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 trend with several peaks and valleys. The overall aesthetic is professional and healthcare-oriented.

Doula Rendering Provider Application

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 Rendering Application
3. Doula Rendering Application Sections
4. Additional Resources

National Provider Identifier (NPI)

- » Before getting started in PAVE Rendering providers must obtain a **Type-1 NPI**
- » If you do not have an NPI, you can obtain one online by visiting the NPPES website at <https://nppes.cms.hhs.gov/#/>

New Rendering Application

- » 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.

Getting Set Up in PAVE for First Time Users

» PAVE101 Training Slides

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

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

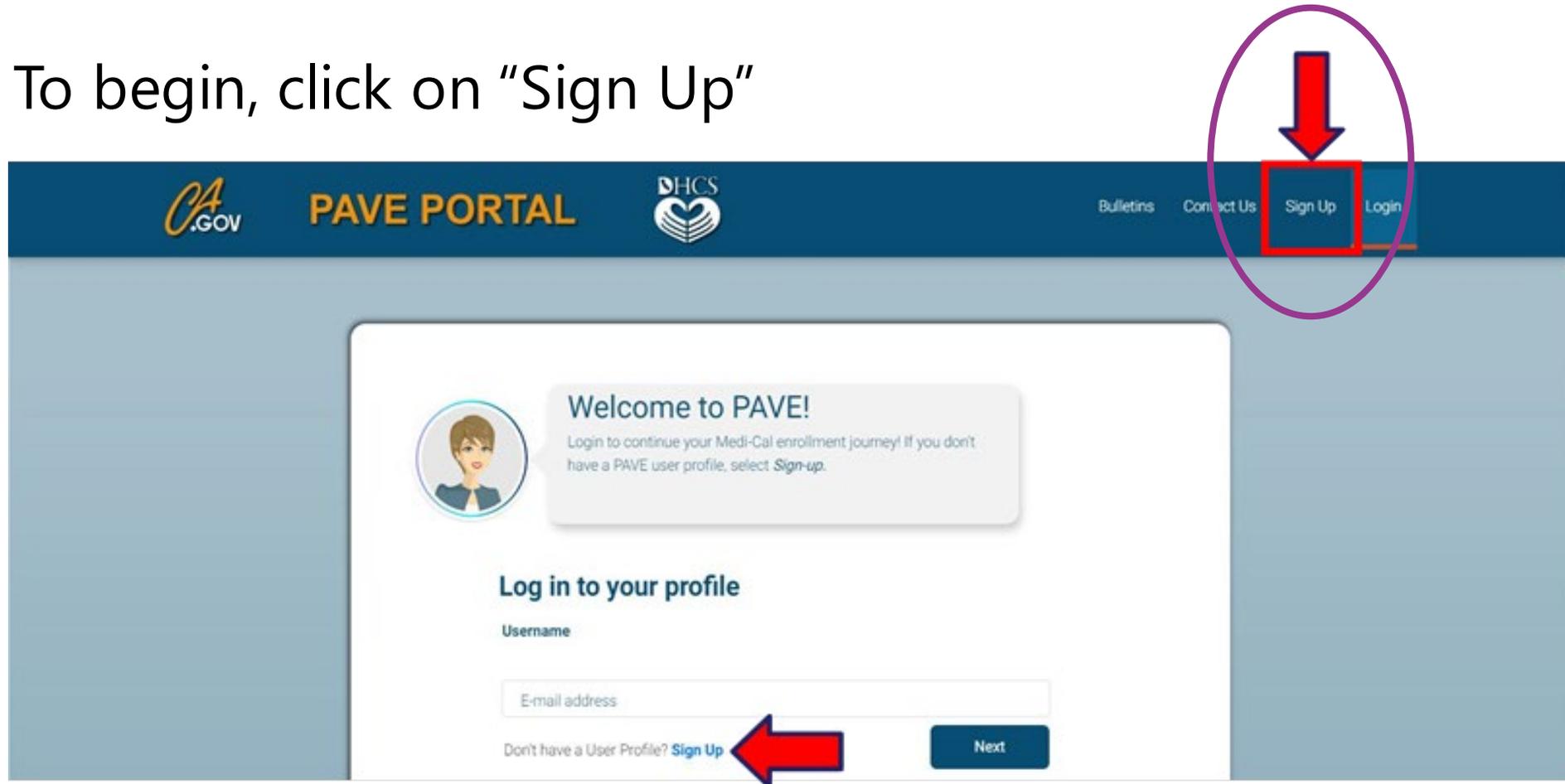
Don't have a User Profile? [Sign Up](#) **Next**

