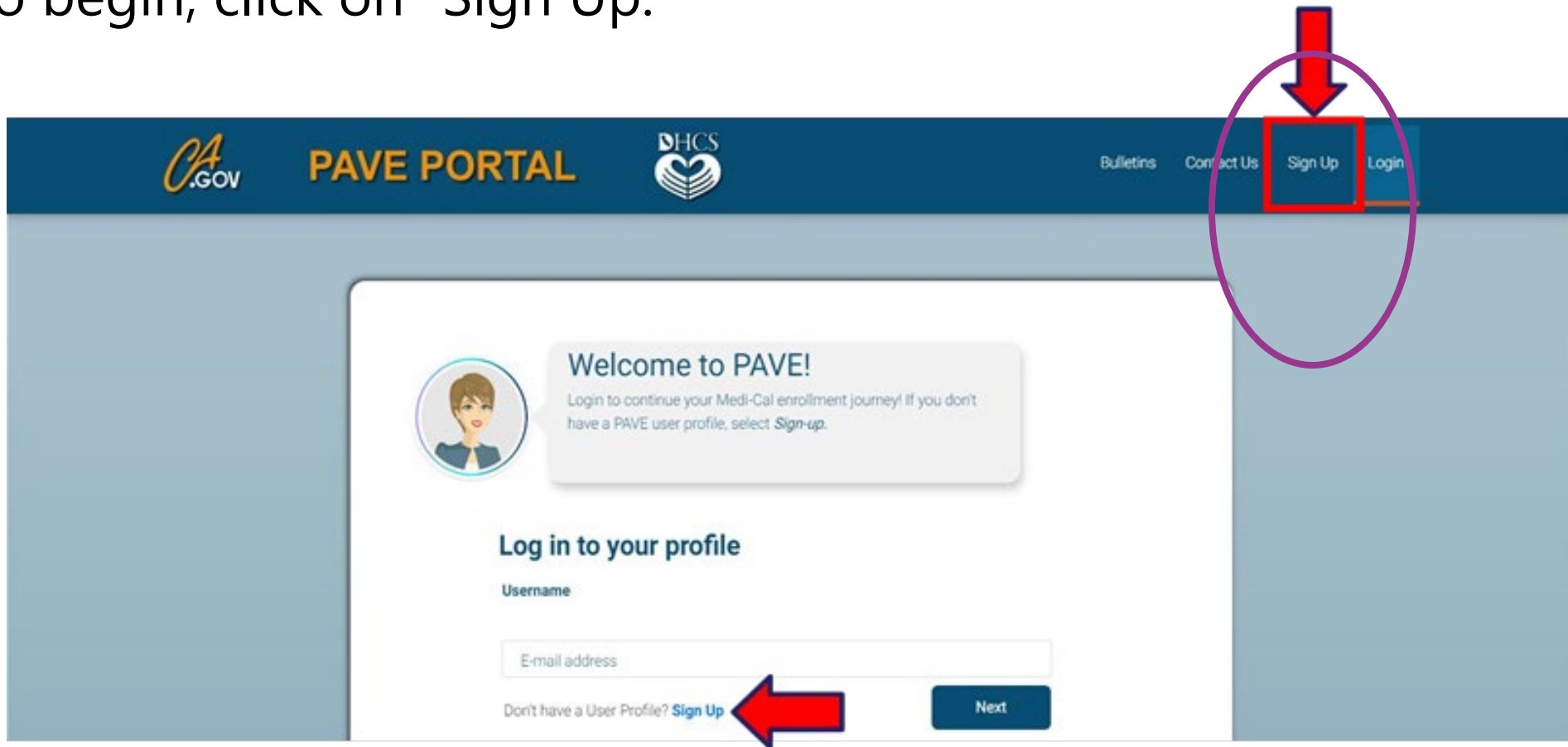
Don't have a User Profile? [Sign Up](#) [Next](#)

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

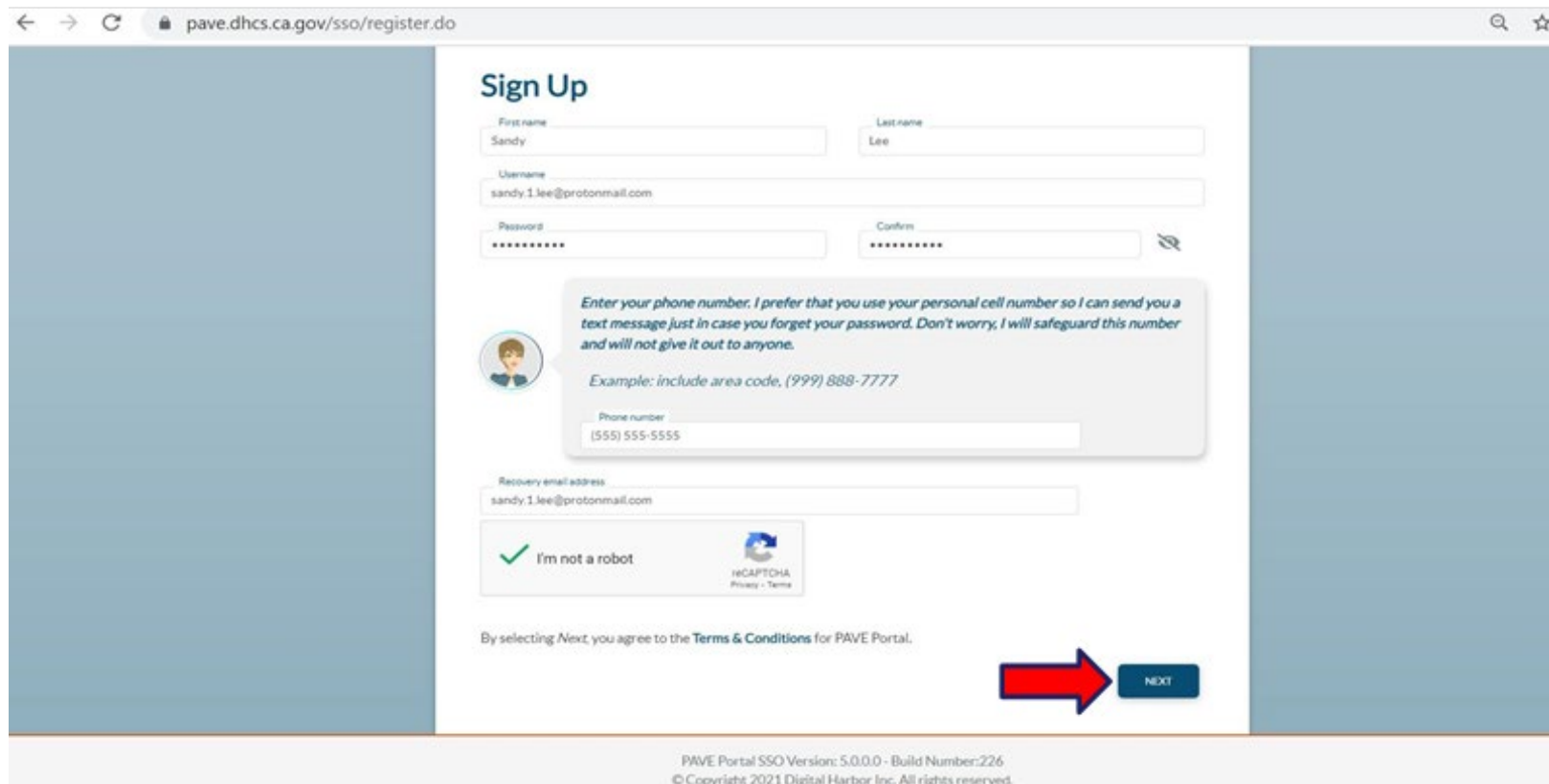
» To begin, click on “Sign Up.”



