

**TITLE:** Pharmacy and DME Application Package

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Hello, this is Sandy Jones with another PAVE Portal training video. This is the training video specifically created for Pharmacy and DME providers.

Pharmacy and DME application packages are very similar, as you will see in this training video, those two application packages share a lot of forms such as: Logistics and Activities.

The Pharmacy application package has a few extra sub-forms for example the Pharmacist in Charge is not required for a DME application package.

Let's review how to start a Pharmacy application package.

From the applications list select the New Application button. This will open the Create Application Questionnaire. There is another training video that will show you how to create an application using this questionnaire, please review it

Let's review the main sub-forms that a Pharmacy application.

On the Business Information section, there is main information about the legal name of the business, the Business name, and a few questions related to the Pharmacy.

If you are a specialty pharmacy, you will need to provide a specialty description.

If you are located on a FQHC, some additional questions are required.

On a **DME application**, the Business information section is slightly different because does not contain the specific details that apply only to Pharmacy

Once you complete all the required values and answer all the questions, select Continue to save all the entered information.

On the Logistics Form, for Pharmacy providers, two sections are mandatory, and the third section: Location of stock is only required if the provider answered Yes to the last question on the Daily Operations section.

If the Pharmacy sells, rents, or leases durable medical equipment, incontinence medical supplies and/or supply items, you must complete the Location of Stock section.

For DME providers Location of stock is a required section.

On the Location of stock, you will find three options on where the Pharmacy or the Durable Medical Equipment house the equipment and/or supplies.

Each option might require additional information such as: the location of the warehouse, and if there is any other individual or entity that holds ownership on the warehouse, you need to disclose them on the table below.

Now the Activities sub-form has some specific questions related Licenses, Services and Business activities associated to the Pharmacy or the DME provider.

Each section has its own required field and documents accorded to the provider type. **On a Pharmacy application package**, the first section is call Services. If none of those questions apply to your business, select No and continue with the next section.

**On a DME application package**, the first section is call License/Services. Here you will see that here you need to disclose most of the licenses related to your business such as: *HMDR or BHFTI License and Seller's permit*.

When you complete answering the questions and attaching all the documentation continue to the next section.

This section is one of the most important parts of your application. You need to disclose here each Business activity including percentages and a brief description of each activity.

The total percentage of this section must equal to a 100%.

If a Business activity is not listed you can select the option Other, enter the percentage and provide a brief description of this other business activity.

The incontinence Supplies section is the last section of the sub-form.

If you have not selected Incontinence supplies as a business activity, then this section is not required.

Through PAVE you will notice that when a section is not required, you will find the section "blocked" as in this case. PAVE Portal will enable or disable some sections according to the answers you are providing in the application.

Complete the Incontinency supply section by adding all the Source of Capital, manufacturers, suppliers, and other providers relative to goods and services provided to Medi-Cal beneficiaries with whom the applicant has a business relationship, disclose any extended line of credit of \$5,000 or more to an entity or individual, when you finish click Continue to save all your data and go to the next sub-form

For DME providers, you can complete the rest of information including the signature section.

For Pharmacy provider, there is another important form that we will review which is related to the Pharmacist in Charge.

All the information in these three sections are for the individual who is being disclosed in this application as the Pharmacist in Charge or PIC. Complete the Pharmacist Information, the Malpractice insurance and a few questions on Adverse actions associated with the Pharmacist in Charge.

When you complete all the other forms and need to finish the Signature social form, be aware that the person who e-signs this application must be someone with signing authority for your business.

Also, if your application is for a Type 2 NPI, the user signing this application must be disclosed in the owner/control interest form. Otherwise you will see a Signature Restriction.

The user signing this application needs to have a role of an Administrator, Manager or Authorized signer in your Business Profile. If the user has any of those roles he/she will be able to complete the signature.

If your application is for a Type 1 NPI, as a sole proprietor the only person authorized to e-sign this application is the sole proprietor.

Make sure that your first name and last name matches the Profile information social form and that you have the sole proprietor added and part of your business profile.

When you complete the E-Signature, you can verify all your attached documents in the Checklist, and submit your application from the Submit application sub-form.

I hope that this training video was helpful, will see you next time!!