## **Fee-For-Service Enrollment for Doula Group providers**

**Provider Enrollment Division** 

December 2022



### **Topics Covered**

- 1. Getting Set Up in the PAVE Enrollment System
  - » National Provider Identifier (NPI)
  - » PAVE User
  - » PAVE Profile
- 2. PAVE Questionnaire to Start a Doula Group Application
- 3. Some Medi-Cal Enrollment Requirements
  - » List of Required Documents to Attach
  - » Who is Authorized to Sign Medi-Cal Applications
- 4. Doula Group Application Sections
- 5. DHCS Application Review
- 6. Additional Resources

### National Provider Identifier (NPI)

- » Before getting started in PAVE you must obtain an NPI
  - » **Type-1 NPI's** 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 NPI's** 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 at <a href="https://nppes.cms.hhs.gov/#/">https://nppes.cms.hhs.gov/#/</a>

### **Getting Set Up in PAVE for First Time Users**

» PAVE101 Training Slides <u>https://www.dhcs.ca.gov/provgovpart/Pages/PAVE-101-</u> <u>Training-Slides.aspx</u>

### Access PAVE

← → C	\$
CA PAVE PORTAL	Bulletins Contact Us Sign Up Login
Welcome to PAVE!   Light to continue your Medi-Cal enrolling to a PAVE user profile, select Sign-up.   Light to continue your Medi-Cal enrolling to a PAVE user profile, select Sign-up.   Light to a PAVE user profile.   Light to a pave pave pave pave pave pave pave pa	nent journey! If you don't
PAVE Portal SSD Version: 5.0.0     © Copyright 2021 Digital Harbor I	.u - Baila Number.226 Inc. All rights reserved.



#### » Complete the required information and click "NEXT"

← → C	sso/register.do	Q \$
	Sign Up	
	Fristname Lastname Sandy Lee	
	Username	
	Pessord Confirm	
	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 Prome number (555) 555-5555	
	Recovery enail address sandy: 1.see@protonmail.com	
	V I'm not a robot	
	By selecting Next, you agree to the Terms & Conditions for PAVE Portal.	
	PMVE Portal SSO Version: 5.0.0.0 - Build Number:226	

# » You will be prompted to select how you wish to receive the six digit verification code, after selecting the preferred option click "NEXT"



» Each of the three options provides a verification code <u>valid for</u> <u>only 15 minutes</u>.



#### » Enter the six-digit verification code and click "VERIFY"



#### » Once PAVE confirms successful verification, click "LOGIN".



#### » Now enter your email and your password and click "LOGIN"



## **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.

## **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"

### **PAVE Profile**



## **Starting a Doula Group 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 Doula Group application.

## **Select New Application**

.,, replications								
	Listed below are the provide		currently working on	Once enrolled	you can modify y	our Medi-Cal accou	inte at any	
00(	time.	applications you are	currency working on	Once entoned.	you can mounty y		into at any	
						Owners/Pers information	ional	• New Application
Total Apps 0	In Progress	Retu	Irn to Provider	Resul	bmitted	Appro	wed	Denied
> Application	s Dashboard							
		- Filter	by -	- Please sele	ect a filter -	•	Search	٩
Provider Name	11 Provider Type	1† NPI 1†	Application	11 Status	Complete	Last Update	11 Owner	It App ID
	ed							

### **First Questionnaire Page**

The follow	ving questionnaire will belp determine	the correct type of applica	tion for you. Hovering over the opti	ons will	
provide a	dditional help!				
			COVID-19 Sp	ecial Announcement	
C I'm enrolled in Med	di-Cal or Medi-Cal Dental, and I want to	o create an application			
• O I'm ancellad in Ma	di Caller Medi Cal Destal and Lucett	o affiliate with another pro-	wider		
	ur-caror Meur-car Dentai, and i want t	to arminate writiranother pro	willer		
I'm new to Medi-Ca	al or Medi-Cal Dental, and I want to cre	eate a new application			
What type of provider	are you?				
O I'm an individ	dual provider 🔣				
Em a grour	of individual providers				
1110 51005					
C I'm a healthc	are business				
	and an anti-laboration				
C Theed to report 30	ppiementai changes				
f you want help with any of the	se options, select the in-context tutoria	al video icons for assistance	e. 🖪		0
Once you have made your choic	ce, select Continue				
← Previous					En alt

