

# Fee-For-Service Enrollment for Correctional Facility Pharmacies and Clinics Using the PAVE System

# TOPICS COVERED


1. Getting Set Up in the PAVE Enrollment System
2. PAVE Questionnaire to Start Pharmacy or Clinic Application
3. Medi-Cal Enrollment Requirements


# GETTING SET UP IN THE PAVE ENROLLMENT SYSTEM

PAVE IS THE NAME OF THE ONLINE SYSTEM FOR PROVIDERS TO  
ENROLL IN FEE-FOR-SERVICE MEDI-CAL

# ACCESS PAVE AT <https://pave.dhcs.ca.gov/sso/login.do?>

← → ↻ [pave.dhcs.ca.gov/sso/login.do?](https://pave.dhcs.ca.gov/sso/login.do?) ☆

**CA.GOV** **PAVE PORTAL**  [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**

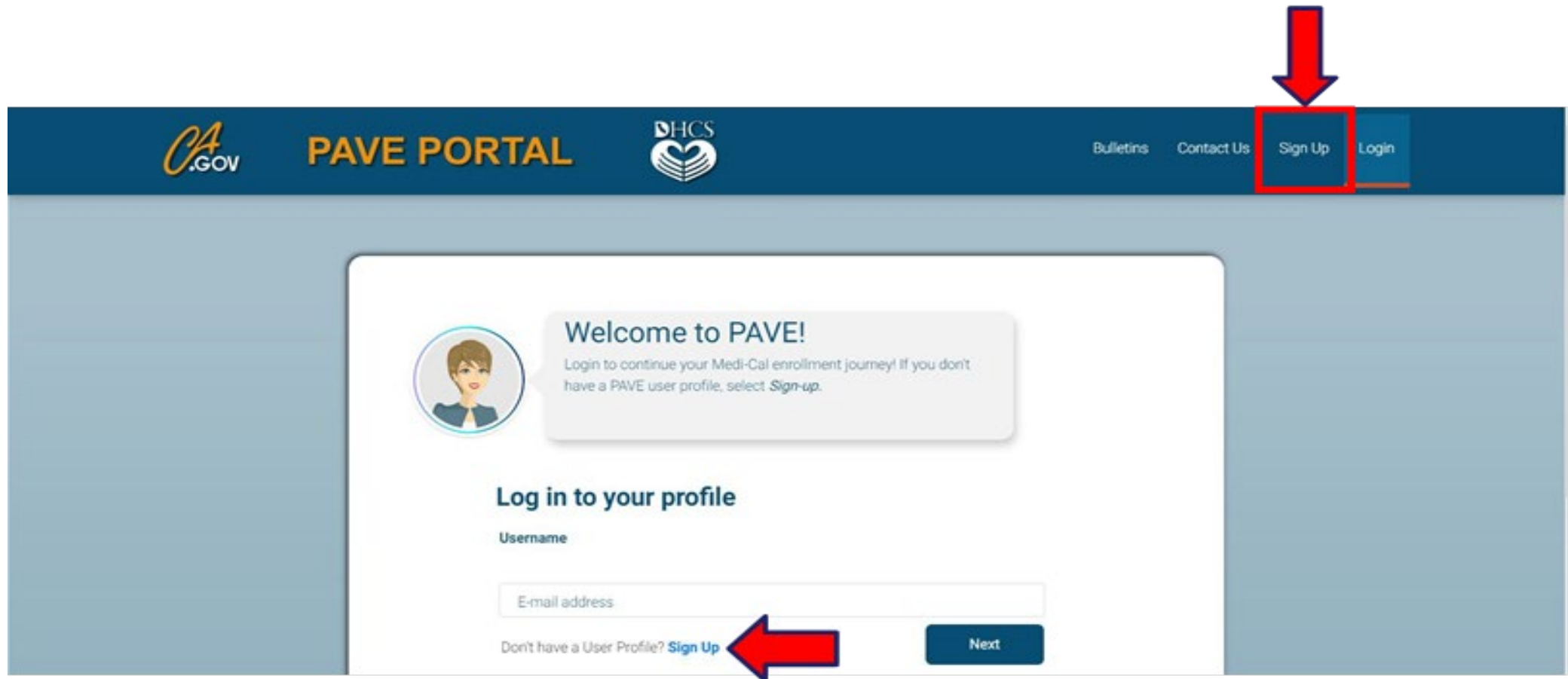
E-mail address

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

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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# CLICK ON "SIGN UP"