The screenshot shows the PAVE Portal homepage. The top navigation bar is dark blue and contains the 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 square and a red arrow pointing down to it. Below the navigation bar, there is a white box with a blue border. Inside this box, on the left, is a circular profile picture of a woman. To the right of the profile picture is a grey speech bubble containing the text "Welcome to PAVE!" and "Login to continue your Medi-Cal enrollment journey! If you don't have a PAVE user profile, select [Sign-up](#)." Below the speech bubble is the heading "Log in to your profile". Under this heading are two input fields: "Username" and "Email address". Below the "Email address" field is a red arrow pointing left towards the "Sign Up" link. To the right of the "Sign Up" link is a blue button labeled "Next".

PAVE User Sign Up Process

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



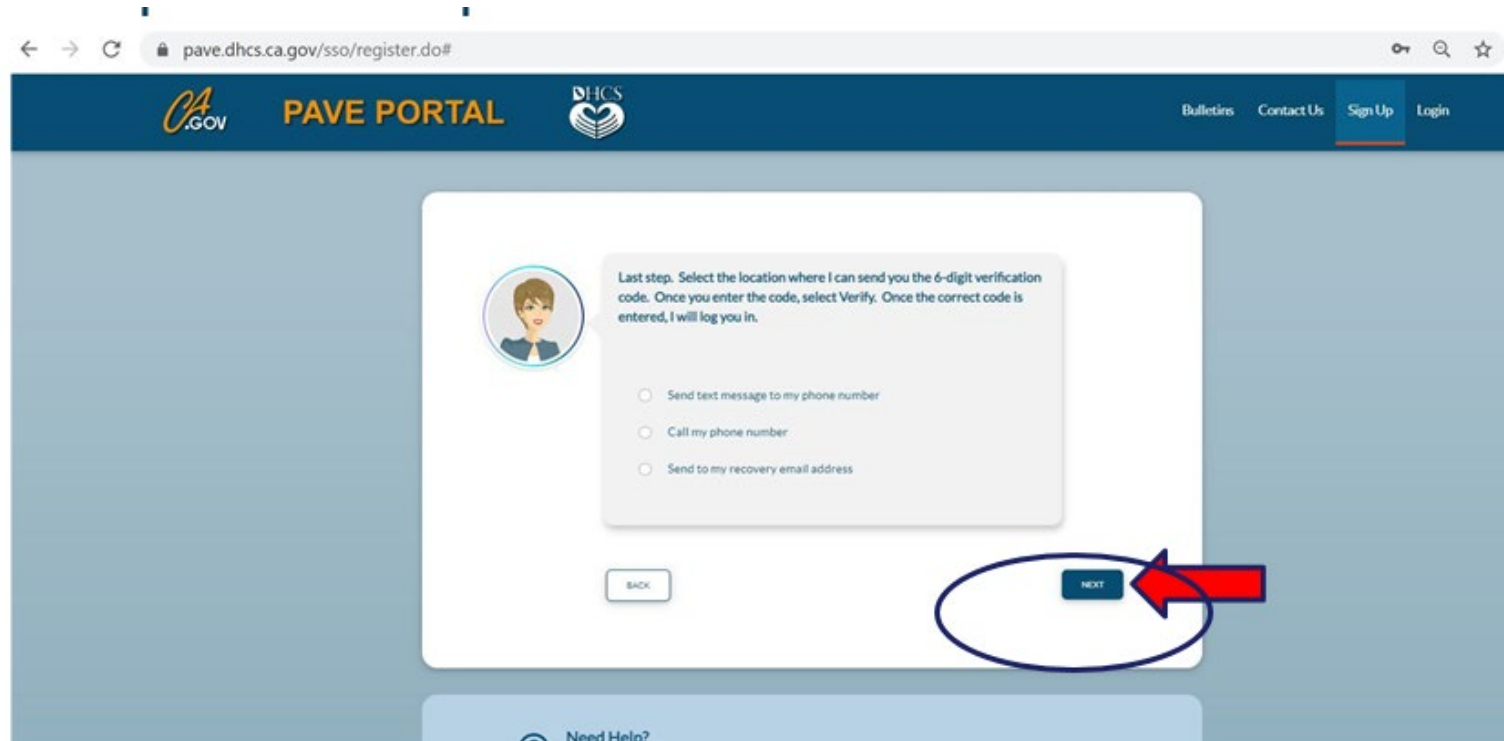
The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do`. The page is titled "Sign Up" and contains the following fields and elements:

- First name:** Sandy
- Last name:** Lee
- Username:** sandy.1.lee@protonmail.com
- Password:** (masked with dots)
- Confirm:** (masked with dots)
- Phone number:** (555) 555-5555. A tooltip above this field 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".
- Recovery email address:** sandy.1.lee@protonmail.com
- reCAPTCHA:** A checkbox labeled "I'm not a robot" with a green checkmark.
- Footer:** "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226" and "© Copyright 2021 Digital Harbor Inc. All rights reserved."

A large red arrow points to the **NEXT** button at the bottom right of the form.

PAVE User Sign Up Process

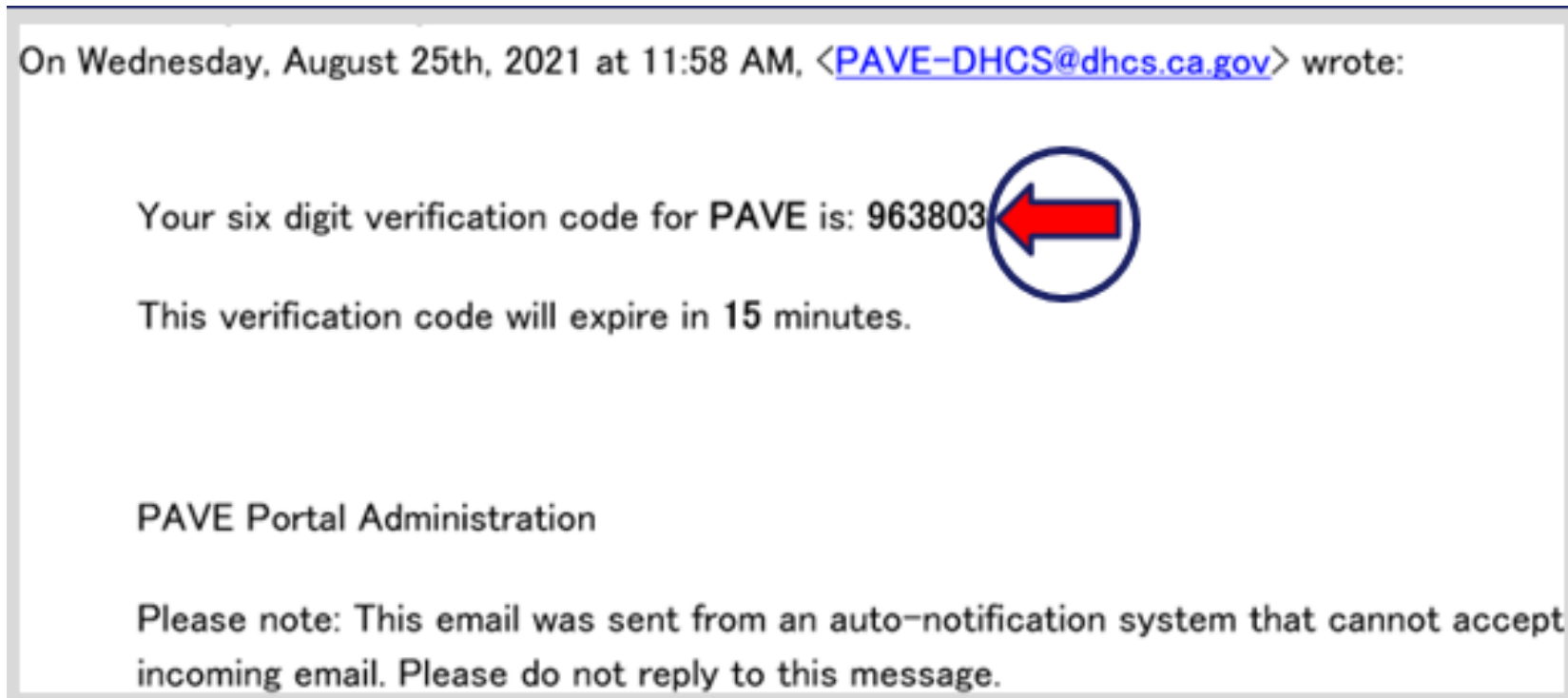
- » You will be prompted to select how you wish to receive the six-digit verification code and after selecting the preferred option, click "Next."