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

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

PAVE User Sign-Up Process

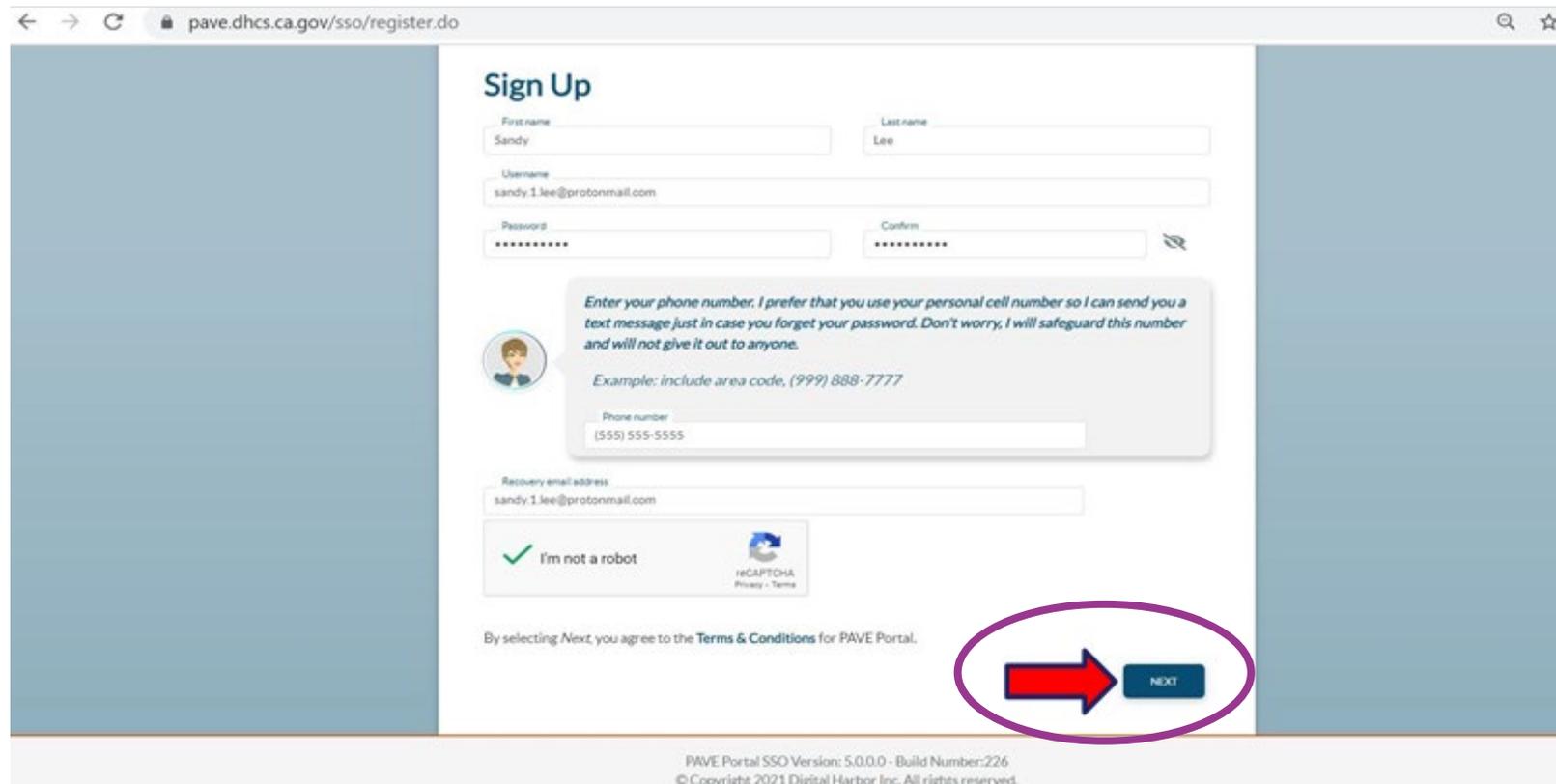
» To begin, click on "Sign Up"



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 content area features a "Welcome to PAVE!" message with a user profile icon and instructions to log in or sign up. Underneath, there is a "Log in to your profile" section with 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"



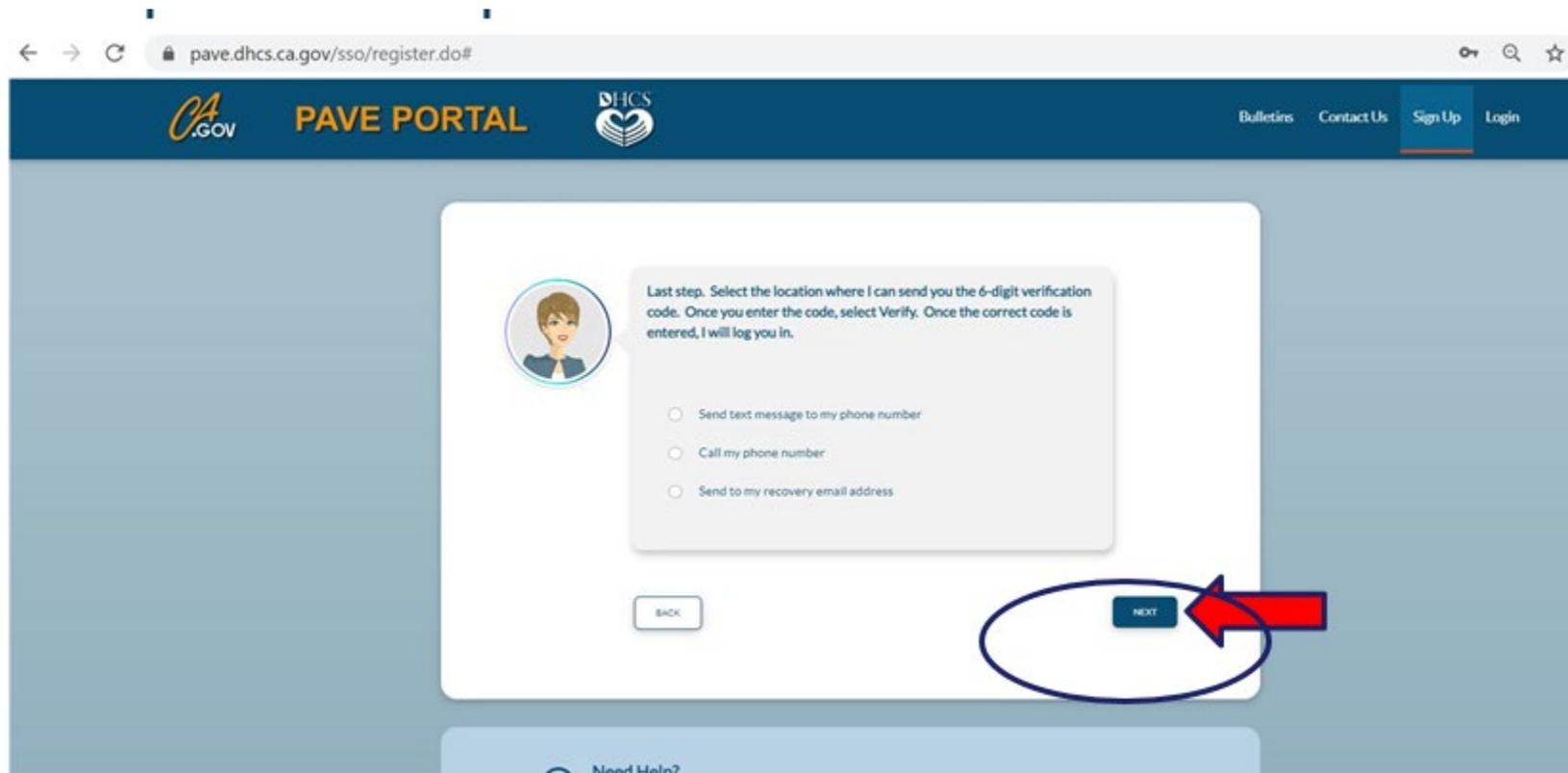
The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do`. The page title is "Sign Up". The form contains the following fields:

- 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

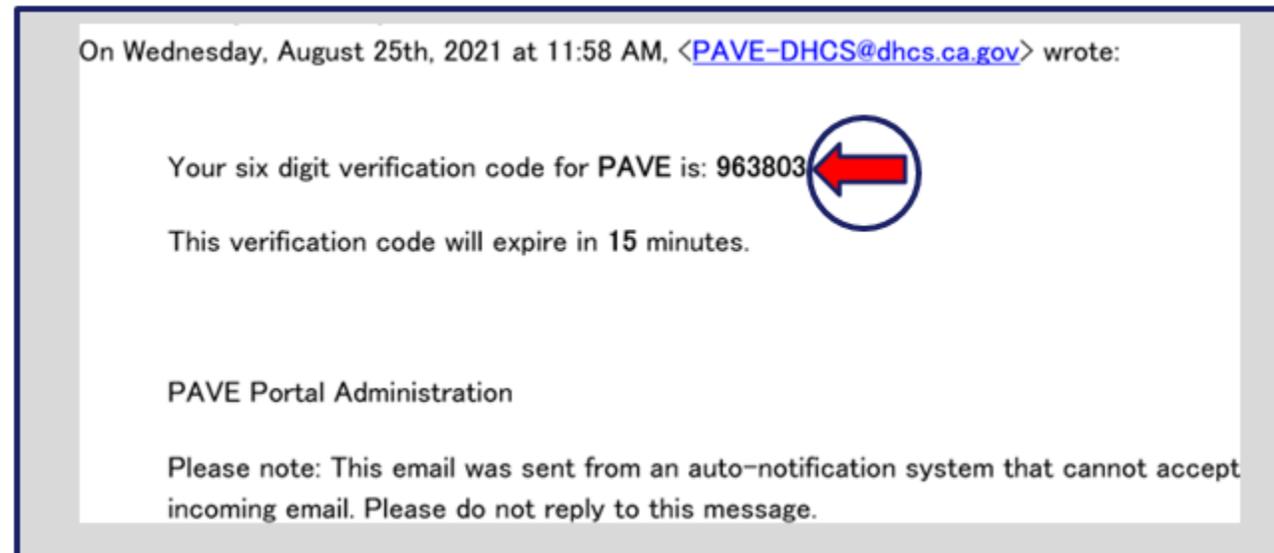
- » You will be prompted to select how you wish to receive the six digit verification code, after selecting the preferred option click "NEXT"



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. A "Need Help?" link is visible at the bottom of the page.