# COMPLETE 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 and elements:


- First name:** Input field with "Sandy".
- Last name:** Input field with "Lee".
- Username:** Input field with "sandy.1.lee@protonmail.com".
- Password:** Input field with masked characters "\*\*\*\*\*".
- Confirm:** Input field with masked characters "\*\*\*\*\*" and a copy icon.
- Phone number:** A callout box with a person icon and text: "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." Below this is an example: "Example: include area code, (999) 888-7777" and an input field with "(555) 555-5555".
- Recovery email address:** Input field with "sandy.1.lee@protonmail.com".
- reCAPTCHA:** A box with a green checkmark, the text "I'm not a robot", and the reCAPTCHA logo with "Privacy - Terms" link.
- Terms & Conditions:** Text stating "By selecting Next, you agree to the Terms & Conditions for PAVE Portal." with a link to "Terms & Conditions".
- Next Button:** A blue button labeled "NEXT" with a large red arrow pointing to it.

At the bottom of the page, there is a footer: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

# SELECT YOUR PREFERRED WAY TO RECEIVE A SIX DIGIT VERIFICATION CODE THEN CLICK "NEXT"

← → ↻ [pave.dhcs.ca.gov/sso/register.do#](https://pave.dhcs.ca.gov/sso/register.do#) 🔑 🔍 ☆

**CA.GOV** **PAVE PORTAL** **DHCS** [Bulletins](#) [Contact Us](#) [Sign Up](#) [Login](#)

 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.

- Send text message to my phone number
- Call my phone number
- Send to my recovery email address

[BACK](#) [NEXT](#)

[Need Help?](#)

# EACH OPTION PROVIDES A CODE THAT IS VALID FOR ONLY 15 MINUTES

On Wednesday, August 25th, 2021 at 11:58 AM, <[PAVE-DHCS@dhcs.ca.gov](mailto:PAVE-DHCS@dhcs.ca.gov)> wrote:

Your six digit verification code for PAVE is: 963803



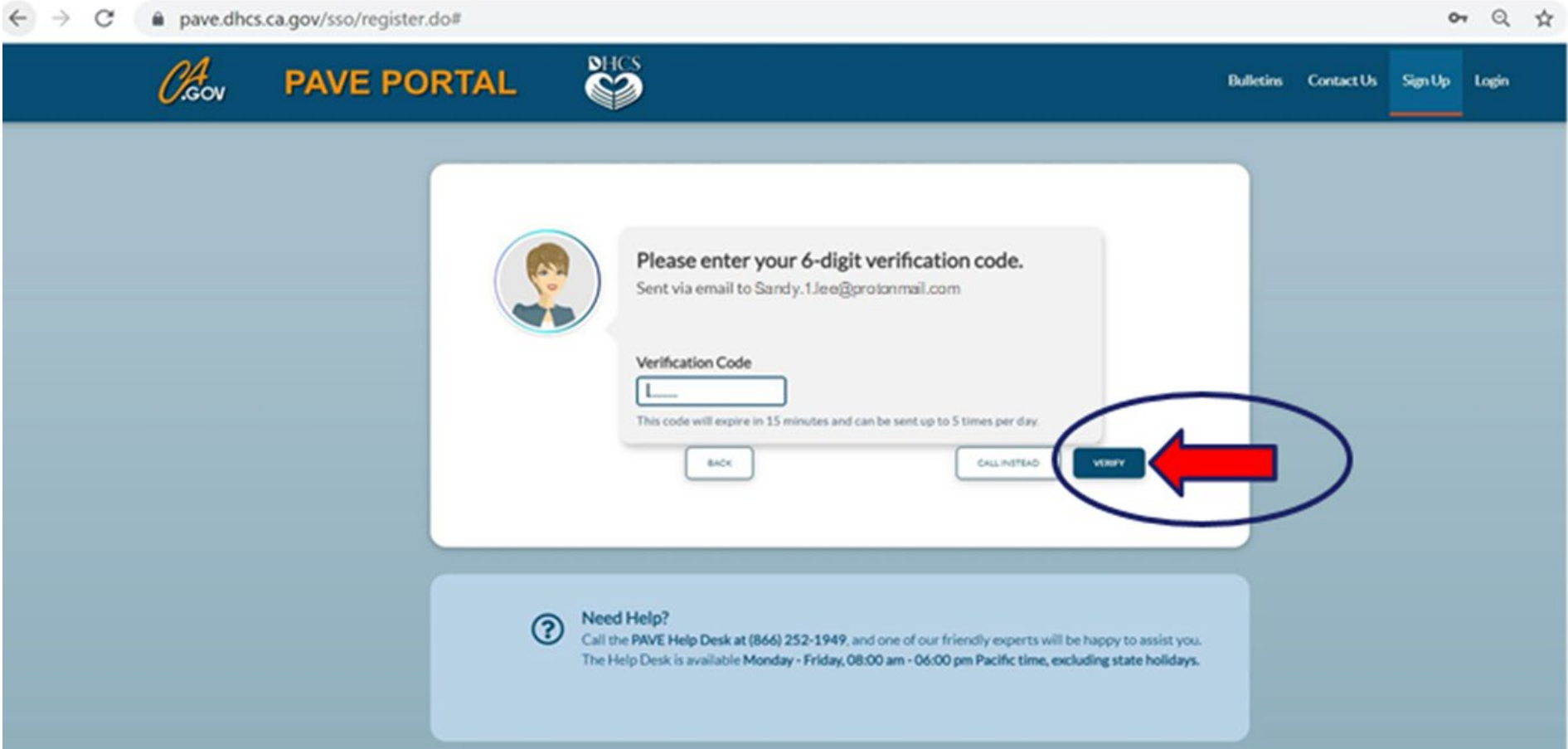
This verification code will expire in 15 minutes.

