

The background features a purple-tinted image of a stethoscope on the right and a line graph on the left. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The line graph shows a fluctuating upward trend. The overall theme is healthcare and data.

Individual Billing Provider Doula Application

December 2022

Topics Covered

1. Getting Set Up in the PAVE Enrollment System
 - » NPI
 - » PAVE User
 - » PAVE Profile
2. PAVE Questionnaire to Start an Individual Billing Provider Application
3. Doula Individual Billing Provider Application Sections
4. 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.
 - » **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 <https://nppes.cms.hhs.gov/#/>

Starting a New Individual Billing Application

- » The following slides will demonstrate the steps to submitting an Individual Billing Provider Application for a Doula provider who is NOT operating as a sole proprietor.
- » A Doula provider who is organized as a corporation, a Limited Liability Company or a Partnership must apply with a Type-2 NPI.
- » Type-2 NPI's are reserved for health care providers who are organizations, including groups, hospitals, and the **corporation formed when an individual incorporates him/herself.**

Access PAVE



← → ↻ pave.dhcs.ca.gov/sso/login.do? ☆

CA.GOV **PAVE PORTAL** DHCS

Bulletins Contact Us Sign Up **Login**

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

Log in to your profile

Username

E-mail address

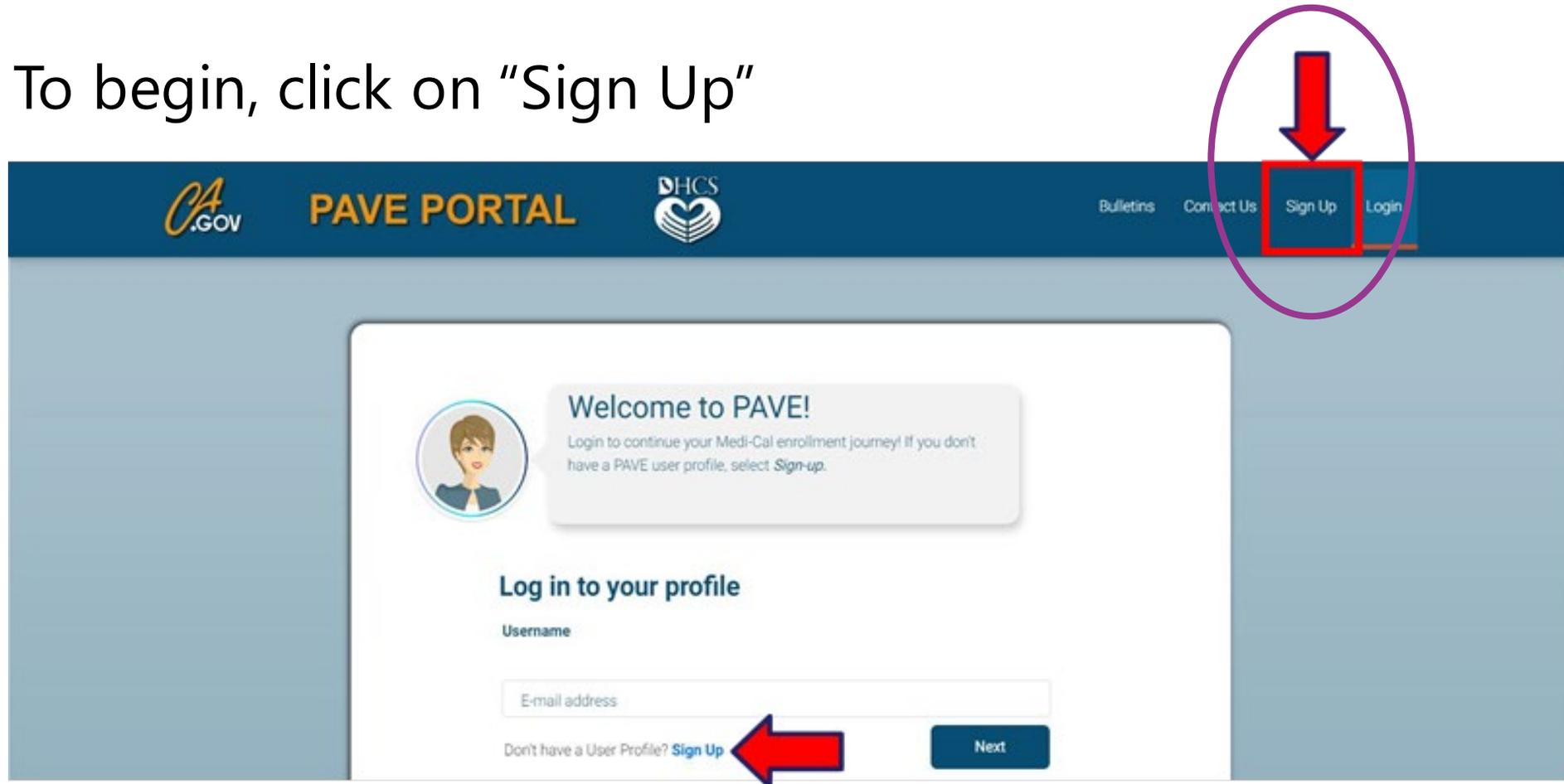
Don't have a User Profile? [Sign Up](#) **Next**

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

PAVE Portal SSO Version: 5.0.0.0 - Build Number:226
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PAVE User Sign-Up Process