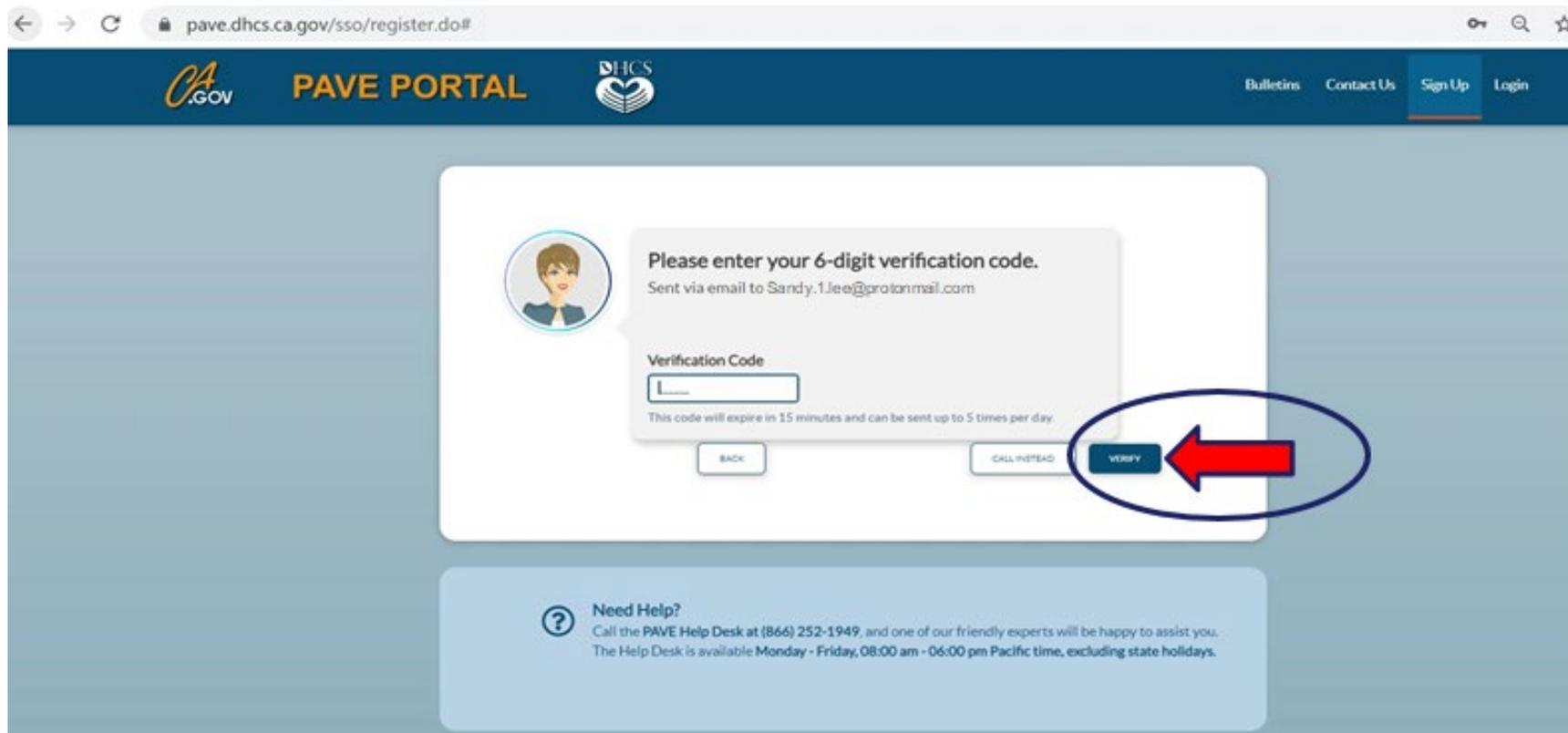
PAVE User Sign Up Process

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



PAVE User Sign-Up Process

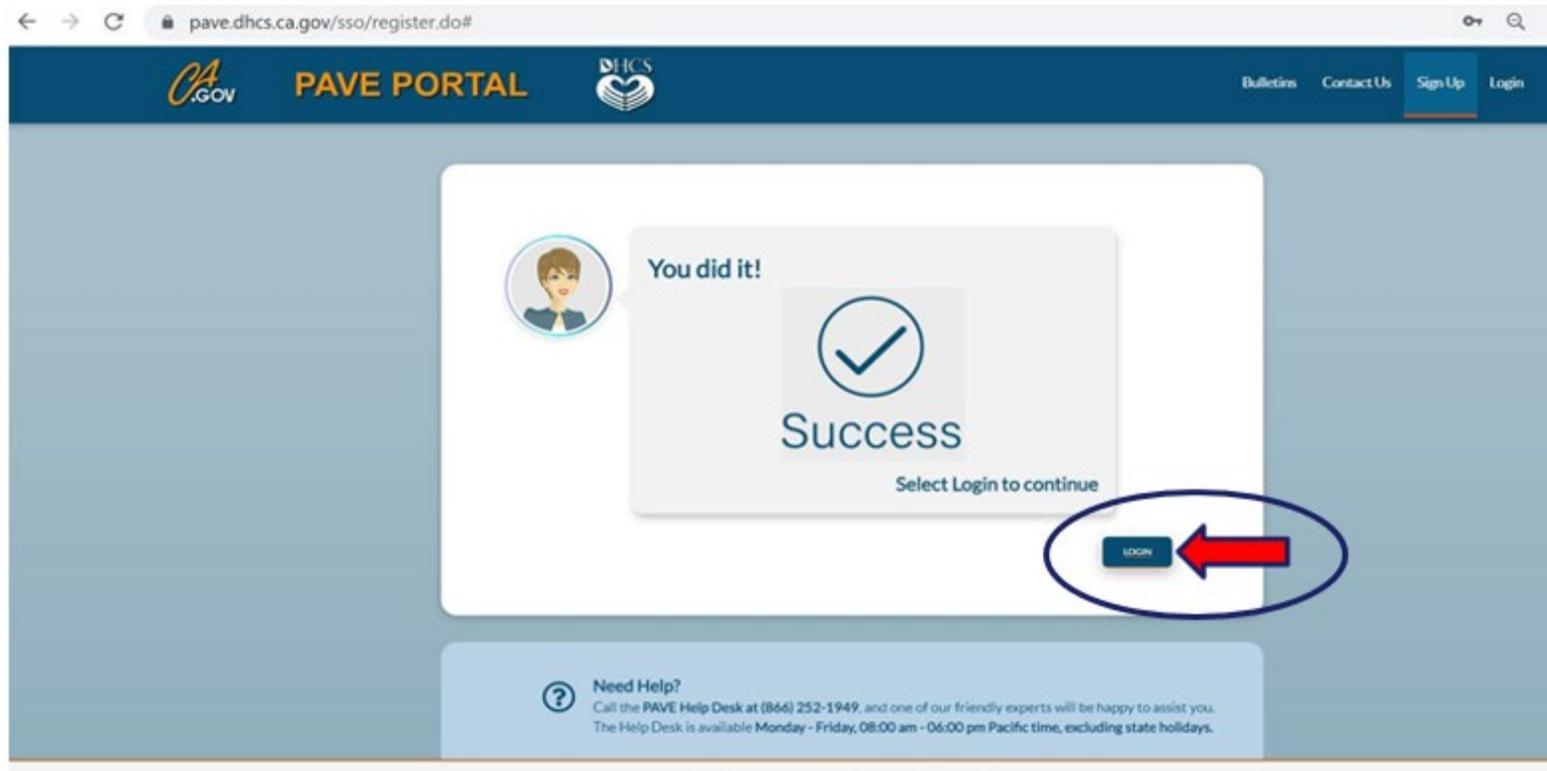
» Enter the six-digit verification code and click "VERIFY"



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 white card with a user profile icon and the text: **Please enter your 6-digit verification code.** Sent via email to `Sandy.1Jee@protonmail.com`. Below this is a `Verification Code` input field and a note: *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. A `Need Help?` section at the bottom provides contact information for the PAVE Help Desk.