PAVE Portal Administration

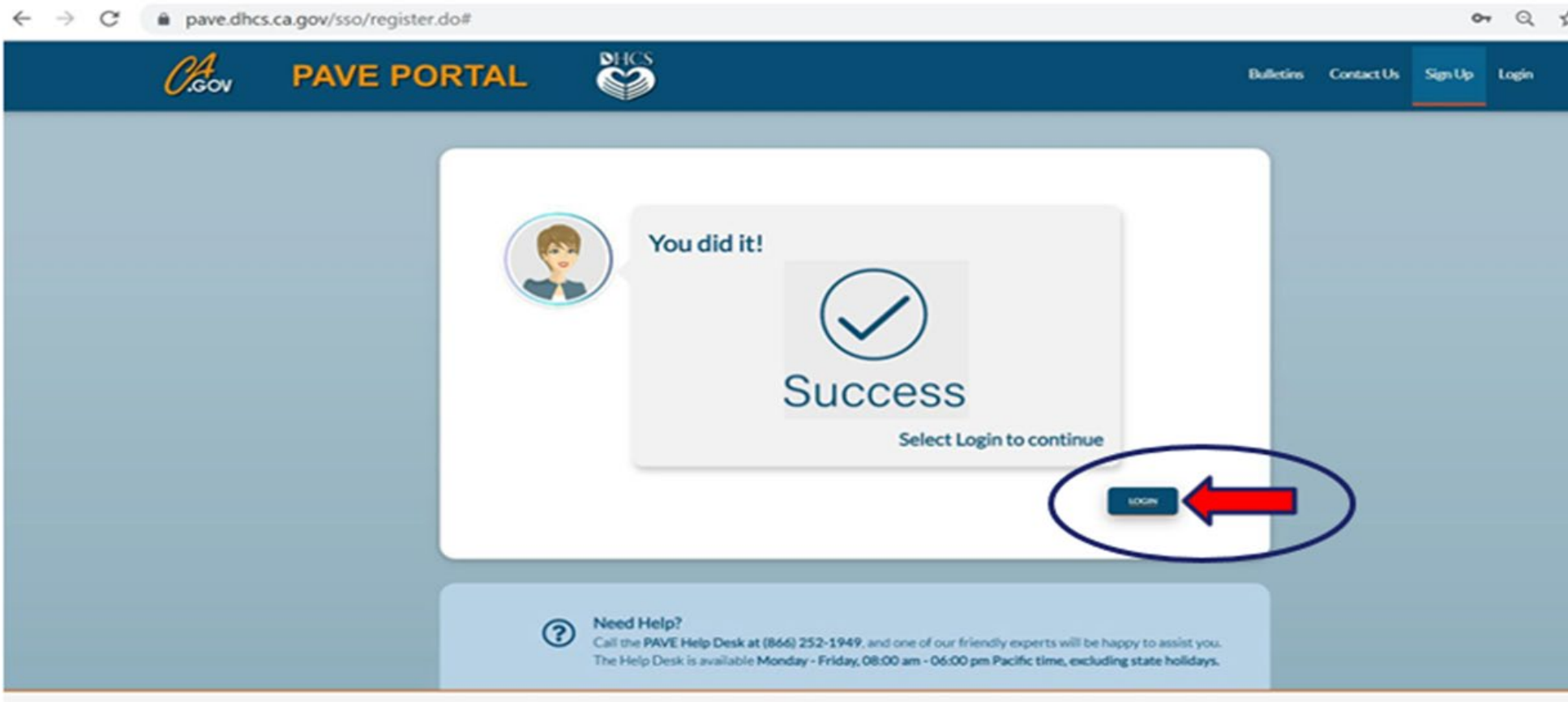
Please note: This email was sent from an auto-notification system that cannot accept incoming email. Please do not reply to this message.