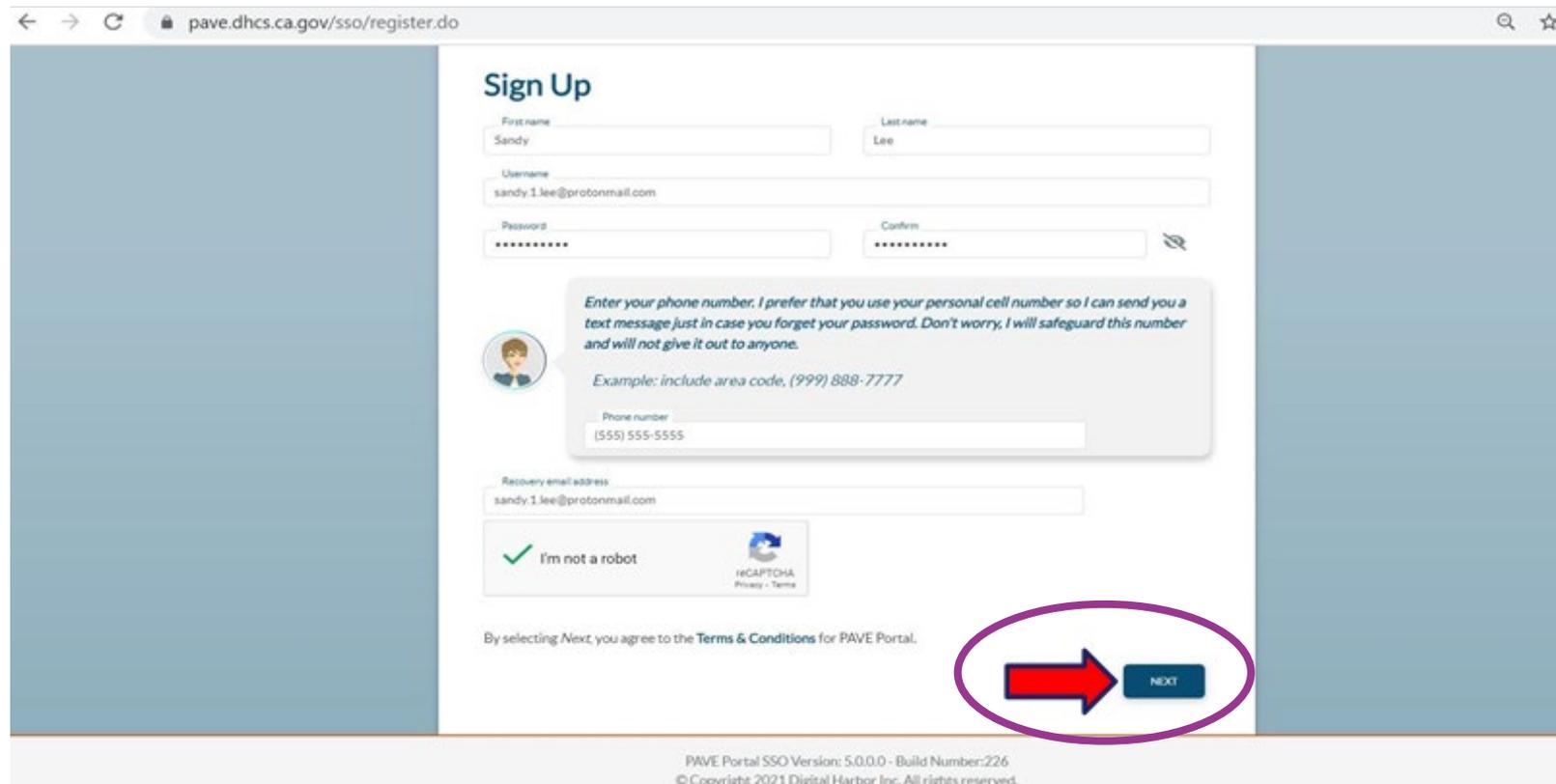
» To begin, click on "Sign Up"



The screenshot displays the PAVE Portal website interface. At the top, there is a dark blue navigation bar containing 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 points down to it from a purple oval. Below the navigation bar, a white central panel features a "Welcome to PAVE!" message with a user profile icon and instructions to login or sign up. Underneath, there is a "Log in to your profile" section with a "Username" label and an "Email address" input field. At the bottom of this section, there is a link for "Don't have a User Profile? Sign Up" with a red arrow pointing to it, and a "Next" button.

PAVE User Sign-Up Process

» Complete the required information and click "NEXT"