### Second Questionnaire Page Select Your Type of Group Practice

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	
O Physicians Group Practice	
O Self Employed Sole Proprietor	
Group Practice	
O Dental Group Practice	
O Medicare Crossover-Only Group practice	
Once you have made your choice, select Continue	Continue →
	$\mathbf{O}$

### **Correct NPI Type depends on your Business Structure**

### 1. Type 1 NPI

» **Sole Proprietors** must use a Type 1 NPI. 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.

### 2. Type 2 NPI

» Business entities such as a corporations, LLCs, and Partnerships must use a Type 2 NPI, even if you are the only owner of the entity.

### Third Questionnaire Page Enter Your NPI and click Verify



### Fourth Questionnaire Page PAVE Verifies NPI with NPPES

•					
Start Application	Business Structure	NPI	Provider Type	Language	Last step
Citay, now you select	that I know you want to create a new ed sole proprietor you must enter a T	v application, what is the ype 1 NPI. Any other bu	NPI for this new application? Remen siness entity type requires a Type 2 N	nbor, if Pl.	
National Provid	0 1234567890	1234567890	Verity >		
ype	2-Organization				
Business name	Diana Doula, Inc.		Check	to ens	ure
faxonomy code(s)	000000000000000000000000000000000000000		12 15 1 10		
4PPES address (registered)	123 Main Street, Sacran	iento 95815	this in	format	ion
s this the correct information?				101111ac	
O Yes O No			match		r
Required value			match	ies you	
Once you have made your choice	e, select Continue		husine	200	
			DUSING		
♦ Previous					Continue

### Fifth Questionnaire Page Select Provider Type – Doula Group



### Sixth Questionnaire Page Languages Offered

nce you have made your choice, select Cont	e	
lect Languages		
	All displayed Languages	
	Spanish	
	Portuguese	
	Lalian	
	French	
	□ Japanese	
	Cantonese	
	Mandarin	
	Other Chinese	
	C Korean	
	German	
	Arabic	
	C Armenian	
	Cambodian	
	🗆 Farsi	
	Hmong	
	□ Vietnamese	
	Russian	
	Tagalog	
	Hindi	
	Other	

Previous

### Seventh Questionnaire Page Summary Page – Double Check!

•					0
Start Application	Business Structure	NPI	Provider Type	Language	Last step
Before you application	can continue, please review the sun . You can select the Previous button formation that you've entered so far. I	nmary below. It contains a to go to the previous sec f everything looks correct	all your previous selections to create tions and make any changes you ne t, select <i>continue</i> to proceed forward	this ed. creating this application or sele	ect <b>previous</b> to make any
ecessary changes.			_		
I'm new to Medi-Cal or M	edi-Cal Dental, and I want to create a	new application			
I'm a group of indi	vidual providers				
Business Structure					
Group billing provider					
Group Practice					
NPI of the application					
1234567890 View Details					
Provider Type					
Doula Group					
Language					
← Previous					Continue

### **Medi-Cal Requirements**

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

### **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)

## Who Can Sign Applications

### » CCR, Title 22, Section 51000.30(a)(2)(B)

» 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."

» Signatures cannot be delegated.