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, **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 white card with a user profile icon and the following text: "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 **BACK** and **NEXT** buttons. A red arrow points to the **NEXT** button, which is also circled in blue.

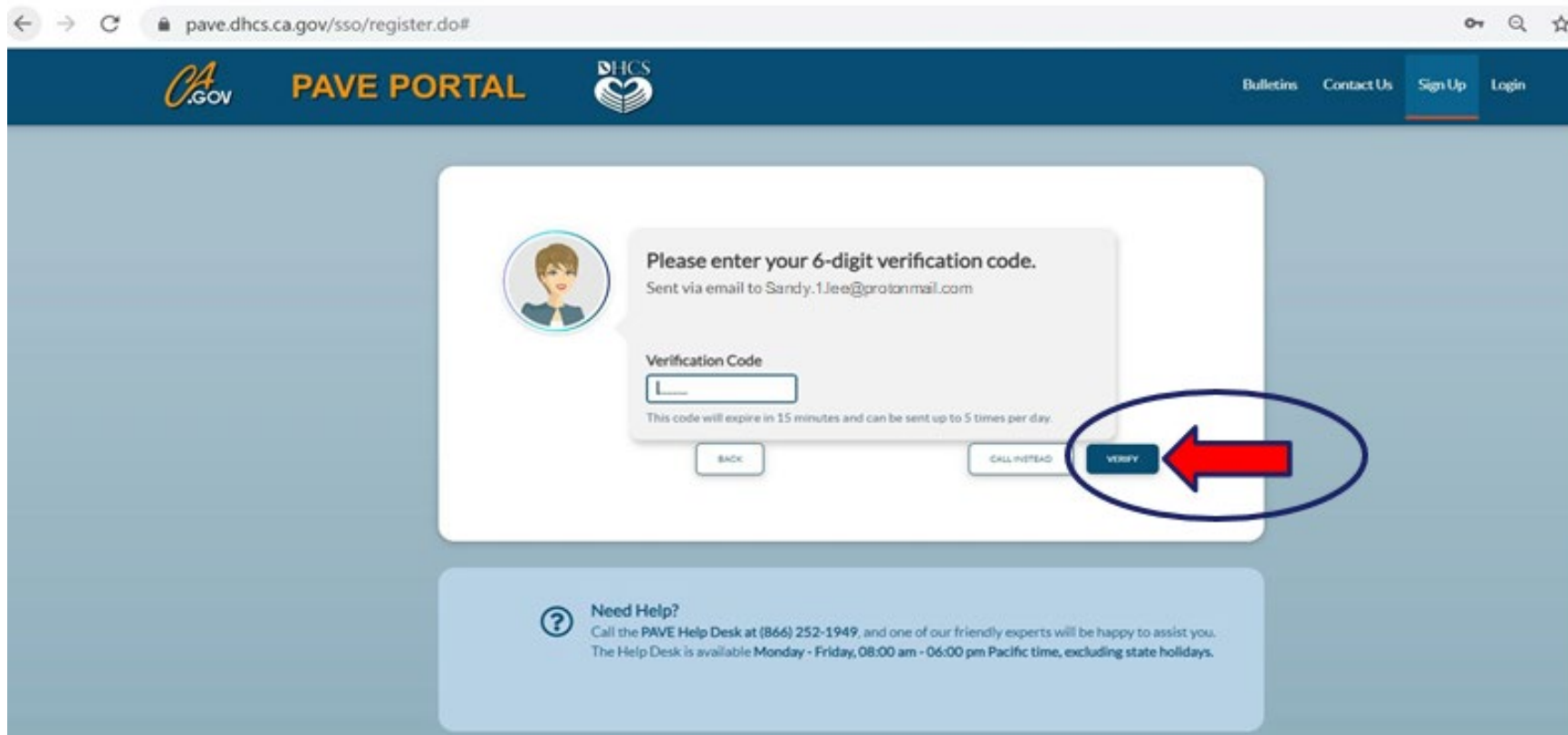
PAVE User Sign Up Process

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



PAVE User Sign Up Process

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

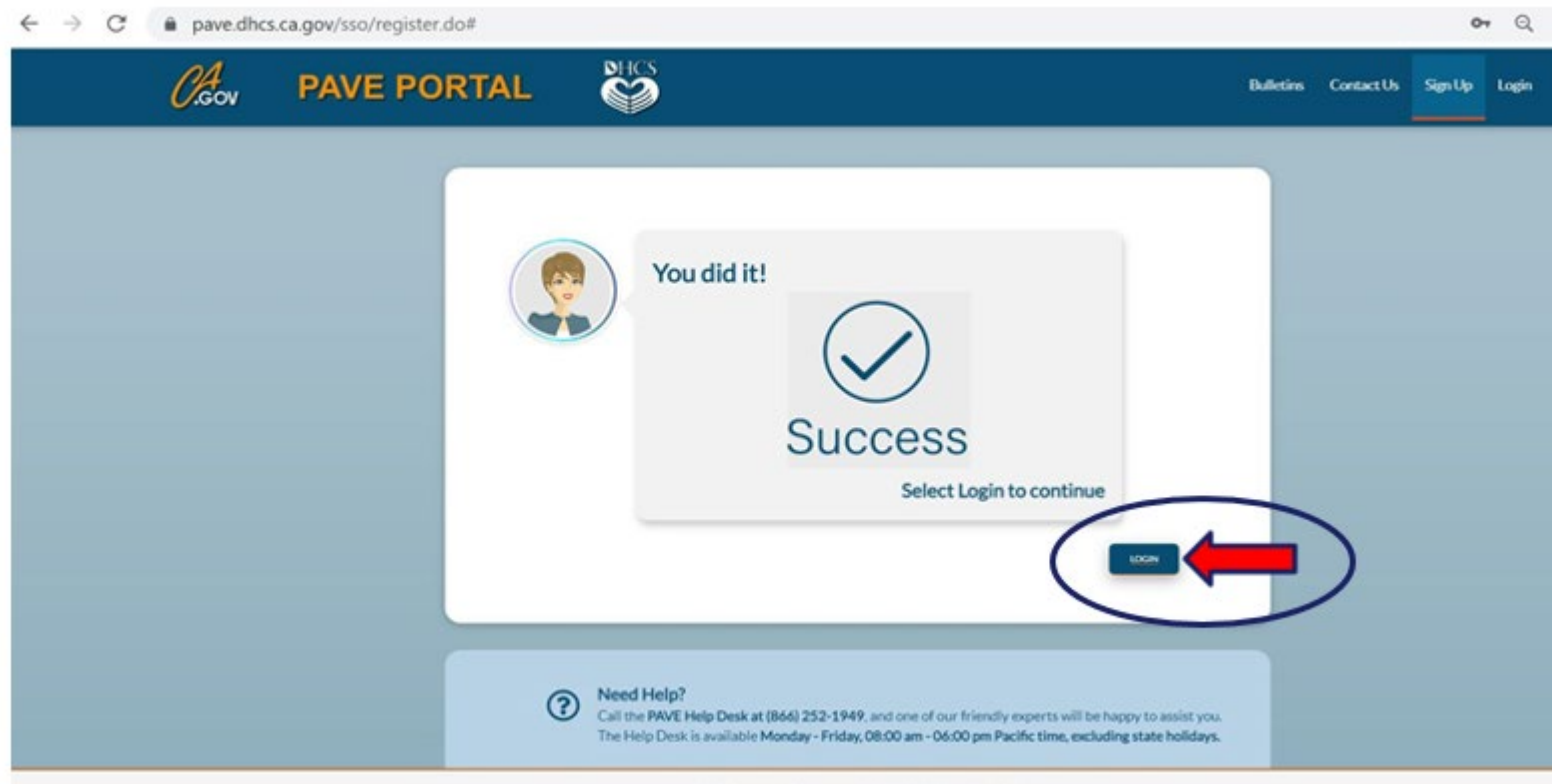


The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do#`. The page header includes the **CA.GOV** logo, **PAVE PORTAL**, and the **DHCS** logo. Navigation links for **Bulletins**, **Contact Us**, **Sign Up**, and **Login** are visible. The main content area features a registration form with a user profile icon and the instruction: "Please enter your 6-digit verification code. Sent via email to Sandy.1.jeo@grotonmail.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**. A red arrow points to the **VERIFY** button, which is also circled in blue. A "Need Help?" section at the bottom provides contact information for the PAVE Help Desk.