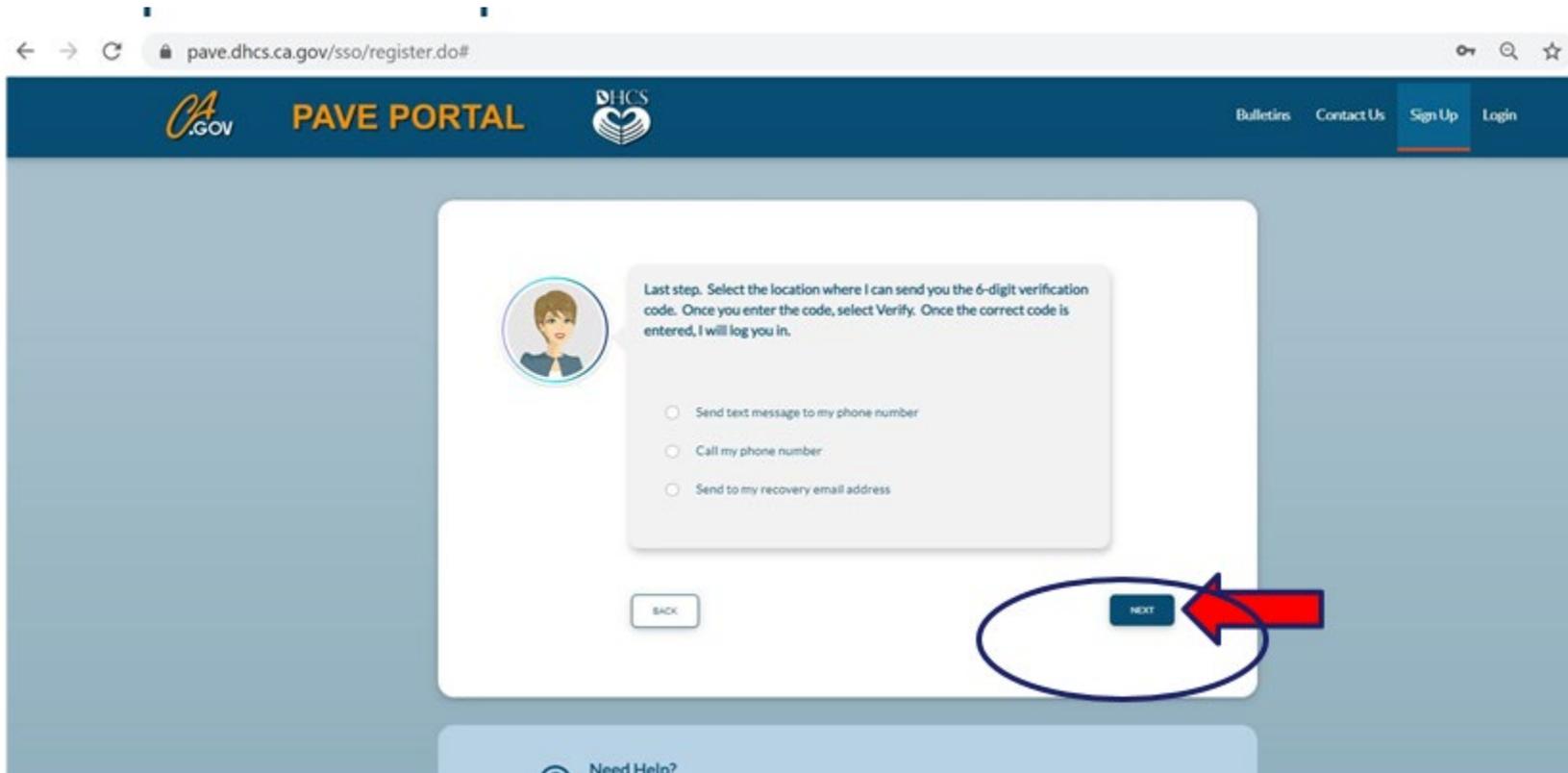
The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do`. The page title is "Sign Up". The form contains the following fields:

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

Below the phone number field, there is a green checkmark and the text "I'm not a robot" next to a reCAPTCHA logo. At the bottom of the form, there is a blue button labeled "NEXT" with a red arrow pointing to it. The footer of the page reads: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

PAVE User Sign-Up Process (Cont. 2)

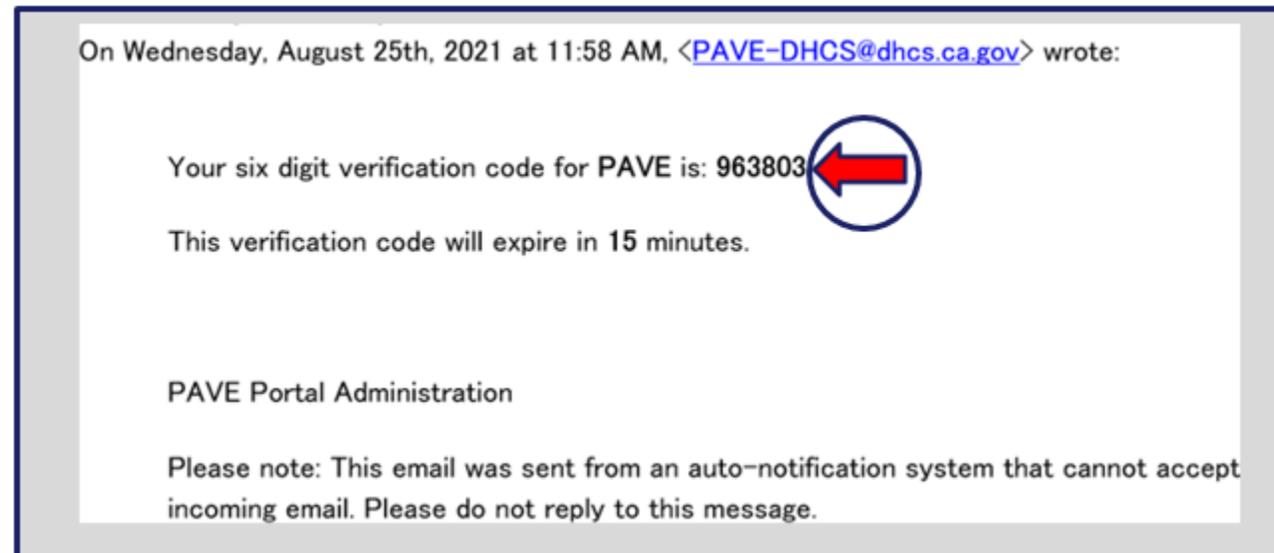
- » You will be prompted to select how you wish to receive the six-digit verification code, after selecting the preferred option click "NEXT"



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, `PAVE PORTAL`, and the `DHCS` logo. Navigation links for `Bulletins`, `Contact Us`, `Sign Up`, and `Login` are visible. The main content area features a white card with a female avatar 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 two buttons: "BACK" and "NEXT". A red arrow points to the "NEXT" button, which is also circled in blue.