## **Doula Group Application**

My Messages	Applications	Accounts	My Tools -	Help	What's New!
	Provider Name Provider Type Doula C Application ID 2212H Creation Date 12/19/ Package Type Group1	C Sroup 2022 Billing	3% Complete	0% Document	Submit Sect
Content	Expand All				
Getting Started		Getting Sta	rted 🔠		
Business Inform	mation O		Helio Dou Group provider. If you are not a P	la! You have chosen hysician/Surgeon ar	to apply as a DHCS Medi-Cal Doula Ind you have Rendering providers, please
			allose the drou	p Practice options	
S Disclosure Info					
Disclosure Info     Rendering Pro	vider Affiliations O	Our useful tools become a Medi-0	(social chat, explanation, sl Cal provider quickly and ea	hare and messages) silly.	help you collaborate with your co-workers so you can
Disclosure Info     Rendering Pro     Claim Payment	vider Affiliations O	Our useful tools become a Medi-C	social chat, explanation, sl Cal provider quickly and ea Getting Started	hare and messages) sily.	help you collaborate with your co-workers so you can Physician/Surgeon Group
<ul> <li>Disclosure Info</li> <li>Rendering Pro</li> <li>Claim Payment</li> <li>Signature</li> </ul>	vider Affiliations O t O	Our useful tools become a Medi-0	(social chat, explanation, sl Cal provider quickly and ea Getting Started	hare and messages) sily.	help you collaborate with your co-workers so you can Physician/Surgeon Group

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

### **Business Profile**

ontent O Expa	and All	•	0	_0		3
etting Started	•	Business Profile	TIN/EIN & Business License	<b>Business Permits</b>	Sun	mary
Business Information	•	Please	e share some basic information about you	r business.		
Business Profile	•					
Contact Person	0	Legal name	Douta, Inc.			
Delegated Officials	0	Business name	Same as legal name	88		
Addresses			Doula, Inc.			
Practice Information	•	Entity type	Connection			
Disclosure Information	0		Articles of Incorporation	1		
Rendering Provider Athliation	0		- TEST.docx	6		
Claim Payment	0	Corporate number	123456			
Signature	0	State incorporated	California, CA	-		
Submit Annibration		Business phone number	(276) 213-4567			
Contract of Advancements		Telephone number extension				
		67				
		Does your business use a n	egistered Fictitious Business Name/Perr	W? 0	Yes 💌 No	
		L				88

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

- Business/Legal Name
- Entity Type
- Fictitious Business Name Permit (if required)
- TIN
- Business License/Permits

### **Contact Person**

Business Information		o should Medi-Cal contact if they have questions about	your application?
Business Profile	•		
Contact Person	O Please include a contact perso	n who will be available during regular business hours.	
Delegated Officials	O First name		
Addresses	0	Required value	
-	Last name		
Practice Information	•	Required value	
<b>Example 7</b> Disclosure Information	O Title/Position		
Pandaring Dravidar Affiliations	O Telephone number		
Tendering Provider Anniations		Required value	
Claim Payment	O Telephone number extension		
Signature	O Empil address		
	Email address	Required value	
Submit Application	•		
	← Previous		Continue

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

## **Delegated Officials**



• 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**



In the address section you must report your service address, pay-to address and mailing address.

The service address can not be a PO Box address and will be reported to the Open Data Portal.

### **NPI/Taxonomy**



 The taxonomy Code associated with your NPI will generally prepopulate. However, you can add or remove any taxonomy codes that should be associated with your NPI.

### **Disclosure Section**



• The Disclosure Section is where you will report all federally required information.

## **Rendering Providers**

NA DAVE	DOPTH	DHCS		,		Doula		
U.GOV PAVE	Crea	te Affiliation App	lication			×	16.01	
GettingStarted	Enter t	the provider's NPI you would	l like to affiliate w	vith:		Summary		Ŏ
Business Information	Nation	nal Provider fication (NPI)	d value	Verify >		ion by selectin	E	3
Practice Information								0
Disclosure Information	•					_		
Sendering Provider Aft	hliations O					<b>O</b> Ad	ld Rendering	
Rendering Provider	Affiliations O	Application ID	App Status	Rendering Name	Provider Type	NPI Status	Actions	×
Claim Payment	0	No affiliations listed						6
🖋 Signature	0	← Previous					Continue	2
Submit Application	0						l.	

 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-S Affiliation Form to affiliate the enrolled individual with the group.
- » If the Rendering provider is not enrolled in Medi-Cal, then 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 Doula Rendering provider application training.