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.

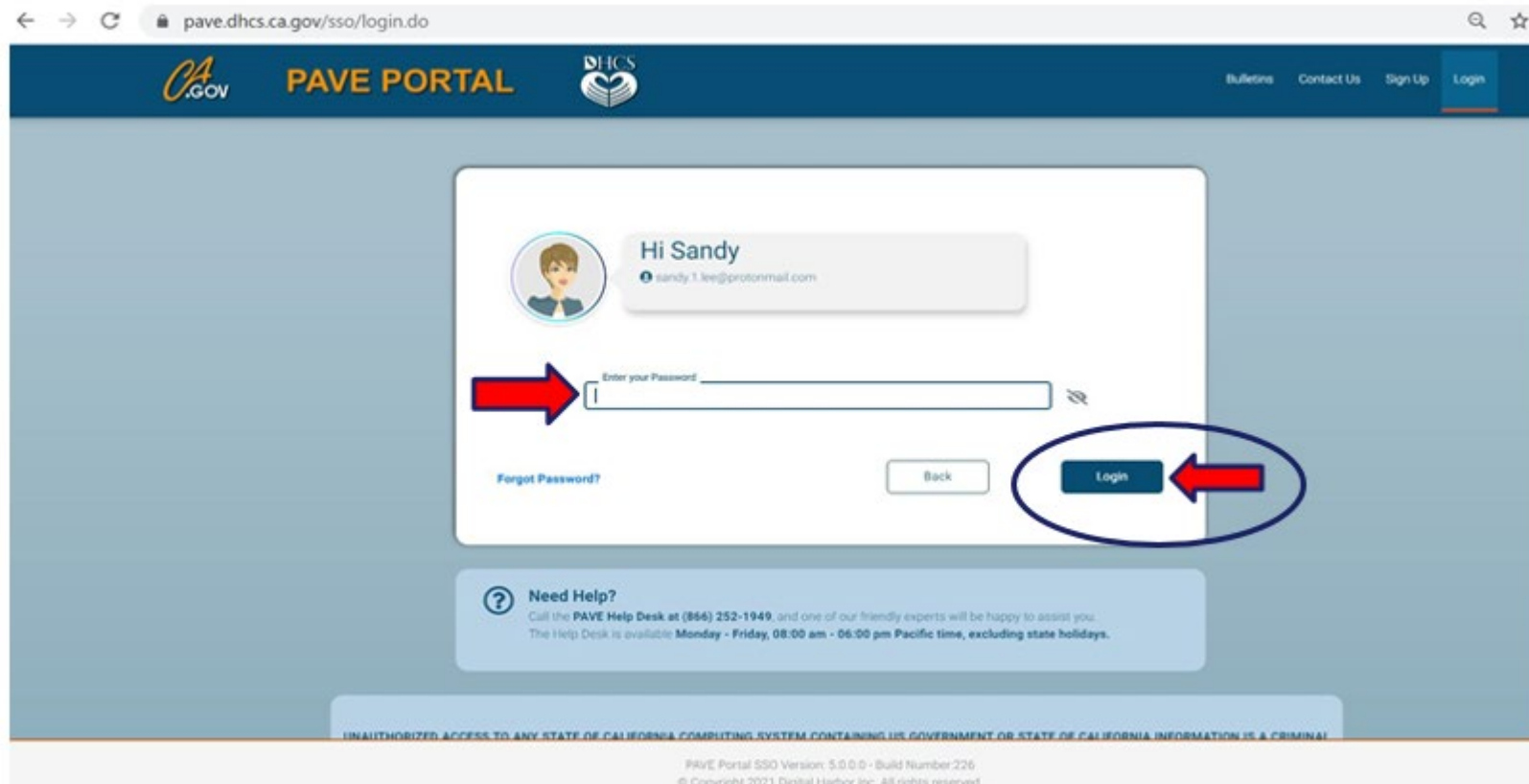
PAVE User Sign Up Process

» Once PAVE confirms successful verification, click “Log In.”



PAVE User Sign Up Process

» 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. The page features a dark blue header with the CA.GOV logo, PAVE PORTAL text, and the DHCS logo. Navigation links for Bulletin, Contact Us, Sign Up, and Login are in the top right. The main content area displays a user profile for 'Hi Sandy' with the email 'sandy.1.lee@protonmail.com'. Below the profile is a password input field with a red arrow pointing to it. To the left of the password field is a 'Forgot Password?' link. Below 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, there is a 'Need Help?' section with contact information for the PAVE Help Desk and a footer with version information and a copyright notice.

CA.GOV PAVE PORTAL DHCS

Bulletin Contact Us Sign Up Login

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 U.S. GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL OFFENSE.