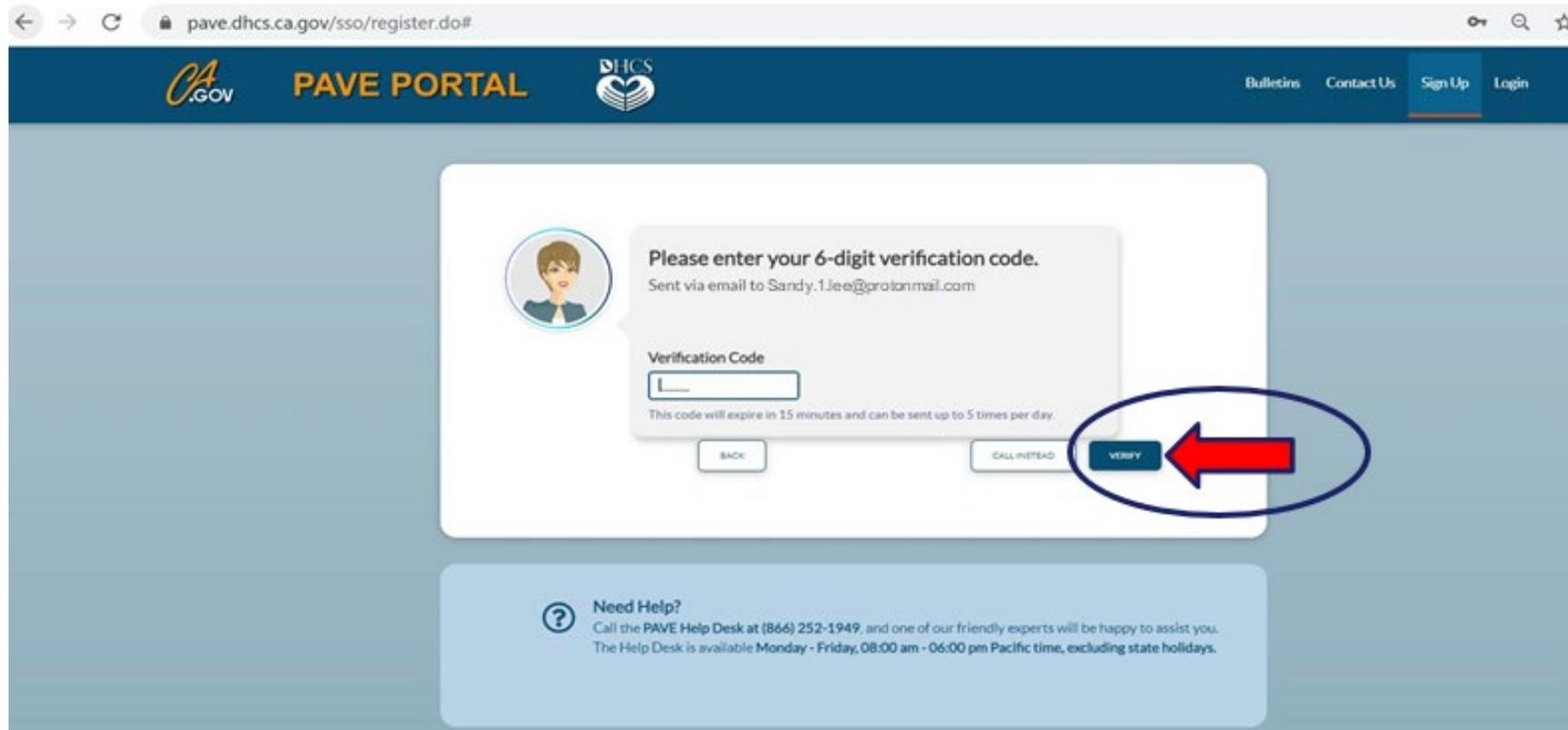
PAVE User Sign Up Process (Cont. 3)

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



PAVE User Sign-Up Process (Cont. 4)