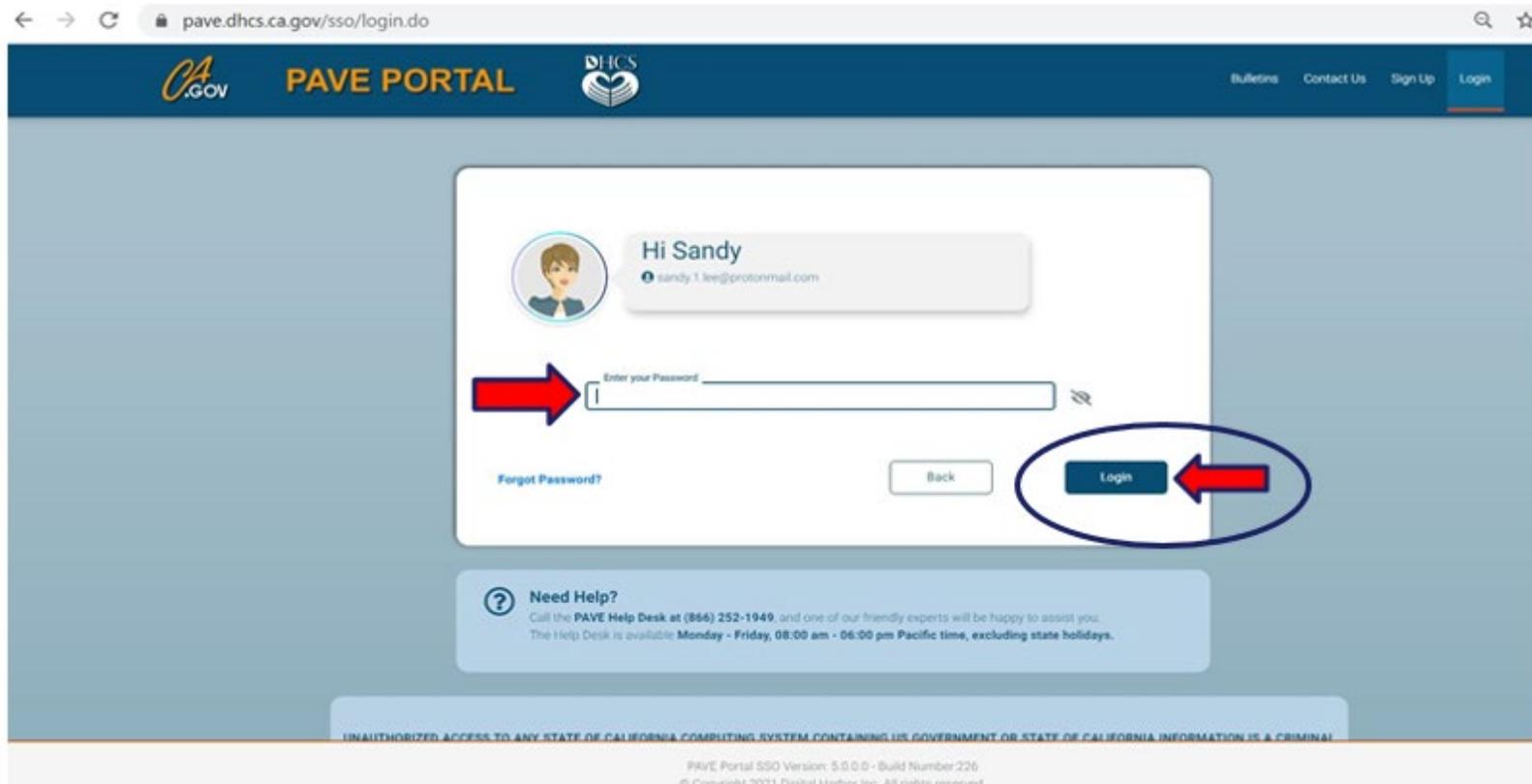
PAVE User Sign Up Process

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



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, also circled in blue with 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, the CA.GOV logo is on the left, followed by the text "PAVE PORTAL" and the DHS logo. On the right side of the header, there are icons for messages, notifications, a shopping cart labeled "My Business ADC", and a user profile labeled "Sandy". Below the header, a navigation bar contains links for "My Messages", "Applications", "Accounts", "My Tools", "Help", and "What's New!". The "Applications", "Accounts", and "My Tools" links are highlighted with red boxes. A red arrow points upwards from 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 bubble is a 3D isometric illustration of a city with several buildings. 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. To the left of the buildings is a circular profile picture of a woman.

New Rendering Provider Application

The screenshot shows a web application interface for managing provider applications. At the top, there is a navigation bar with links for 'My Messages', 'Applications' (which is highlighted with an orange underline), 'Accounts', 'My Tools', 'Help', and 'What's New!'. Below the navigation bar, the main content area is titled 'My Applications' and 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.' To the right of this callout, there is a section for 'Owners/Personal information' and a prominent blue button labeled 'New Application' which is highlighted with a red rectangular border. Below these elements is a dashboard with several summary cards: 'Total Apps 4' (in a dark blue box), 'In Progress 1', 'Return to Provider 0', 'Resubmitted 0', 'Approved 0', and 'Denied 0'. A link for 'Applications Dashboard' is also present. At the bottom, there is a search and filter section with dropdown menus for '- Filter by -' and '- Please select a filter -', and a search input field. The bottom-most part of the page shows the header of a table with columns: 'Provider Name', 'Provider Type', 'NPI', 'Application', 'Status', 'Complete', 'Last Update', 'Owner', and 'App ID'.