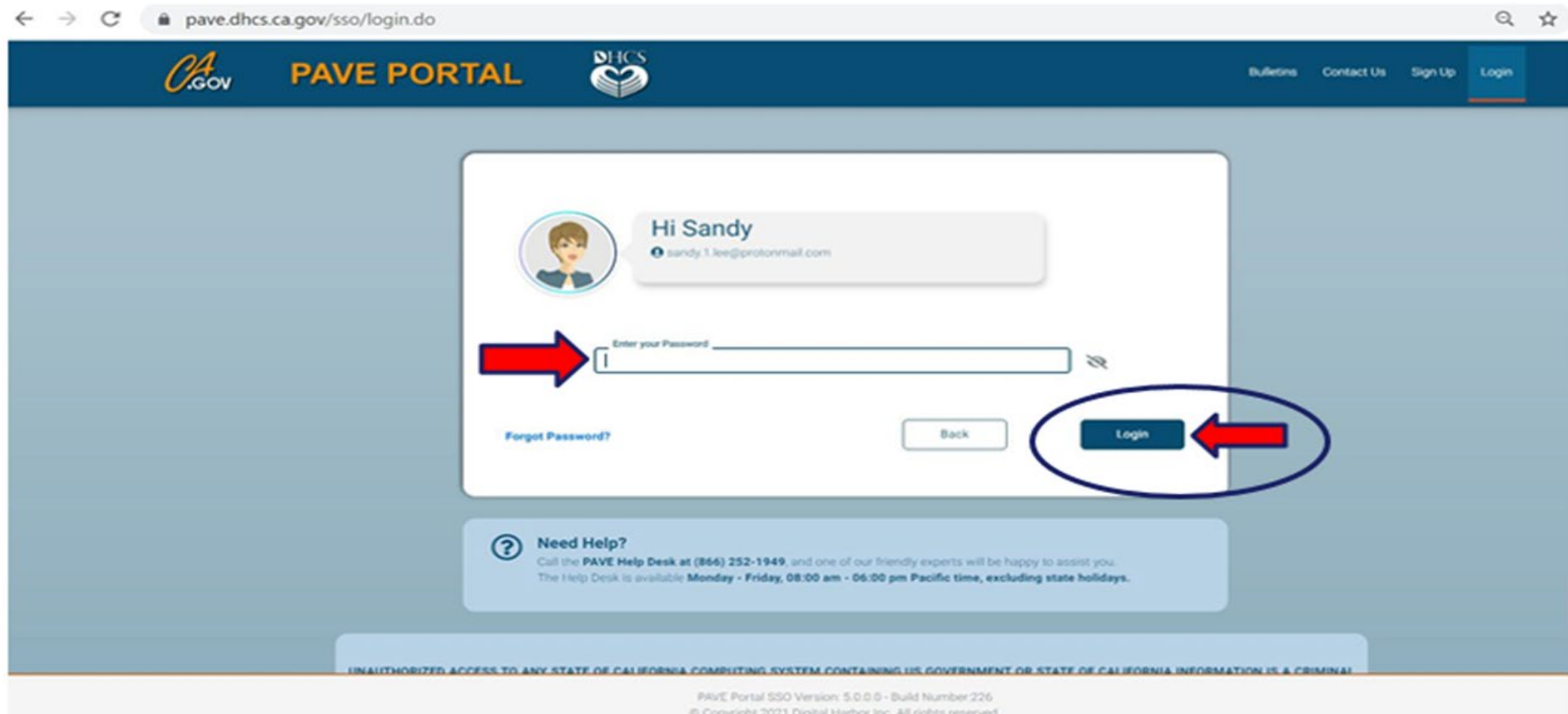
# ENTER THE SIX-DIGIT CODE AND CLICK “VERIFY”