## **Claim Payment**



 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.

### **Electronic Signature**

Content	Expand All	0	O	O	•
GettingStarted	•	Declarations	E-Signature	Summary	<u>&gt;</u>
Business Information	•	You're almost ready to sign your a	application!		3
Practice Information	•	Even though you're completing a Using the electronic signature fea	nd submitting your application through PAVE Portal and not on paper, your s ature, you can submit this application just like your handwritten signature.	signature is still required.	0
X Disclosure Information	•	Please read the Medi-Cal Provide process.	er Agreement declarations below and then check the boxes to declare that ye	ou agree with this	
Nendering Provider Affiliations	•				
Claim Payment	•	Please note that in order to continue with the E-Signature p	rocess, you must read the Provider Agreement.		
🥕 Signature	0	Medi-Cal Provider Agreement Required value			
Electronic Signature	0				
<ul> <li>Submit Application</li> </ul>	0	I, Diana Doula, declare that I have legal authorization	to sign this application for and on behalf of Diana Doula, Inc		
					88
		I, Diana Doula, have read, understood and agree to th	e terms of the Medi-Cal Provider Agreement.		
		I, Diana Doula, have reviewed my application and b knowledge.	believe all information and attachments are correct, to the best of my	2	88
		<ol> <li>Diana Doula, declare under penalty of perjury under the information on all attachments is true, accurate a authorized to sign this application pursuant to Title 22,</li> </ol>	er the laws of the State of California that the foregoing information and and complete, to the best of my knowledge and belief, and that I am California Code of Regulations, Section 51000.30.		88
		<b>♦</b> Previous		Con	ntinue 🗲

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

## **Electronic Signature**

		Declaration	E.Simatur-	0	
ettingStarted	•	Declaration	E'nguature	Summary	
Business Information	•	I need to verif	v your personal information before you can electronically sim. After arreeing to the decl	aration, make sure your Social	
Practice Information	•	00 Security Num form.	ber and Date of Birth are identical to what you entered in the Personal Information section	on of the Profile Information	
Disclosure Information	•				
Rendering Provider Affiliations	9	If you need help with this section, please	watch this in-Context Tutorial about e-signing an application. 🗄		
Claim Payment	•	I, Diana Doula, certify that I intend for my electronic signature on this application to be a legally binding equivalent of my		my 🗆	
Signature	0	traditional nanowritien signature.		Required value	00
Electronic Signature	0				00
6. tools & collection	0	SSN (last 4 digits)	###-## <u></u>		
Submit Application			Required value		
		Year of birth	##/##/		
			Required value		
		Email address			
		Password	۲		
			Required value		
					-
		Previous			Continue 🗲

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



Untitled - Me	ssage	3	: Contrains
Application ID: 2212	НКАЕ		
<b>₩</b> To	Required value		⊠ New Message
Subject	Required value		Doula
Notach Files	file chosen		0
Drag and drop	o your files here.		Summary
B <i>I</i> ⊻ ≯ <u>A</u> <b>•</b> A <b>•</b> F	6 Da 66 F 푸 프 프 프 ormats • Font Family • Font Sizes • ⓒ		ure your Social e Information
p Required value		Words: 0	
Send email notific	ation to recipient	Send OCancel	quired value

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

### **The Enrollment Process Initial Review**

» Complete your application in the PAVE portal.

» Submit your application.

» DHCS reviews in 'date order received'.

» The legal allowance for the initial review period is 180 days, but DHCS strives to complete initial reviews much sooner.

### The Enrollment Process Correcting Deficiencies

- » 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.
- » You need to go into the application and make the corrections and then resubmit your application to PED within 60 days.

### **Common Denial Causes**

### » Wrong NPI Type or Number

» Provider has formed a corporation, but submits application with Type 1 NPI, OR, 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

### The Enrollment Process Approval and Denial

- » 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.

### **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 <u>Provider Enrollment Division (PED) (ca.gov)</u> and then click on "PED, then "Inquiry Form", or call (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. <u>https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx</u>

### **Thank You**