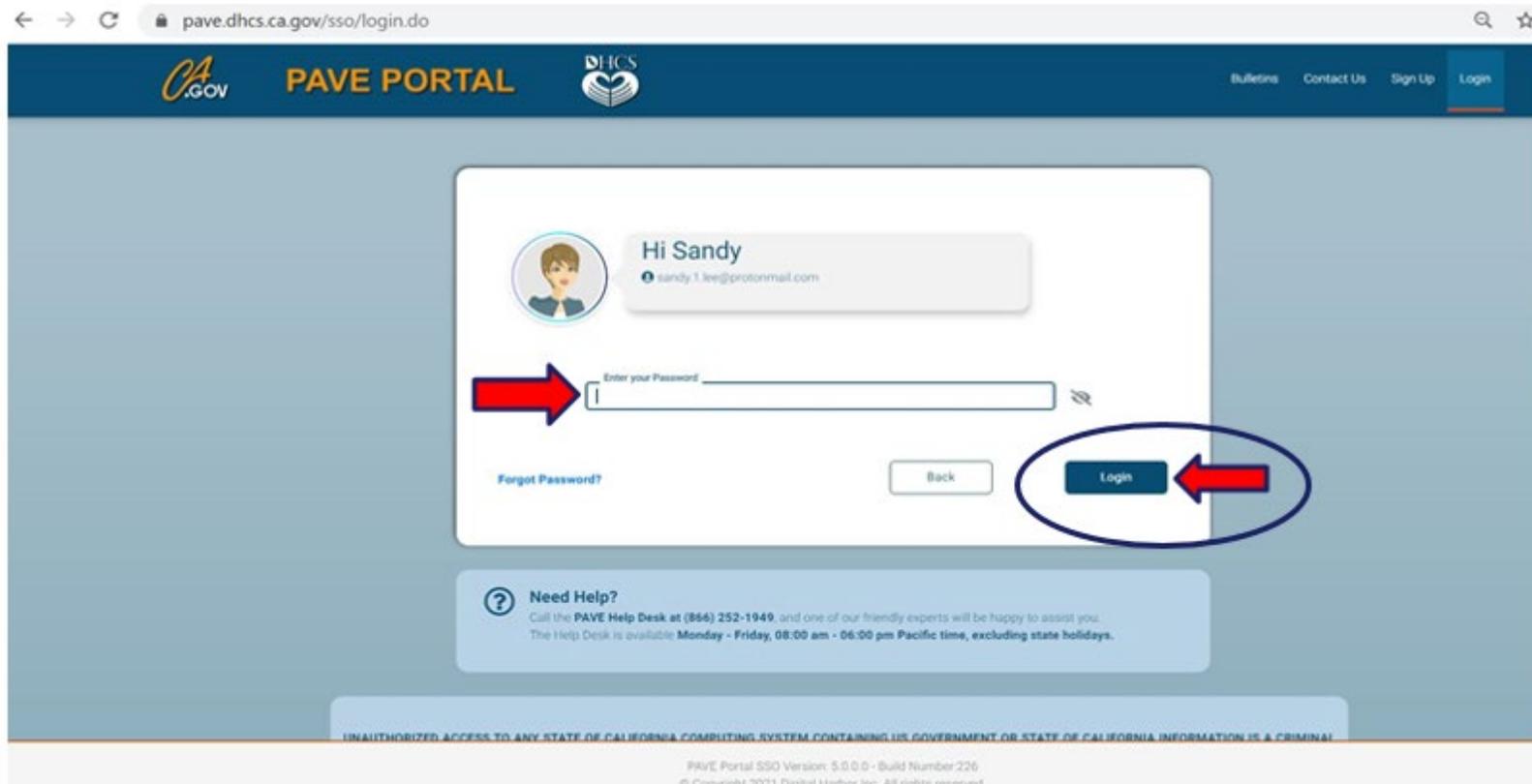
» Enter the six-digit verification code and click "VERIFY."



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, the text "PAVE PORTAL", the DHCS logo, and navigation links for "Bulletins", "Contact Us", "Sign Up", and "Login". The main content area features a white card with a user profile icon on the left. The card contains the following text: "Please enter your 6-digit verification code." followed by "Sent via email to Sandy.1.lee@protonmail.com". Below this is a "Verification Code" input field with a placeholder "_____". Underneath the input field, it states "This code will expire in 15 minutes and can be sent up to 5 times per day." At the bottom of the card are three buttons: "BACK", "CALL INSTEAD", and "VERIFY". A red arrow points to the "VERIFY" button, which is also circled in blue. At the bottom of the page, there is a "Need Help?" section with a question mark icon and contact information for the PAVE Help Desk.

PAVE User Sign Up Process

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



The screenshot shows the PAVE Portal login page. The browser address bar displays `pave.dhcs.ca.gov/sso/login.do`. The page header includes the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and navigation links for "Bulletins", "Contact Us", "Sign Up", and "Login". The main content area features a user profile card for "Hi Sandy" with the email `sandy.1.lee@protonmail.com`. Below the profile is a password input field labeled "Enter your Password" with a red arrow pointing to it. To the right of the password field is a "Login" button, which is circled in blue and has a red arrow pointing to it. Other buttons include "Forgot Password?", "Back", and "Login". A "Need Help?" section provides contact information for the PAVE Help Desk. At the bottom, there is a disclaimer: "UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL OFFENSE." and footer text: "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.

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

The screenshot displays the PAVE Portal interface. At the top, a dark blue navigation bar contains the CA.GOV logo, the text "PAVE PORTAL", the DHS logo, and user information including "My Business ABC" and "Sandy". Below this bar, a secondary navigation row features "My Messages", "Applications", "Accounts", "My Tools", "Help", and "What's New!". The "Applications", "Accounts", and "My Tools" buttons are highlighted with red boxes. A red arrow points to the "What's New!" link.

A central message bubble contains the following text:
Hello! I will be guiding you on your journey in the PAVE Portal. Click on the building titles below to be taken to the corresponding section.
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.
You can also get technical assistance by using our chat feature at the bottom right of this page, Monday - Friday from 8am - 4pm PST.

Below the message is a 3D isometric city map representing the portal's sections. The buildings are labeled "MY TOOLS", "MY APPLICATIONS", "MY ACCOUNTS", "LEARNING CENTER", and "MESSAGE CENTER". The "LEARNING CENTER" and "MESSAGE CENTER" buildings are highlighted with red boxes. A circular profile picture of a woman is shown in a thought bubble above the Learning Center building.

Starting a New Application

The screenshot shows a web application interface with a navigation bar at the top containing 'My Messages', 'Applications' (highlighted with an orange underline), 'Accounts', 'My Tools', 'Help', and 'What's New!'. Below the navigation bar is a section titled 'My Applications' with a calendar icon. A callout box with a woman's icon and speech bubbles contains 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.' To the right of this callout is the text 'Owners/Personal information'. A red-bordered button labeled '+ New Application' is positioned to the right of the callout. At the bottom, there is a row of six buttons: 'Total Apps 5' (dark blue), 'In Progress 2', 'Return to Provider 0', 'Resubmitted 0', 'Approved 0', and 'Denied 0'.

- Start the application questionnaire by selecting, “New Application” in the Applications tab.