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

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 New Application

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

The screenshot displays a web interface for managing applications. At the top, a navigation bar includes links for 'My Messages', 'Applications' (which is the active tab), 'Accounts', 'My Tools', 'Help', and 'What's New!'. Below this, a section titled 'My Applications' features a callout box with a woman's icon and the text: 'Listed below are the provider **applications** you are currently working on. Once enrolled, you can modify your **Medi-Cal** accounts at any time.' Below the callout, there is a row of buttons: 'Total Apps 4' (dark blue), 'In Progress 1', 'Return to Provider 0', 'Resubmitted 0', 'Approved 0', and 'Denied 0'. To the right of these buttons, there is a link for 'Owners/Personal information' and a blue button labeled '+ New Application', which is highlighted with a red rectangular border. At the bottom, a grey bar contains a link '» Applications Dashboard'.

Application Type

The screenshot shows a web application interface for selecting an application type. At the top, there is a navigation bar with links: My Messages, Applications (highlighted), Accounts, My Tools, Help, and What's New!. Below this is a progress bar with six steps: Start Application (active), Business Structure, NPI, Provider Type, Language, and Last step. A help bubble on the left states: "The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!". A red banner across the middle reads "COVID-19 Special Announcement". The main content area contains three radio button options, with the first one selected and highlighted by a red box: "I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application". Below this, a question asks "What type of provider are you?". Three options are listed: "I'm an individual provider" (selected and highlighted by a red box), "I'm a group of individual providers", and "I'm a healthcare business". A fourth option, "I need to report Supplemental changes", is shown with a checkbox. At the bottom, a note says "Once you have made your choice, select Continue". Two buttons are at the bottom: "Previous" on the left and "Continue" on the right, with the "Continue" button highlighted by a red box.

My Messages Applications Accounts My Tools Help What's New!

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

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

- » Select your application type as an individual provider.
- » On the next screen, you will indicate that you are a rendering provider.

Business Structure

My Messages **Applications** Accounts My Tools ▾ Help What's New!

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.

COVID-19 Special Announcement

Individual billing practitioner

- ☐ I'm an Ordering/Referring/Prescribing (ORP) provider
- ☐ I'm an individual sole proprietor
- ☐ I'm an incorporated individual provider
- ☐ I need to be reimbursed only for Medicare crossover claims

Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic)

- ☐ I am a rendering provider working with a Medi-Cal Dental group
- ☒ I'm an individual provider. I'm working as part of a group and the group will be submitting claims for services I provide
- ☐ I'm a Substance Use Disorder Medical Director (SUDMD) or a Licensed Substance Use Disorder

» Be sure to go to the bottom of this section and mark that you are an individual provider working for a group.

National Provider Identifier (NPI)

The screenshot shows a web application interface for creating a new application. At the top, there is a navigation bar with links: My Messages, Applications (highlighted), Accounts, My Tools, Help, and What's New!. Below this is a progress bar with six steps: Start Application, Business Structure, NPI (highlighted), Provider Type, Language, and Last step. A blue callout box with a person icon says: "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." The main form area contains the following fields: National Provider Identifier (NPI) with a text input field and a Verify button; Type with a dropdown menu showing 1-Individual; Business name with a text input field; Taxonomy code(s) with a text input field showing 207W00000X; and NPPES address (registered) with a text input field. Below these fields is a red-bordered box containing the question "Is this the correct information?" with radio buttons for Yes and No, and a Required value label. At the bottom of the form, there is a Previous button and a Continue button, both highlighted with red boxes.

My Messages Applications Accounts My Tools Help What's New!

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) [Text Input] Verify

National Provider Identifier (NPI) [Text Input]

Type 1-Individual

Business name [Text Input]

Taxonomy code(s) 207W00000X

NPPES address (registered) [Text Input]

Is this the correct information?

☐ Yes ☐ No

Required value

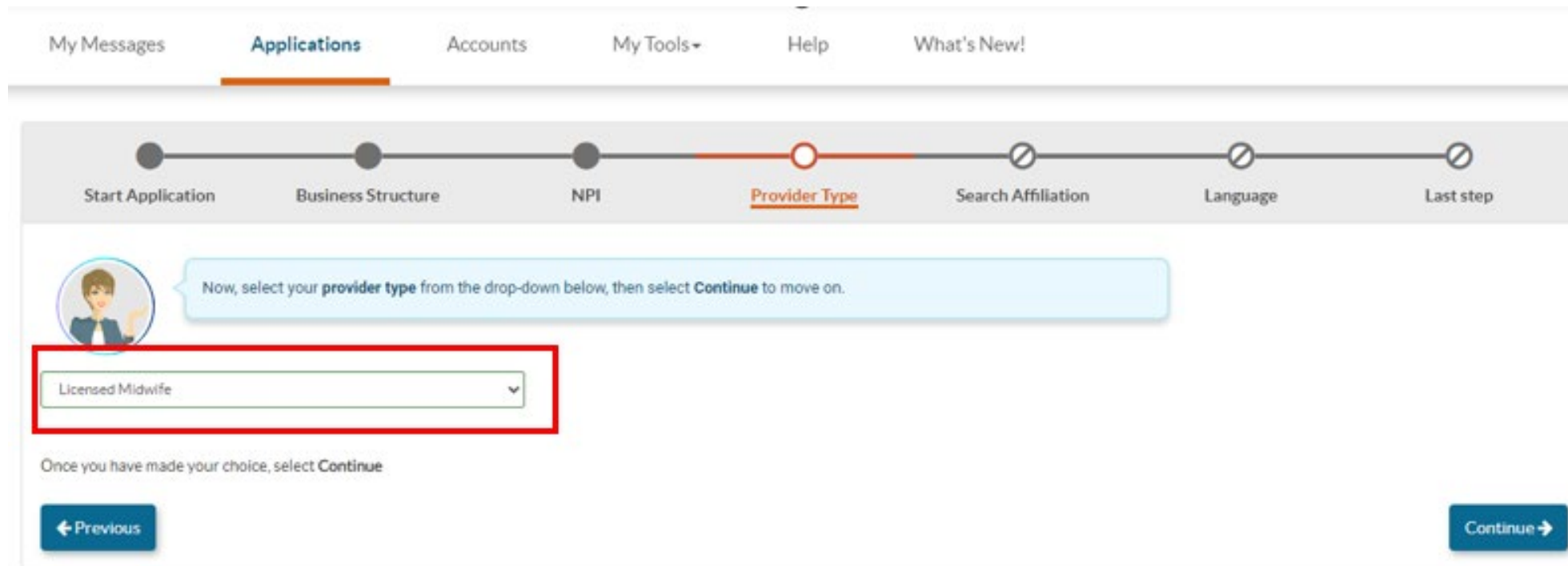
Once you have made your choice, select Continue

Previous Continue

- » Enter the NPI of the individual Rendering provider and click, "Verify."
- » The information that populates should match the information on NPPES.
- » Rendering providers must have a Type-1 NPI.

Provider Type

» Select your provider type as “Licensed Midwife.”



The screenshot shows a web application interface for a provider registration process. At the top, there is a navigation bar with links: 'My Messages', 'Applications' (highlighted with an orange underline), 'Accounts', 'My Tools', 'Help', and 'What's New!'. Below this 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'. A light blue instruction box with a female avatar icon contains the text: 'Now, select your **provider type** from the drop-down below, then select **Continue** to move on.' Below the instruction box is a drop-down menu with 'Licensed Midwife' selected, highlighted by a red rectangular border. At the bottom, there is a text prompt: 'Once you have made your choice, select Continue'. Two buttons are at the bottom: '← Previous' on the left and 'Continue →' on the right.