# ONCE PAVE CONFIRMS SUCCESSFUL VERIFICATION, CLICK "LOGIN"



# NOW ENTER YOUR EMAIL AND PASSWORD AND CLICK "LOGIN" AGAIN



# PAVE USER SIGN UP IS COMPLETE

- » Now that you are set up as a PAVE user, you will need to create your PAVE profile which is a workspace where you and other individuals in your organization can work to create applications for your organization and manage accounts.

# PAVE PROFILE SET UP

- » Make sure that you are logged in with your own user email and password. Each person that accesses PAVE must use unique log-in credentials. Usernames and passwords cannot be shared.
- » Enter the Type 2 NPI for the pharmacy or clinic and click “Verify”. Additional information on obtaining an NPI can be found in the Appendix.
- » Once the NPI is verified, you will enter the PAVE Profile name that represents your organization, e.g., CDCR PHARMACIES. Next, click “Create my PAVE Profile”.

# PAVE PROFILE – ARROW POINTS TO NAME OF A SAMPLE PROFILE



# PAVE QUESTIONNAIRE

THE INITIAL PATH TO START A PHARMACY OR CLINIC  
APPLICATION

# STARTING AN APPLICATION

- » In your organization's PAVE profile, click on 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 Pharmacy or Clinic application.



# FIRST QUESTIONNAIRE PAGE

## TWO SELECTIONS

**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, and I want to create an application

I'm enrolled in Medi-Cal, and I want to affiliate with another provider

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

What type of provider are you?

I'm an individual licensed/certified healthcare practitioner

I'm a group of licensed/certified healthcare practitioners

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

## COUNTY JAIL, YOUTH CORRECTIONAL FACILITY, OR STATE PRISON (CDCR) = OTHER ENTITY (GOVERNMENTAL AGENCY)

The screenshot shows a progress bar at the top with six steps: Start Application, Business Structure (highlighted), NPI, Provider Type, Language, and Last step. Below the progress bar is a text box with a woman icon and instructions: "Let's create your application. In this section choose the option that best describes the structure of your business. Are you a sole proprietor? If so, you will select it below and you must obtain and use a Type 1 (Individual) NPI or your application will be denied outright. If your business is organized as a legal entity such as a corporation, an LLC or a General or Limited Partnership, then you will select 'Other entity' below and you must obtain and use a Type 2 (Organizational) NPI or your application will be denied outright. Please note, if you are the sole owner of your business, and it is organized as a legal entity such as a corporation, LLC or partnership, do not select 'Sole Proprietor' below. Later in the application you can explain the sole ownership of your business entity." A blue arrow points to this text box. Below this is a red banner for "COVID-19 Special Announcement". The main question is "What is your health care business structure?". There are three radio button options: "Sole Proprietor", "Other entity" (which is selected and circled in blue), and "I'm enrolling as a Medicare Crossover-only provider". A blue arrow points to the "Other entity" option. To the right of the radio buttons is a blue box with the text: "Select 'Other Entity' if your business is a corporation, LLC or partnership." At the bottom, there are "Previous" and "Continue" buttons.

# THIRD QUESTIONNAIRE PAGE

## ENTER THE TYPE 2 NPI FOR THE PHARMACY OR CLINIC



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.

I don't have an NPI, and I'd like to continue with the application process.

National Provider Identifier (NPI)

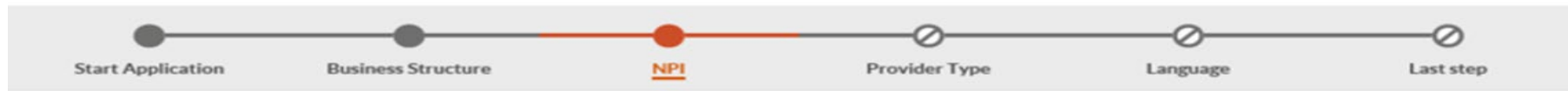
1123456789

Verify →



# FOURTH QUESTIONNAIRE PAGE

## PAVE VERIFIES NPI WITH NPPES



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.