First Questionnaire Page

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 →](#)

Second Questionnaire Page

Business Structure – Incorporated Individual

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

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

[← Previous](#) [Continue →](#)

Fourth Questionnaire Page

Select Provider Type – Doula Individual

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

Start Application Business Structure NPI Provider Type Language Last step

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

i If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure, click [here](#)

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

Fifth Questionnaire Page

Languages Offered

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

Start Application Business Structure NPI Provider Type Language Last step

 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
- Taiwanese
- Mongolian
- Laotian
- Punjabi
- Other

← Previous

Continue →

After selecting any additional languages spoken click continue.

Sixth Questionnaire Page

Summary Page – Double Check!

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

Start Application Business Structure NPI Provider Type Language Last step

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

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

Start Application
I'm new to Medi-Cal or Medi-Cal Dental, and I want to create a new application
I'm an individual provider

Business Structure
Individual billing practitioner
I'm an incorporated individual provider

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

Provider Type
Doula Individual

Language
Korean

[← Previous](#) [Continue →](#)

Ensure your business structure is an incorporated individual provider and your provider type is Doula individual.

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.

Getting Started with the Application

Provider Name [REDACTED]
Provider Type Doula Individual
Application ID 221290TL
Creation Date 12/26/2022
Package Type Individual Billing

3% Complete
0% Documents

New Message
Submit Section

Application Owner: [REDACTED]

Launch the application and the Application ID is at the top of the page.

Content Expand All

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

Getting Started

Hello again Daniela Doula! You have chosen to apply as a DHCS Medi-Cal Individual- Doula Individual provider. If you are not a Physician/Surgeon and you have Rendering providers, please choose the Group Practice option.

This individual application uses Social Forms technology to help you to become a Medi-Cal provider quickly and easily. You can complete your application while collaborating with your co-workers through useful tools like [social chat](#), [explanation](#), [share](#) or [messages](#). To better understand these collaborative tools, other useful applications and their features, please take a few minutes to see our [in-context tutorial videos](#).

Getting Started
Incorporated Individual Physician/Surgeon

I have personalized your Medi-Cal application based on the answers you gave me, and its now ready and waiting for you to start! Remember, you can always come back to a section later if you dont have the information available. Lets begin!

Continue →

Business Profile Section

Content Expand All

- Getting Started
- Business Information
 - Business Profile**
 - Contact Person
 - Addresses
- 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

Business name Same as legal name

Entity type

Business phone number
Required value

Telephone number extension

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

[← Previous](#) [Continue →](#)

Complete information specific to the entity and be sure to attach required documents.

Business Profile

TIN & Business License

Creation Date 12/26/2022 Application Owner: Daniela Doola
Package Type Individual Billing

Content Expand All

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

Business Profile **TIN/EIN & Business License** Business Permits Summary

I need some additional information about your business. Please attach clear copies of your documentation.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) 99-1234567

EIN/FEIN TEST.docx

Business license number N/A

Please explain **Important Information**
City does not require a license.

Do you, Doula Provider LLC, have Workers' Compensation insurance? Yes No

Please explain
No Employees

← Previous Continue →

Provide attachments or explanations when required in the application.

Business Profile

Business Permits

Package Type: Individual Billing

Content Expand All

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

Business Profile TIN/EIN & Business License **Business Permits** Summary

Do you have a **Seller's permit**? If you do, please provide the permit number and attach the Seller's permit document.

Does Doula Provider LLC, have a Seller's permit? Yes No

Please include all local business permits N/A

Please explain

[← Previous](#) **Indicate if the entity has any permits and attach if applicable.** [Continue →](#)

Business Profile

Contact Person

Content Expand All

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

Contact Person Information Summary

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.

First name

Last name

Title/Position

Telephone number

Telephone number extension

Email address

[← Previous](#) [Continue →](#)

Provide accurate contact information.

Business Profile

Service Address

Content Expand All

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

Service Address Pay-to Address Mailing Address Summary

 This is the address that will be published on public provider directories. A PO Box may not be used for this address.

[View Address](#)

Street
Required value

Ste. / Apt. #
Required value

City
Required value

State/Province
Required value

County
Required value

ZIP Code/Postal Code
Required value

[← Previous](#) [Continue →](#)

Provide your service address that will appear on the public directory. This may not be a PO Box.

Business Profile

Pay-To Address

Content Expand All

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

Service Address **Pay-to Address** Mailing Address Summary

Please let me know the address where you want to receive payments.

Same as service address.

[View Address](#)

Street
Required value

Ste. / Apt. #

City
Required value

State/Province
Required value

County
Required value

ZIP Code/Postal Code
Required value

[← Previous](#) [Continue →](#)

Provide a Pay-to address or you can select "same as service address" and the address will populate from your prior entry.

Business Profile

Mailing Address

Content Expand All

Getting Started

Business Information

- Business Profile
- Contact Person
- Addresses**

Practice Information

Disclosure Information

Rendering Provider Affiliations

Claim Payment

Signature

Submit Application

Service Address Pay-to Address **Mailing Address** Summary

Last step! Add a mailing address where you want Medi-Cal to send official correspondence.

Same as service address.

Same as pay to address.

[View Address](#)

Street Required value

Ste. / Apt. #

City Required value

State/Province Required value

County Required value

ZIP Code/Postal Code Required value

[← Previous](#) [Continue →](#)

Provide the mailing address or you can indicate it is the same as your service or pay to address.