My Messages Applications Accounts My Tools Help What's New!

Start Application Business Structure NPI Provider Type Search Affiliation Language Last step

Now, select your **provider type** from the drop-down below, then select **Continue** to move on.

Licensed Midwife

Once you have made your choice, select Continue

← Previous Continue →

Affiliation

Application

Business Structure

NPI

Provider Type

Search Affiliation

Language

Last s

Okay. Now I need the NPI of the provider that you want to establish as your affiliate. Once you've entered the NPI, select the corresponding rendering provider application below.

e NPI of the provider you would like to affiliate with

National Provider Identification (NPI)

Verify >

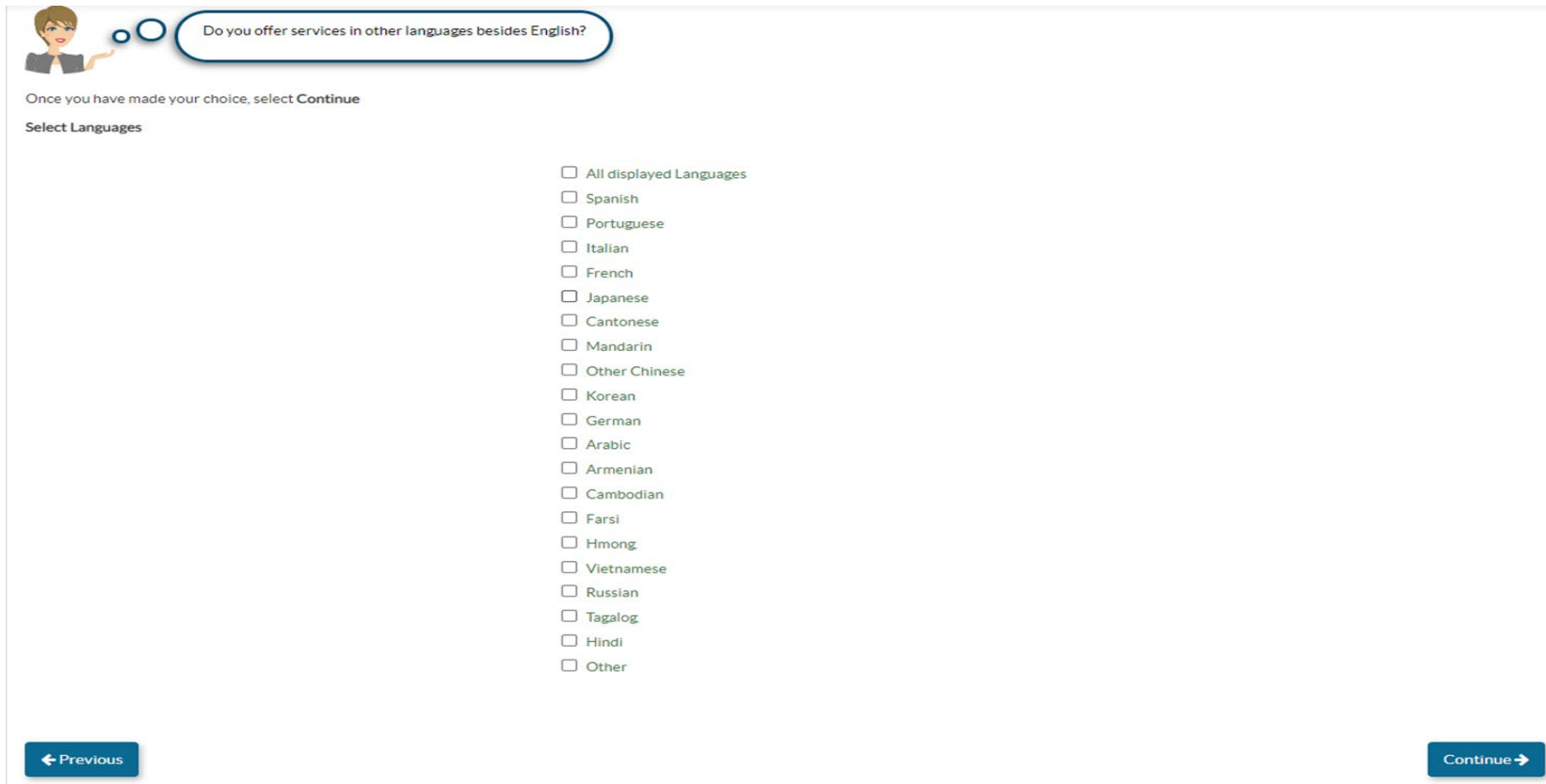
i66788 is related to the following account(s) or in progress applications in PAVE Portal system.
ne account or application that belongs to the provider you would like to affiliated with.

Account/App ID	Type	NPI	Provider Name	Provider Type	Service Address
	Application			Licensed Midwife	

- » Here you will add the provider group you wish to affiliate with.
- » Once NPI is entered, select rendering provider and click, "Verify."

Languages

» Select your preferred language.



The screenshot shows a web form 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

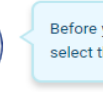
Start Application

Business Structure

NPI

Provider Type

Search Affiliations



Before you can continue, please review the summary below. It contains all your previous selections to create this application. If you need to make any changes, 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.

Start Application

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

I'm an individual provider

Business Structure

Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic)

I'm an individual provider. I'm working as part of a group and the group will be submitting claims for services I provide

NPI of the application

View Details

Provider Type

Licensed Midwife

Language

English

Group/Org. or Physician/Surgeon Information

National Provider Identifier (NPI)

Provider Legal Name

Provider Type

Service Address

Licensed Midwife

← Previous

Continue →

» Verify you have selected the correct business structure, provider type and group to affiliate with prior to launching the application.

Launch Application

Provider Name [REDACTED]
Provider Type Licensed Midwife
Application ID 2312FEDJ
Creation Date 12/06/2023
Package Type Rendering Provider

10% Complete
10%

Documents

Application ID will display at the top of the page.

Group Info Expand All

- Business Information
- Profile Information
- Service Address
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature

Profile Information

Hi [REDACTED] Please review the accuracy of your application.

Application ID	231271EH
Provider name	[REDACTED]
Provider type	Licensed Midwife
National Provider Identification (NPI)	[REDACTED]

» Launch the application by clicking, "Application ID" at the top of the page.

Verify Group Information

Group Info

Expand All

Business Information

Profile Information

Service Address

Group Signature

Rendering Info

Expand All

Getting Started

Profile Information

Business Information

Practice Information

Disclosure Information

Rendering Signature

Submit Application

Service Address

Now it's time to review the information about the addresses where the applicant provides services to Medi-Cal beneficiaries.

Service Address

Listed is the service address where [REDACTED] will provide services.

Account ID	NPI	Service Address
100732311	[REDACTED]	[REDACTED]

Below are additional service addresses associated with the NPI. Please indicate if ROBERT SWEETING will also provide services to Medi-Cal beneficiaries at any of these locations.