I don't have an NPI, and I'd like to continue with the application process.

**National Provider Identifier (NPI)**

**National Provider Identifier (NPI)**

**Type**

**Business name**  LLC

**Taxonomy code(s)**

**NPPES address (registered)**

**Is this the correct information?**

Yes  No




Check that this information belongs to your business before continuing. If you make an error keying in your NPI, you can click “Previous” and re-enter it on the page before.

# FIFTH QUESTIONNAIRE PAGE

## SELECT PROVIDER TYPE – PHARMACY or CLINIC

Progress bar showing steps: 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.

Pharmacy

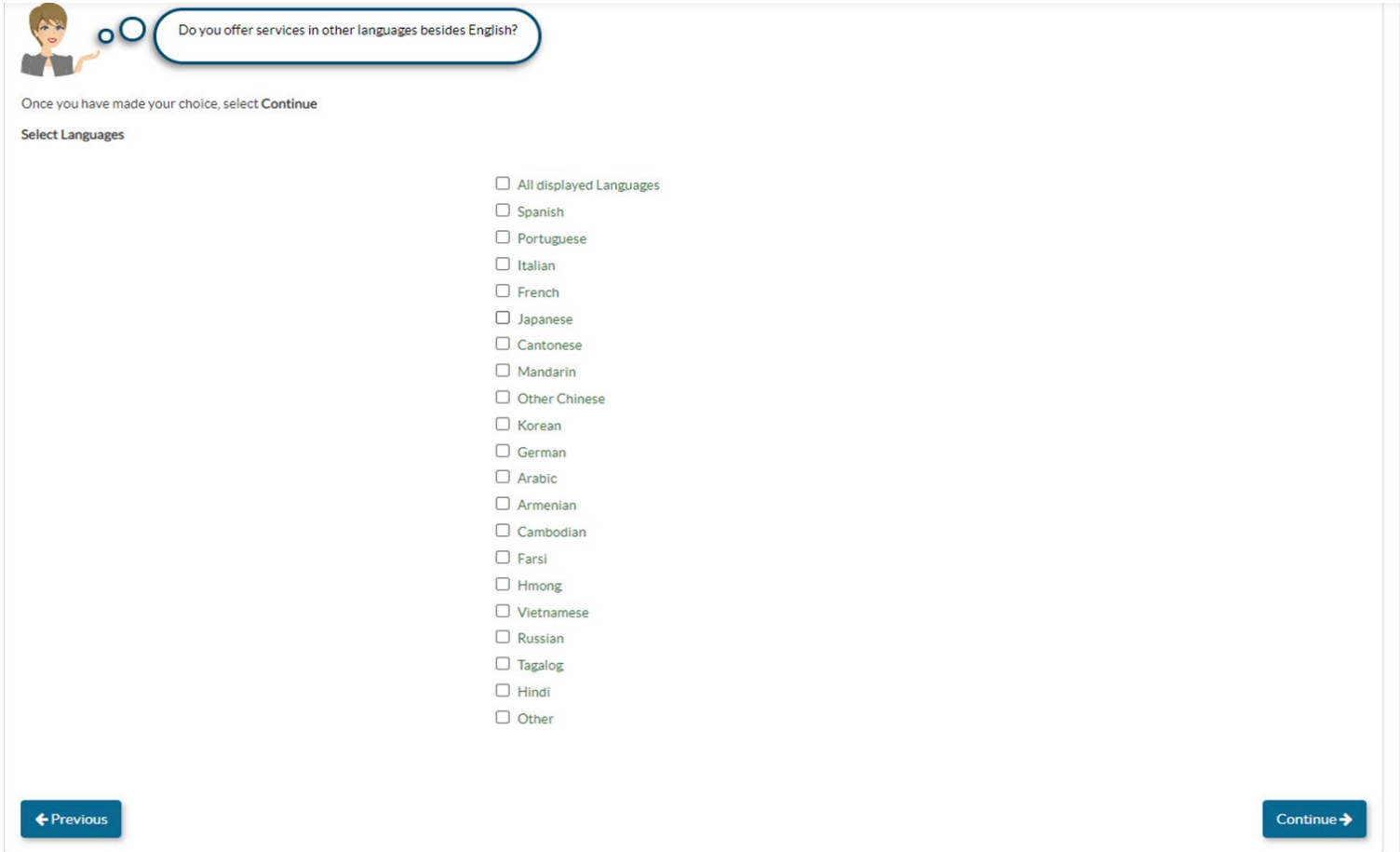
**!** If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure,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


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

[← Previous](#) [Continue →](#)

# SIXTH QUESTIONNAIRE PAGE

## SELECT LANGUAGES OFFERED



 Do you offer services in other languages besides English?