NPI/Taxonomy

Provider Name: Doula Provider LLC
Provider Type: Doula Individual
Application ID: 221290TL
Creation Date: 12/26/2022
Package Type: Individual Billing

32% Complete
100% Documents

New Message
Submit Section

Application Owner: Daniela Doula

Content: Expand All

- Getting Started
- Business Information
- Practice Information
- NPI/Taxonomy**
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

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) 1942976790

Associated NPI Taxonomy Codes

Description	Taxonomy Code	Type	Actions
Doula	374J00000X	Primary	

← Previous
Continue →

- 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

Program Participation

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
 - Program Participation**
 - Adverse Actions
 - Fines/Debts (Gov.)
 - Subcontractors
 - Ownership/Control Interest
 - Significant Transactions
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

Medicaid/Medicare Participation Summary

You are doing great **Doula Provider LLC!**
In this section you need to include all providers that have ownership or control interest in any healthcare program, whether they are participating in Medi-Cal or not.

List the name and address of all health care providers, participating or not participating in Medi-Cal, in which **Doula Provider LLC** also has ownership or control interest.

List all that apply or select **Not Applicable** if this does not apply to you.

Not Applicable

Do you, **Doula Provider LLC**, currently participate or have you ever participated as a provider in the Medi-Cal program or in another States' Medicaid program? Yes No

← Previous Continue →

- The Disclosure Section is where you will report all federally required information about the entity.

Disclosure Section

Adverse Actions

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information**
 - Program Participation
 - Adverse Actions**
 - Fines/Debts (Gov.)
 - Subcontractors
 - Ownership/Control Interest
 - Significant Transactions
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

Contract/Program Actions License Actions Summary

Please provide additional information about any adverse actions, along with a clear copy of each requested document. This information must be accurate and complete, to the best of your knowledge.

Has Doula Provider LLC ever been suspended from a Medicare, Medicaid, or Medi-Cal program? Yes No

Within 10 years of the date of this statement, has Doula Provider LLC been convicted of any felony or misdemeanor involving fraud or abuse in any government program? Yes No

Within 10 years of the date of this statement, has Doula Provider LLC been found liable for fraud or abuse in any civil proceeding? Yes No

Within 10 years of the date of this statement, has Doula Provider LLC entered into a settlement in lieu of conviction of fraud or abuse involving a government program? Yes No

[← Previous](#) [Continue →](#)

- Home
- Search
- Help
- Account
- Logout
- Support

Disclosure Section

License Actions

Getting Started

Business Information

Practice Information

Disclosure Information

Program Participation

Adverse Actions

Fines/Debts (Gov.)

Subcontractors

Ownership/Control Interest

Significant Transactions

Rendering Provider Affiliations

Claim Payment

Signature

Submit Application

Contract/Program Actions

License Actions

Summary



Please disclose all actions applied to your license, certificate, or other approval to provide healthcare services with a **clear copy of each requested document**.

Have any licenses, certificates or other approvals to provide healthcare **ever been suspended or revoked for Doula Provider LLC?** Yes No ⌵

Has **Doula Provider LLC** otherwise **lost or surrendered** their license, certificate, or other approval to provide healthcare **while a disciplinary hearing was pending?** Yes No ⌵

Have any licenses, certificates or other approvals to provide health care **ever been disciplined by any licensing authority for Doula Provider LLC?** Yes No ⌵

[← Previous](#) [Continue →](#)

Disclosure Section

Fines/Debts

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information**
 - Program Participation
 - Adverse Actions
 - Fines/Debts (Gov.)**
 - Subcontractors
 - Ownership/Control Interest
 - Significant Transactions
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

Fines/Debts (Gov.) Summary

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.

This business has no current State or Federal government Fines/Debts

[← Previous](#) [Continue →](#)

Disclosure Section

Subcontractors

Content	Expand All
Getting Started	●
Business Information	●
Practice Information	●
Disclosure Information	●
Program Participation	●
Adverse Actions	●
Fines/Debts (Gov.)	●
Subcontractors	○
Ownership/Control Interest	○
Significant Transactions	○
Rendering Provider Affiliations	○
Claim Payment	○
Signature	○
Submit Application	○

Progress bar: **Subcontractors** (active) | Summary

 Awesome, **Doula Provider LLC!** This section is simpler than the last one, and it asks about your business' subcontractors.

Does **Doula Provider LLC** have any subcontractors that provide health care services or goods? Yes No

[< Previous](#) [Continue >](#)



Disclosure Section

Ownership/Control Interest

The screenshot shows a web application interface for reporting ownership and control interest. On the left is a navigation menu with categories like 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', and 'Submitting Application'. The 'Ownership/Control Interest' item is highlighted. The main content area has a progress bar at the top with 'Ownership/Control Interest' selected. Below the progress bar is a callout box with a woman icon and the text: 'Please tell me about any individuals that have Ownership or control interest in your corporation. Please include Corporate officers and directors and managing Employees.' Below this is a table with columns: Change, Type, Name, SSN/TAX ID, %Ownership, Status, and Actions. The table is currently empty, displaying 'No Ownership Control Interest listed.' Above the table is a search bar with a filter dropdown and an 'Add' button (highlighted with a red box). Below the table is a file upload area with a cloud icon and the text 'Drag and drop here or browse 50MB Maximum'. At the bottom are 'Previous' and 'Continue' buttons.

- Here you will report all individuals or entities with 5% or more ownership or control interest in the applicant. A sub form will open to report required information about each individual or entity reported.

Disclosure Section

Ownership/Control Interest Table

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Program Participation
- Adverse Actions
- Fines/Debts (Gov.)
- Subcontractors
- Ownership/Control Interest
- Significant Transactions
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

Ownership/Control Interest Summary

Continue →

Summary: Ownership/Control Interest

Ownership/Control Interest Edit

Use the table below to add any new individual or entity owners or those with control interest

You could use an excel file to add records to this table. For more information [click here](#)

Change	Type	Name	SSN/TAX ID	%Ownership	Status	Summary
Added		[REDACTED]	[REDACTED]	Owner	<input checked="" type="radio"/>	

Total Number of records 1

← Previous Continue →

- Once successfully added, the individuals and/or entities will appear in the Ownership/Control Interest table.