Select All Clear All

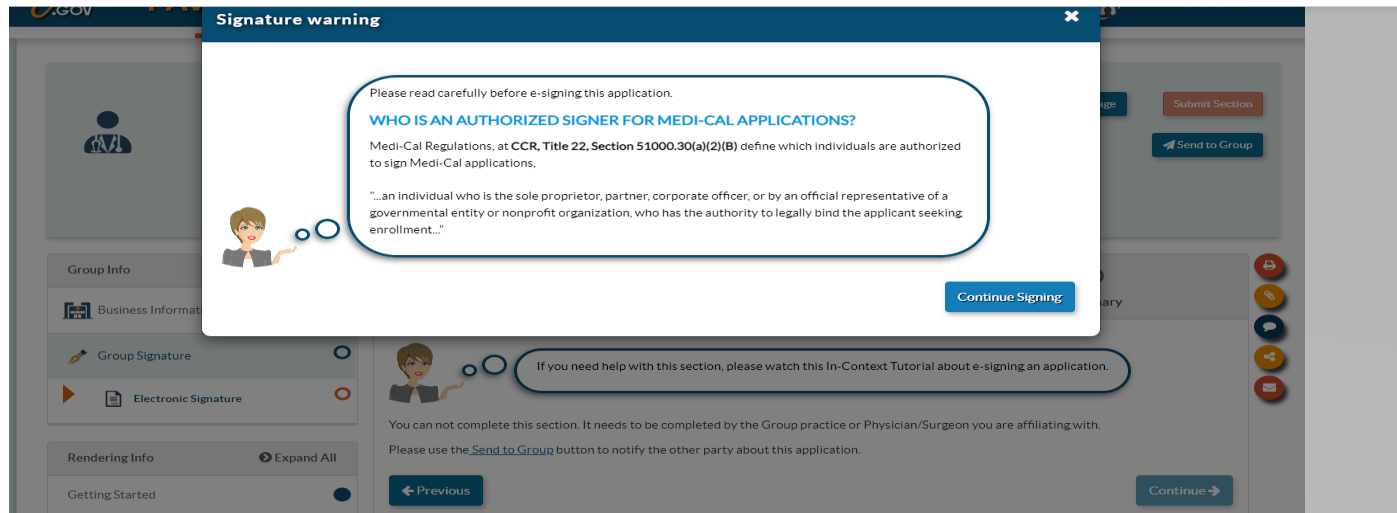
Account ID	Service Address	Provider Type
No service addresses are listed.		

Previous

Continue

» Verify you are affiliating with the correct service location.

Group Signer



» The group signer must be an authorized signer of the group or an approved delegated official.

Individual Profile

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Individual Profile
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Personal Information Residential Address Ident

Please take a few minutes to fill out some personal information so we can continue.

Prefix

First name

Required value

Middle name

Last name

Required value

Suffix

Professional title

Gender

Required value

Date of birth

value must follow the pattern MM/dd/yyyy

Age

Email address

Required value

If the provider is subject to High Risk Screening and a fingerprint-based criminal background check, attach Livescan receipts

Drag and drop here or [browse](#)

SOMB Maximum

[Previous](#)

» Complete the personal information section of the application as a rendering provider.

Residential Address

The screenshot displays a web-based application form for Medi-Cal. On the left is a sidebar with two main sections: 'Group Info' and 'Rendering Info', each with an 'Expand All' link. The 'Group Info' section includes 'Business Information' (selected) and 'Group Signature'. The 'Rendering Info' section includes 'Getting Started', 'Profile Information' (selected), 'Individual Profile', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Signature', and 'Submit Application'. The main content area has a progress bar at the top with three steps: 'Personal Information', 'Residential Address' (current step), and 'Identification'. Below the progress bar is a message from a cartoon character stating that Medi-Cal needs a residential address for verification and that the address will be concealed for privacy. A 'View Address' link is provided. The form fields for the residential address are: 'Address Line 1' (labeled 'Street'), 'Ste. / Apt. #' (labeled 'Suite/Apt'), 'City', 'State/Province' (a dropdown menu), 'County' (a dropdown menu), and 'ZIP Code/Postal Code'. Each field has a 'Required value' label and a small eye icon for toggling visibility. A 'Previous' button is located at the bottom left of the form.

Group Info [Expand All](#)

- Business Information
- Group Signature

Rendering Info [Expand All](#)

- Getting Started
- Profile Information
- Individual Profile
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Personal Information **Residential Address** Identification

Medi-Cal needs your residential address to help verify your identity. After you select **Continue**, I will conceal the address for your privacy.

[View Address](#)

Street

Address Line 1

Required value

Ste. / Apt. #

Suite/Apt

City

Required value

State/Province

<Select a State>

Required value

County

<Select a County>

Required value

ZIP Code/Postal Code

Required value

[Previous](#)

- » Provide the residential address of the rendering provider.
- » This cannot be a PO Box.

Identification

The screenshot shows a web application interface for a multi-step process. On the left is a sidebar with two sections: 'Group Info' and 'Rendering Info'. The 'Group Info' section includes 'Business Information' and 'Group Signature'. The 'Rendering Info' section includes 'Getting Started', 'Profile Information', 'Individual Profile', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Signature', and 'Submit Application'. The main content area has a progress bar at the top with four steps: 'Personal Information', 'Residential Address', 'Identification' (the current step), and 'Summary'. Below the progress bar is a message bubble from a user icon saying 'Please provide the information and required attachments below.' The 'Identification' section contains several form fields: 'Social Security Number' (a masked input field with a 'Required value' label), 'Government Issued ID' (a dropdown menu with 'Driver's License' selected), 'ID Number' (a masked input field with a 'Required value' label), 'Driver's License' (a dashed box for file upload with a 'Document Library' button), and 'State of Issuance' (a dropdown menu with 'California, CA' selected). At the bottom of the form is a question: 'Do you go by any other names (aliases) besides what you've already submitted? (enter all that apply)' with 'Yes' and 'No' radio buttons and a 'Required value' label. Navigation buttons 'Previous' and 'Continue' are at the bottom.

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Individual Profile
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Personal Information Residential Address **Identification** Summary

Please provide the information and required attachments below.

Social Security Number Required value

Government Issued ID

ID Number Required value

Driver's License

Drag and drop here or [browse](#)
50MB Maximum

[Document Library](#)

Important Information

State of Issuance 88

Do you go by any other names (aliases) besides what you've already submitted? (enter all that apply) ☐ Yes ☐ No Required value 88

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

» You are required to provide a copy of your current Driver's License or State-issued identification card.

Contact Person

Group Info [Expand All](#)

- Business Information
- Group Signature

Rendering Info [Expand All](#)

- Getting Started
- Profile Information
- Business Information
- Contact Person**
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Contact Person Information

Who should Medi-Cal contact if they have questions about your application?

Please include a contact person who will be available during regular business hours.

☒ I will be the contact person

First name Required value

Last name Required value

Title/Position

Telephone number Required value

Telephone number extension

Email address Required value

[← Previous](#)

- » Please provide accurate contact information if questions about your application should arise.
- » The contact person should be available during regular business hours.

Midwife License

Group Signature

Rendering Info

Getting Started

Profile Information

Business Information

Practice Information

Prof. Licenses, Certificates & Lab Services

NPI/Taxonomy

Disclosure Information

Rendering Signature

Submit Application

Expand All

Here you can attach your professional licenses and certificates. Start by uploading the professional license that permits you to provide health care services. Make sure you provide clear copies so my analysts can read them. If you received your license out of state, you will need to manually provide your license details.

Please disclose your professional license or certificate number.

Professional License/Certificate number

Required value

Professional License or Certificate

Drag and drop here or browse

50MB Maximum

Important Information

State/Province

<Select a State>

Required value

Original Issuance Date

Required value

Expiration date

Required value

Do you have any additional Licenses or Certificates to add? (Only documents that you have not yet disclosed in this application)

Yes

No

Required value

Previous

Continue

» You must attach proof of your current Midwife License that was issued by the Medical Board of California.