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

Select Languages


- All displayed Languages
- Spanish
- Portuguese
- Italian
- French
- Japanese
- Cantonese
- Mandarin
- Other Chinese
- Korean
- German
- Arabic
- Armenian
- Cambodian
- Farsi
- Hmong
- Vietnamese
- Russian
- Tagalog
- Hindi
- Other

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

# SEVENTH QUESTIONNAIRE PAGE

## REVIEW SUMMARY PAGE, THEN DOUBLE CLICK "CONTINUE"

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, and I want to create a new application  
I'm a healthcare business

**Business Structure**  
Other entity

**NPI of the application**  
1497701833 [View Details](#)

**Provider Type**  
Pharmacy

**Language**

[← Previous](#) [Continue →](#)

# MEDI-CAL PROGRAM REQUIREMENTS

SPECIFIC FOR THE COUNTY JAIL, YOUTH CORRECTIONAL  
FACILITY, OR STATE PRISON (CDCR) PHARMACY OR CLINIC



# PROGRAM REQUIREMENTS

» The Medi-Cal Program requirements are woven into the application process. The next few slides show:

- **List of Required Documents to Attach**
- **Medi-Cal Established Place of Business Requirements**
- **Medi-Cal Disclosure Requirements**
- **Who is Authorized to Sign the Medi-Cal application**

# SOME REQUIRED DOCUMENTS

- » State-Issued Identification of person who signs the application
- » Verification of TIN/EIN with one of these accepted documents:  
IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4  
(Confirmation Notification)
- » **Business License** (For county jails, youth correctional facilities, or state prisons (CDCR), mark N/A)
- » If the pharmacy or clinic space is leased, then a copy of the lease agreement is required.

# MORE REQUIRED DOCUMENTS

- » Copy of the county jail, youth correctional facility, or state prison (CDCR)'s Workers' Compensation Insurance Certificate
- » Copy of county jail, youth correctional facility, or state prison (CDCR)'s Comprehensive (General) Liability Insurance Certificate
- » Copy of Malpractice Insurance Certificate
- » Seller's Permit – N/A
- » Pharmacy Permit issued by the California Board of Pharmacy
- » Copy of Wallet or Wall License for Pharmacist-In-Charge (PIC)

# MEDI-CAL DISCLOSURE REQUIREMENTS

- » For governmental agencies, such as county jail, youth correctional facility, or state prison (CDCR), the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees.
- » Managing Employees are individuals who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations of the county jail, youth correctional facility, or state prison (CDCR) pharmacy or clinic.

# MEDI-CAL DISCLOSURE REQUIREMENTS

- » Managing employees must report their name, their residence address, SSN, Driver's License #, Date of Birth and job title.
- » They must also answer all questions listed on the Ownership/Control Interest page of the Disclosure Form.

# WHO CAN SIGN THE APPLICATIONS

- » CCR, Title 22, Section 51000.30(a)(2)(B) states...
  - Applications shall... “Be signed under penalty of perjury by an individual who is the sole proprietor, partner, corporate officer, or **by an official representative of a governmental entity (*who is disclosed as such in the application*)** or official representative of a 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.”

# APPLICATION SIGNATURE

- » One of the managing employees disclosed in the application who has the authority to legally bind the county jail, youth correctional facility, or state prison (CDCR) pharmacy or clinic, may sign the Medi-Cal applications.
- » Signatures cannot be delegated
- » Signer attaches a copy of their Driver's License or State-Issued ID

# APPENDIX





# NPI RESOURCES

Please visit the below CMS & HHS resources for information on obtaining an NPI:

- » [National Provider Identifier Standard \(NPI\) \(CMS.gov\)](#)
- » [NPPES \(hhs.gov\)](#)
- » [NPPES FAQs — NPPES Documentation \(hhs.gov\)](#)
- » [Welcome to the NPPES Help — NPPES Documentation \(hhs.gov\)](#)