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

My Applications

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

Owners/Personal information

New Application

Total Apps 4 In Progress 1 Return to Provider 0 Resubmitted 0 Approved 0 Denied 0

Applications Dashboard

- Filter by - - Please select a filter - Search

Provider Name Provider Type NPI Application Status Complete Last Update Owner App ID

Questionnaire

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 →](#)

Questionnaire- 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

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

[← Previous](#) [Continue →](#)

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

Questionnaire – 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 for '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 contains the text: '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.' Below the callout, there is a 'National Provider Identifier (NPI)' field with a 'Verify' button. The form displays the following information: 'National Provider Identifier (NPI)' (redacted), 'Type' (1-Individual), 'Business name' (redacted), 'Taxonomy code(s)' (207W00000X), and 'NPPES address (registered)' (redacted). A red box highlights the question 'Is this the correct information?' with radio buttons for 'Yes' and 'No', and a 'Required value' label. At the bottom, there are 'Previous' and 'Continue' buttons, with the 'Continue' button also highlighted in a red box.

- 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 – Doula Individual

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

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

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

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

[← Previous](#) [Continue →](#)

Affiliation

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

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

 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.

Please enter the NPI of the provider you would like to affiliate with

National Provider Identification (NPI)

Please select Verify in order to continue

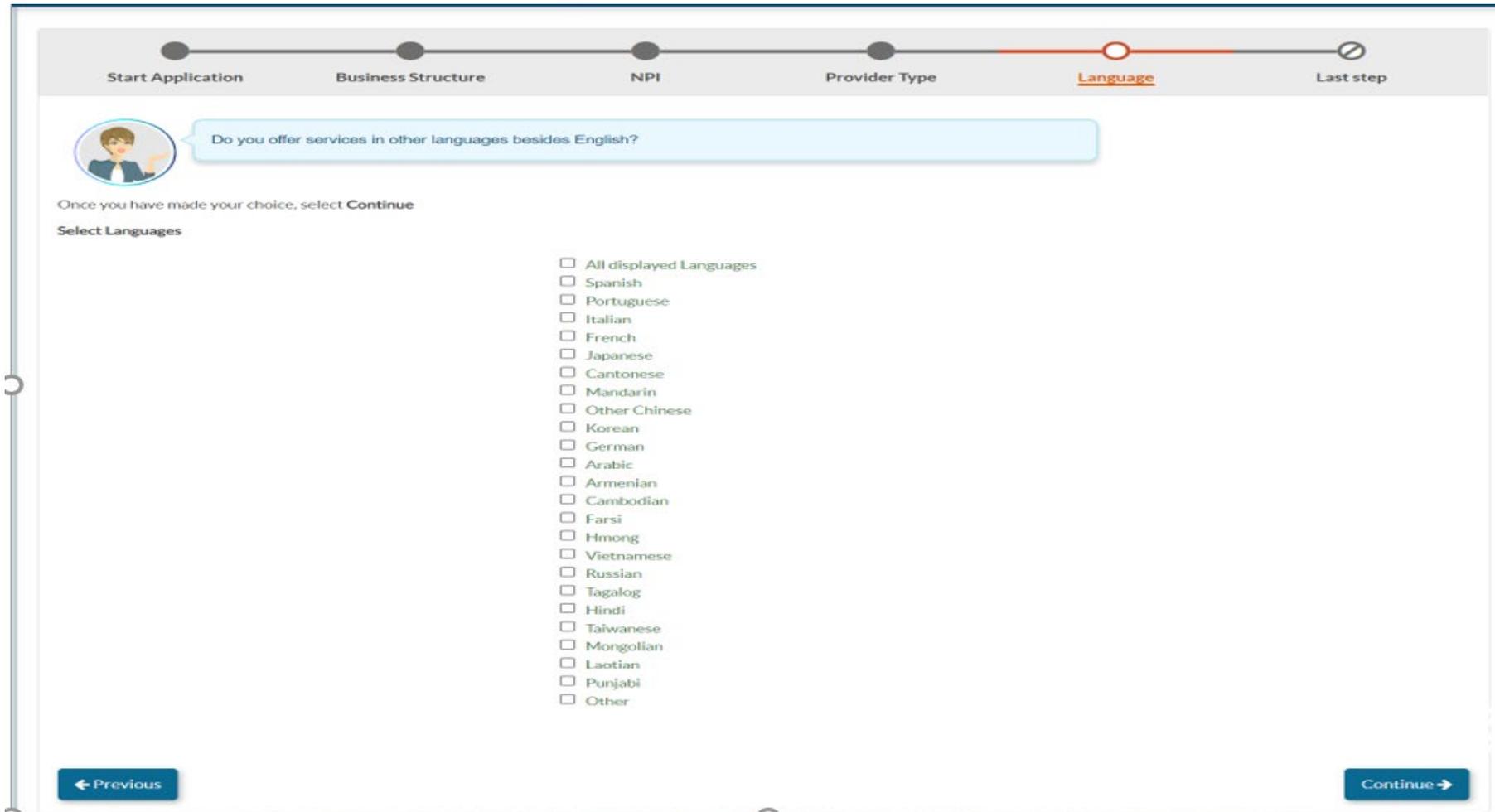
The NPI 1407113244 is related to the following account(s) or in progress applications in PAVE Portal system.
Please select the account or application that belongs to the provider you would like to affiliated with.

Select	Account/App ID	Type	Provider Name	Provider Type	Service Address
<input type="radio"/>	[REDACTED]	Account	[REDACTED]	Doula Group	[REDACTED]

When you have entered the NPI, select Continue

Enter the NPI of the group you are requesting to affiliate with. Once you click verify PAVE will prepopulate the name and address of the group which allows you to verify you are affiliating with the correct group.

Languages



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 →](#)

Verify Information

Start Application Business Structure NPI Provider Type Search Affiliation 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 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
[Redacted] [View Details](#)

Provider Type
Doula Individual ✓

Language

Group/Org. or Physician/Surgeon Information
National Provider Identifier (NPI) [Redacted]
Provider Legal Name [Redacted]
Provider Type Doula Group
Service Address [Redacted]

[← Previous](#) [Continue →](#)

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

Launch Application

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



Provider Name	██████████
Provider Type	Doula Individual
Application ID	221214PL
Creation Date	12/26/2022
Package Type	Rendering Provider

18% Complete 18% 100% Documents 100%

New Message Submit Section Send to Group

Application Ownership:
Group Side: No Available
Rendering Side: ██████████

Application ID will display at the top of the page.