NPI/Taxonomy

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Prof. Licenses, Certificates & Lab Services
- NPI/Taxonomy
- Disclosure Information

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) 1728499474

Associated NPI Taxonomy Codes

Description	Taxonomy Code	Type	Actions
Midwife	176B00000X	Primary	

← Previous

Continue →

Add

- » You can add, remove, or edit the taxonomy codes if necessary.
- » To find your taxonomy code, please visit the NPPES NPI Registry.

Disclosure Information

The screenshot displays a web application interface for a Medi-Cal application. On the left, a sidebar menu lists various sections: Group Info, Rendering Info, Disclosure Information, Program Participation, Adverse Actions, Fines/Debts (Gov.), Rendering Signature, and Submit Application. The 'Disclosure Information' section is highlighted with a red box. The main content area shows a progress bar with two steps: 'Fines/Debts (Gov.)' and 'Summary'. Below the progress bar, a text box asks: 'If you have any fines or debts to any organization related to Medicare, Medicaid or any other federal or state healthcare programs, please let me know of your payment arrangements.' A checkbox is checked, and a text field contains the value '88'. At the bottom, there are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted by a red box.

- » The Disclosure Section is where you will report all federally-required information.
- » This information must be provided by each individual participating in the Medi-Cal program.

Electronic Signature

The screenshot displays the PAVE Portal interface for the E-Signature step. On the left is a navigation sidebar with sections: Business Information, Group Signature, Rendering Info (with an 'Expand All' button), and a list of sub-sections including Getting Started, Profile Information, Business Information, Practice Information, Disclosure Information, Rendering Signature (highlighted with a blue circle), Electronic Signature (highlighted with an orange circle), and Submit Application. The main content area has a header with 'Declarations', 'E-Signature', and 'Summary' tabs. A large blue-bordered callout box contains a message from a cartoon character: 'You're almost ready to sign your application! Even though you're completing and submitting your application through PAVE 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: 'You can select any of the sections in the column on the left hand side of your page. If there is a half filled or empty circle, it means that section still needs to be completed. Feel free to click through to make sure all your information was entered correctly.' A link for 'Medi-Cal Provider Agreement' is provided, with 'Required value' noted below it. An 'Important Information' warning icon is also present. The main area contains three declaration boxes, each with a checkbox and a scroll icon:

- ☒ I, [REDACTED], have read, understood and agree to the terms of the Medi-Cal Provider Agreement.
- ☒ I, [REDACTED] have reviewed my application and believe all information and attachments are correct, to the best of my knowledge.
- ☒ 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.

» The rendering provider must review the Medi-Cal provider agreement and agree with related attestations prior to electronically signing the Medi-Cal application.

Electronic Signature Verification

The screenshot displays a web application for electronic signature verification. On the left is a sidebar menu with two sections: 'Group Info' and 'Rendering Info', each with an 'Expand All' link. The 'Group Info' section includes 'Business Information' and 'Group Signature'. The 'Rendering Info' section includes 'Getting Started', 'Profile Information', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Signature' (highlighted), 'Electronic Signature', and 'Submit Application'. The main content area features a progress bar at the top with three steps: 'Declarations', 'E-Signature' (current step), and 'Summary'. Below the progress bar is a message box with a cartoon character saying: 'Almost done!! Verify that the SSN and Year of birth entered match what you entered on Profile Information form. If you need more help, you can always watch our ICT video about Rendering Signature process.' Below this is a text box with a statement: 'I, [redacted] certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.' followed by a checkbox. Below the text box are input fields for 'SSN (last 4 digits)', 'Year of birth', 'Email address', and 'Password' (with a prompt 'Please Enter the password used to log into the Portal'). At the bottom are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted by a red box.

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

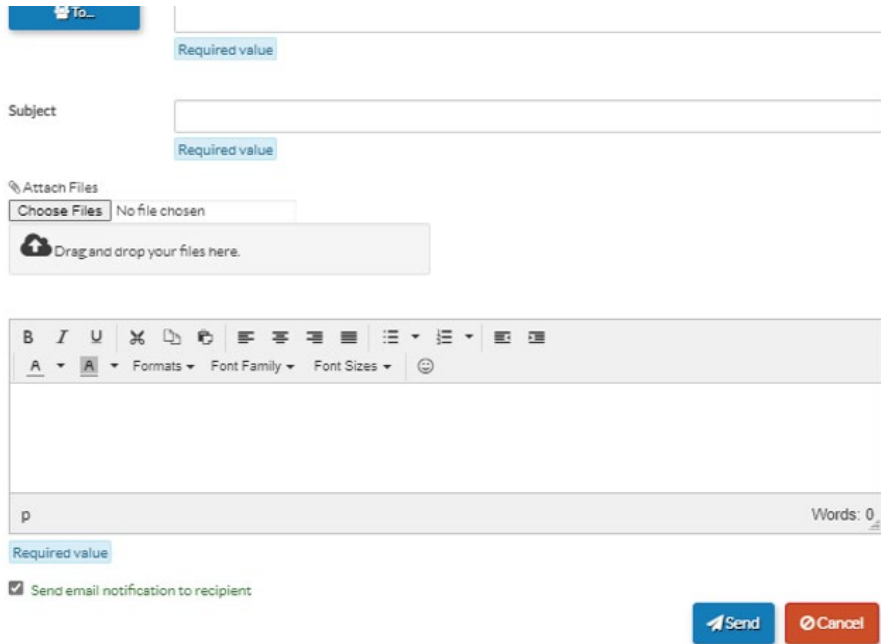
Signatures on Your Application

- » 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."

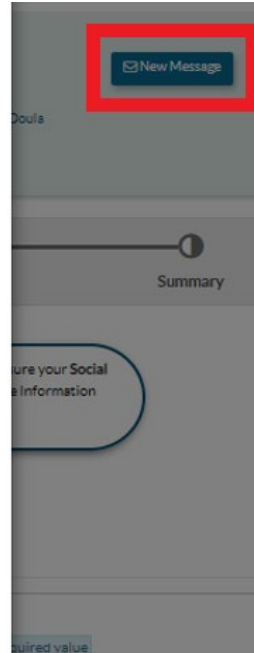
Who May Apply and Sign Applications

- » Rendering applications and individual billing (sole proprietorship) applications must be signed by the provider themselves.
- » Incorporated applications must be signed by a corporate officer or an official representative of a governmental entity or non-profit organization.
- » An authorized signer may view sensitive documents that are part of the PAVE profile and manage his/her own email messages in PAVE.

Messages



A screenshot of a web-based email composition form. At the top, there is a "To:" field with a blue button icon and a "Required value" label. Below it is a "Subject" field, also with a "Required value" label. To the left of the main text area is an "Attach Files" section with a "Choose Files" button (labeled "No file chosen") and a "Drag and drop your files here." area. The main text area has a rich text editor toolbar with options for Bold (B), Italic (I), Underline (U), text color, background color, bulleted list, numbered list, link, and unlink. Below the toolbar, the text "p" is entered, and a "Words: 0" counter is visible. A "Required value" label is at the bottom left of the text area. At the bottom, there is a checked checkbox labeled "Send email notification to recipient" and two buttons: "Send" (blue) and "Cancel" (red).



» If you have questions related to enrollment or application requirements, you may submit messages before, during and after the submission of your application by selecting, "New Message."

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.

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.

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.

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!