Disclosure Section

Significant Business Transactions

Content expand Full

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Disclosure Information

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Fines/Debts (Gov.)

Subcontractors

Ownership/Control Interest

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Significant Transactions Summary

Before moving on, take a second to review the information you provided about your business' significant transactions.

Continue →

Summary: Significant Transactions

Significant Transactions [Edit](#)

Has Doula Provider LLC had any significant business transactions with any subcontractor during the 5-year period immediately preceding the date of this application?

Yes No

Has Doula Provider LLC had any significant business transactions with subcontractors involving health care services, goods, supplies or merchandise related to the provision of services to a Medi-Cal beneficiary that total more than \$25,000 during the 12-month period immediately preceding the date of the application?

Yes No

← Previous [Continue →](#)

- Once the Significant Business Transactions Section has been completed, the Disclosure section is complete.

Rendering Provider

- Here you will click “Add Rendering” and provide the **Type-1 NPI** of the owner.

Create Affiliation Application

I am the Owner of **Doula Provider LLC** and if approved, my account will be created under **Danielle Doula**

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

The NPI you entered is not enrolled in Medi-Cal. Would you like to start a new application for this rendering provider.

Yes No

[Continue >](#) [Cancel](#)

PAVE PORTAL HCS Danielle Doula Daniela

Package Type Ind

Content Expand All

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Rendering Provider Affiliations

Rendering Provider Affiliations

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Summary

ring:

The New Rendering rendering-S application is for

[Add Rendering](#)

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

[← Previous](#) [Continue >](#)

Rendering Providers

- » If the owner Rendering provider is already enrolled in Medi-Cal PAVE will generate a Rendering-S Affiliation Form to affiliate the enrolled individual with their business.
- » 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 individual billing application.
- » For more information on the Rendering application please review the Doula Rendering provider application training.

Claim Payment

Content Expand All

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- Rendering Provider Affiliations
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- Claim Payment
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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.

Electronic Signature

Disclosure Information

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Claim Payment

Signature

Electronic Signature

Submit Application

Summary: Electronic Signature

Declarations

Before you can select the Declarations or E-Signature for this application, you must first read the Medi-Cal Provider Agreement by selecting the link [Medi-Cal provider Agreement](#).

I, **Daniela Doula**, declare that I have legal authorization to sign this application for and on behalf of **Doula Provider LLC**.

I, **Daniela Doula**, have read, understood and agree to the terms of the Medi-Cal Provider Agreement.

I, **Daniela Doula**, have reviewed my application and believe all information and attachments are correct, to the best of my knowledge.

I, **Daniela Doula**, 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.

E-Signature

I, **Daniela Doula**, certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.

Once you have read the Medi-Cal provider agreement and completed the attestations you will be able to e-sign and submit the application.

- 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.

Messages

Untitled - Message

Application ID: 2212HKAE

To... Required value

Subject Required value

Attach Files

Choose Files No file chosen

Drag and drop your files here.

Rich text editor toolbar: B, I, U, Bold, Italic, Underline, Text Color, Background Color, Bulleted List, Numbered List, Indent, Outdent, Link, Unlink, Undo, Redo, Font Family, Font Sizes, Emoticons

Words: 0

Required value

Send email notification to recipient

Send Cancel

- 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."

PAVE Resources

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.

<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>

PAVE 101 Training Slides

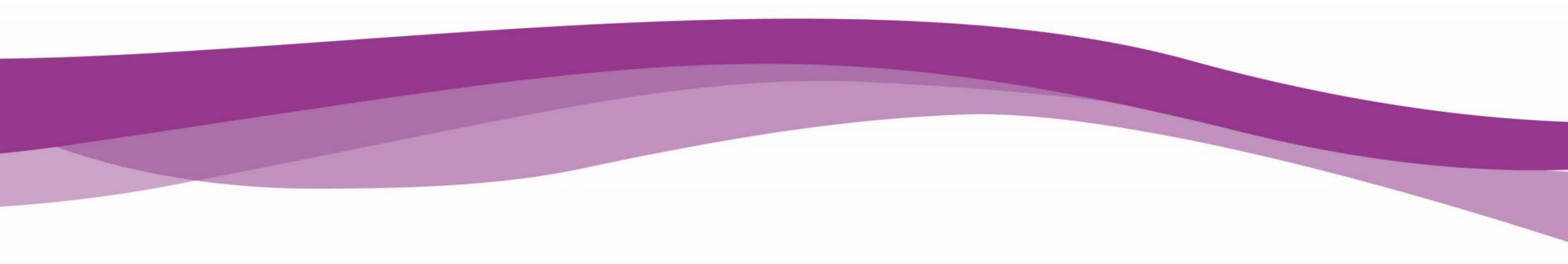
- [What is PAVE and Understanding PAVE Terms](#)
- [Understanding PAVE User and PAVE Profiles, Application and Account Queues and User Roles](#)
- [How to Start a New PAVE Application if You Are New to Medi-Cal Fee-for-Service](#)
- [How to Access Your Enrollment Account in PAVE and Create PAVE Applications 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](#)

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 then click on "PED, then "Inquiry Form", or call (916) 323-1945.

Thank You

The bottom of the slide features a decorative graphic consisting of several overlapping, wavy lines in various shades of purple, creating a layered, flowing effect.