Profile Information

Profile Information

 Hi ██████████ Birth Doula. Please review the accuracy of the information belonging to the affiliator application.

Account ID	100732311
Provider name	██████████
Provider type	Doula Group
National Provider Identification (NPI)	██████████

Continue →

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

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.

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 screenshot displays a web application interface with a 'Signature warning' dialog box overlaid on top. The dialog box contains the following text:

Please read carefully before e-signing this application.

WHO IS AN AUTHORIZED SIGNER FOR MEDI-CAL APPLICATIONS?

Medi-Cal Regulations, at CCR, Title 22, Section 51000.30(a)(2)(B) define which individuals are authorized to sign Medi-Cal applications.

"...an individual who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity or nonprofit organization, who has the authority to legally bind the applicant seeking enrollment..."

Below the dialog box, the main application content is visible, showing a 'Group Signer' section. This section includes a warning message: "If you need help with this section, please watch this In-Context Tutorial about e-signing an application." Below this, it states: "You can not complete this section. It needs to be completed by the Group practice or Physician/Surgeon you are affiliating with. Please use the [Send to Group](#) button to notify the other party about this application." There are 'Previous' and 'Continue' buttons at the bottom of this section.

At the bottom of the screenshot, there is a red text overlay that reads: "An authorized signer for the group will have to e-sign the application."

- 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 Identification Summary

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](#)
50MB Maximum

[← Previous](#) [Continue →](#)

Complete individual personal information for Rendering provider.

Residential Address

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

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

[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 the residential address of the rendering provider. This CAN NOT be a PO BOX.

Identification

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 Required value

ID Number Required value

Driver's License

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

State of Issuance Required value

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

- You are required to provide a copy of your drivers license or state issued identification card. It must be a current **unexpired** copy of the card.

Contact Person

The screenshot shows a web application interface for entering contact person information. On the left is a sidebar with a list of sections: Group Info (Business Information, Group Signature), Rendering Info (Getting Started, Profile Information, Business Information, Contact Person, Practice Information, Disclosure Information, Rendering Signature), and Submit Application. The 'Contact Person' section is highlighted. The main content area has a progress bar at the top with 'Contact Person Information' selected and 'Summary' next to it. Below the progress bar is a question: 'Who should Medi-Cal contact if they have questions about your application?' with a thought bubble icon. A note says 'Please include a contact person who will be available during regular business hours.' Below this is a radio button (highlighted with a red box) and the text 'I, Daniela Doula, will be the contact person'. There are input fields for First name, Last name, Title/Position, Telephone number, Telephone number extension, and Email address, each with a 'Required value' label. At the bottom are 'Previous' and 'Continue' buttons (the latter is highlighted with a red box). On the right edge of the form, there is a vertical stack of social media icons: ID, Email, Facebook, Twitter, LinkedIn, and Messenger.

You can select to be the contact or provide contact information. Ensure this is accurate in case you need to be contacted during the application process.

NPI/Taxonomy

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- NPI/Taxonomy**
- Training or Experience
- Disclosure Information
- Rendering 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) 1891295622

Associated NPI Taxonomy Codes

[Add](#)

Description	Taxonomy Code	Type	Actions
Doula	374J00000X	Primary	Edit Delete More

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

You can add, remove or edit the taxonomy codes if necessary.

Training Pathway

- Next you will complete either the Training or Experience pathway based on your personal qualifications. Be sure to attach required certificates or syllabus for the training pathway.

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- NPI/Taxonomy
- Training or Experience
- Disclosure Information
- Rendering Signature
- Submit Application

Training or Experience | CPR & HIPAA Certification | Summary

Please complete the attestation and upload your supporting documentation. You will have the ability to add as many as you need.

Training | Experience

Please select one of the following options that best describes your training.

I have one certificate of completion to show that I have completed at least 16 hours of training in the required areas

I have course summaries or syllabi to demonstrate my training.

Complete the following attestation

I Daniela R Doula attest the following information is true and correct.
I Daniela R Doula have completed the following Doula training course.

Click Add button to add a Training Organization

I Daniela R Doula
Attest that the following information is true and correct.
I have provided support at **three or more births** in the capacity of a birth Doula.

Agree

← Previous | Continue →

Experience Pathway

The screenshot displays the 'Experience Pathway' application interface. On the left is a navigation menu 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', 'Business Information', 'Practice Information', 'NPI/Taxonomy', 'Training or Experience' (which is highlighted), 'Disclosure Information', 'Rendering Signature', and 'Submit Application'. The main content area features a progress bar at the top with three stages: 'Training or Experience' (active), 'CPR & HIPAA Certification', and 'Summary'. Below the progress bar is a user profile icon and a text box stating: 'Below please upload testimonial and professional letters that support your experience. Letters cannot include any client's Protected Health Information (PHI) or Personally Identifiable Information (PII)'. There are two large boxes labeled 'Training' and 'Experience'. Below these is a green box with instructions: 'Please upload three letters that attest to your skills in prenatal, labor and postpartum care. All letters must use the language in the provided templates found [here](#)'. To the right of this text is a 'PHI & PII' warning box with a lock icon and a 'See details' button. Below the instructions are three green upload boxes, each labeled 'Please attach your Testimonial letter', 'Please attach your Letter 2', and 'Please attach your Letter 3'. Each box contains a dashed border, an upload icon, the text 'Drag and drop here or [browse](#)', and '50MB Maximum'. A vertical toolbar with various icons is located on the right side of the main content area.

- The experience pathway requires you to attach three different attestation letters.

CPR Certification/HIPAA

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- NPI/Taxonomy
- Training or Experience
- Disclosure Information
- Rendering Signature
- Submit Application

Training or Experience **CPR & HIPAA Certification** Summary

Here you tell me about your Additional Certificates and Training.

Additional Certificates and Training

Please select one of the following options

I have one CPR Certificate I have more than one CPR Certificate

Adult / Infant CPR Certificate

TEST.docx

I attest that I have completed basic HIPAA training Agree

[← Previous](#) [Continue →](#)

- You must attach proof of your CPR Certification and attest that you have completed HIPAA training.

Disclosure Information

The screenshot displays a web application interface for reporting information. On the left, a sidebar 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 at the top, followed by the title 'Fines/Debts (Gov.)' and a 'Summary' tab. A message bubble contains the text: '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.' Below this, a checkbox is checked, indicating 'no current State or Federal government Fines/Debts'. 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

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

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

Declarations E-Signature Summary

E-signature Alert

With our innovative E-signature process, you will no longer be required to have a notarized signature like with the paper application. However, there is one catch. The person who e-signs the application must be legally authorized. In this situation, the Rendering Provider must e-sign.

The steps below are to help guide you to the right person to successfully e-sign the Rendering Info section. If you get stuck, feel free to watch my in-context tutorial, or send a [friendly message to one of my experts](#).

Applicant E-Signature Restriction

Once again, only the Rendering Provider can e-sign this section. To e-sign, the provider must meet the following criteria:

- Must be the Rendering Provider who is legally authorized to e-sign
- Must be logged in under their business profile with Administrator or Manager privileges
- The provider's legal name must be the same as disclosed in their [User Settings](#)

← Previous Continue →

The rendering provider must sign their application. No one can sign for them.

Electronic Signature

The screenshot displays the 'E-Signature' step of a Medi-Cal application process. On the left is a navigation menu with sections like Business Information, Group Signature, and Rendering Info. The main content area is titled 'Declarations' and features a callout box with a woman icon stating: '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 the callout, there is a note: '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 a 'Required value' label. An 'Important Information' icon is also present.

The main section contains three declaration boxes, each with a text area and a checked checkbox:

- 1, [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.

At the bottom, there are 'Previous' and 'Continue' buttons.

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

Electronic Signature Verification

- 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.

The screenshot shows a web portal interface for electronic signature verification. On the left is a navigation sidebar with sections: 'Group Info' (Business Information, Group Signature) and 'Rendering Info' (Getting Started, Profile Information, Business Information, Practice Information, Disclosure Information, Rendering Signature, Electronic Signature, Submit Application). The 'Rendering Signature' section is active. The main content area has a progress bar with 'Declarations', 'E-Signature', and 'Summary' steps. A message bubble says: '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 declaration text box: '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.' followed by input fields for 'SSN (last 4 digits)', 'Year of birth', 'Email address', and 'Password'. A 'Continue' button is highlighted with a red box.

Messages

The image shows a 'New Message' form with the following elements:

- To...:** A text input field with a 'Required value' error message.
- Subject:** A text input field with a 'Required value' error message.
- Attach Files:** A section with a 'Choose Files' button (showing 'No file chosen') and a drag-and-drop area with the text 'Drag and drop your files here.'
- Rich Text Editor:** A toolbar with icons for Bold (B), Italic (I), Underline (U), Cut, Copy, Paste, Bulleted List, Numbered List, Indent, Outdent, Link, and Unlink. Below the toolbar are dropdown menus for 'A' (font color), 'A' (font background color), 'Formats', 'Font Family', and 'Font Sizes', along with an emoji icon.
- Message Body:** A large text area containing the letter 'p' and a 'Words: 0' counter.
- Footer:** A 'Required value' error message and a checked checkbox labeled 'Send email notification to recipient'.
- Buttons:** A blue 'Send' button and a red 'Cancel' button.

In the background, a 'New Message' button is highlighted with a red box.

- 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

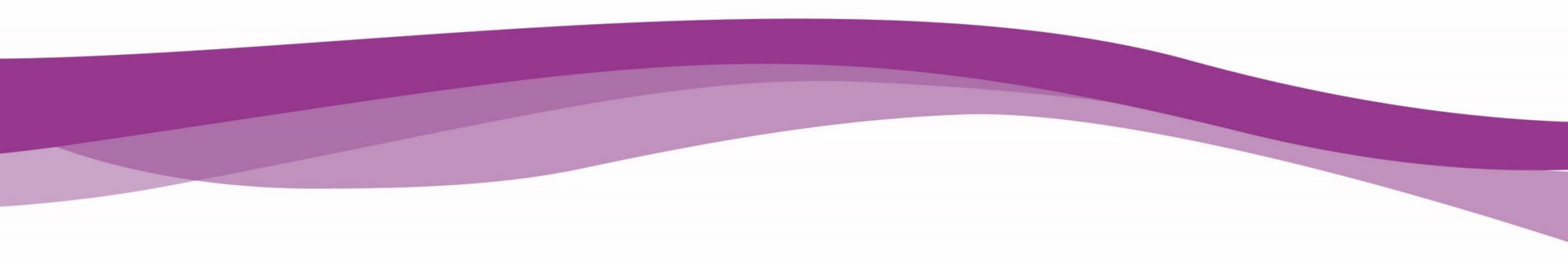
- [What is PAVE and Understanding PAVE Terms](#)
- [Understanding PAVE User and PAVE Profiles, Application and Account Queues and User Roles](#)
- [How to Start a New PAVE Application if You Are New to Medi-Cal Fee-for-Service](#)
- [How to Access Your Enrollment Account in PAVE and Create PAVE Applications 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 horizontal bands in various shades of purple, ranging from a deep, dark purple to a lighter, lavender hue. These bands create a sense of movement and depth, framing the bottom of the text.