

# Individual Billing Provider Licensed Midwife Application

Provider Enrollment Division

# Topics Covered

1. Getting Set Up in the PAVE System
  - National Provider Identifier (NPI)
  - PAVE User
  - PAVE Profile
2. PAVE Questionnaire to Start a Licensed Midwife Individual Billing Provider (IBP) Application
3. Medi-Cal Enrollment Requirements
4. Licensed Midwife IBP Application Sections
5. DHCS Application Review
6. Additional Resources

# National Provider Identifier (NPI)

Before getting started in PAVE you must obtain an NPI. The type of NPI depends on your business structure:

- » **Type-1 NPIs** are for individuals and sole proprietors. A sole proprietorship is a business owned and operated by one person and the business and the person are one and the same for income tax reporting.
- » **Type-2 NPIs** are for business entities such as a corporations, 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](#).

# Starting a New Individual Billing Application

- » The following slides will demonstrate the steps to submitting an IBP Application for a Licensed Midwife provider who is NOT operating as a sole proprietor.
- » A Licensed Midwife provider who is organized as a professional corporation must apply with a Type-2 NPI.
- » Type-2 NPIs are reserved for health care providers who are organizations, including groups, hospitals, and the corporation formed when an individual incorporates themselves.

# List of Documents Needed Before Starting An Application

- » Midwives (licensed by the Medical Board of California) are required to submit their individual and/or group applications via PAVE under the [Licensed Midwife Application Information](#) page.
- » Prior to applying to Medi-Cal, first check the [Medical Board of California](#) to ensure you meet all the licensing requirements.
- » Next, gather the required documents, as applicable, in order to upload them into the [PAVE portal](#).

# 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)

# Exempted Requirements

- » Certain established place of business requirements (*CCR, Title 22, Section 51000.60(c)(9)*):
  - » Regular and permanently posted business hours
  - » Is identifiable as a medical/healthcare provider or business, by permanently attached signage that identifies the name of the provider or business as shown on the application.
  - » Obtains and maintains Liability insurance coverage, that covers premises and operation, in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer pursuant to Section 700 of the Insurance Code.
- » Comprehensive (general) liability insurance requirement (*CCR, Title 22, Section 51000.30(f)(2)*)

# Getting Set Up in PAVE for First Time Users

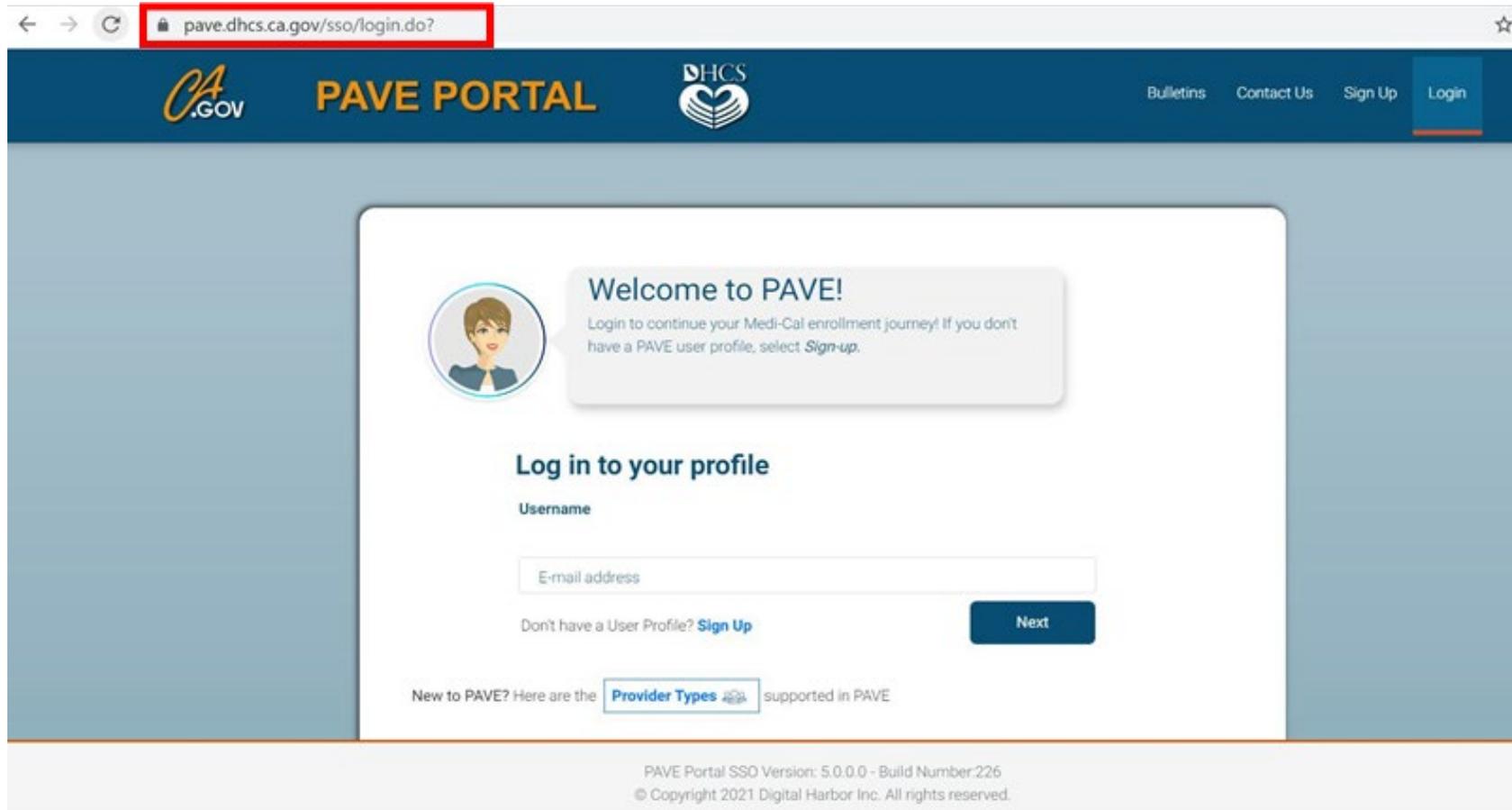
» The following slides are a guide for getting set up in PAVE. For additional resources and training, please visit our [PAVE 101 training slides](#).

## 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](#)

# Access PAVE

» Access PAVE by going to <https://pave.dhcs.ca.gov/sso/login.do?>.



The screenshot shows a web browser window with the address bar containing [pave.dhcs.ca.gov/sso/login.do?](https://pave.dhcs.ca.gov/sso/login.do?). The page header features the CA.GOV logo, the text "PAVE PORTAL", and the DHCS logo. Navigation links for "Bulletins", "Contact Us", "Sign Up", and "Login" are visible. The main content area includes a "Welcome to PAVE!" message with a user profile icon and instructions to login or sign up. Below this is a "Log in to your profile" section with a "Username" label and an "E-mail address" input field. A "Next" button is positioned to the right of the input field. A link for "Sign Up" is provided for users without a profile. At the bottom, there is a link for "Provider Types" and a footer with version and copyright information.

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

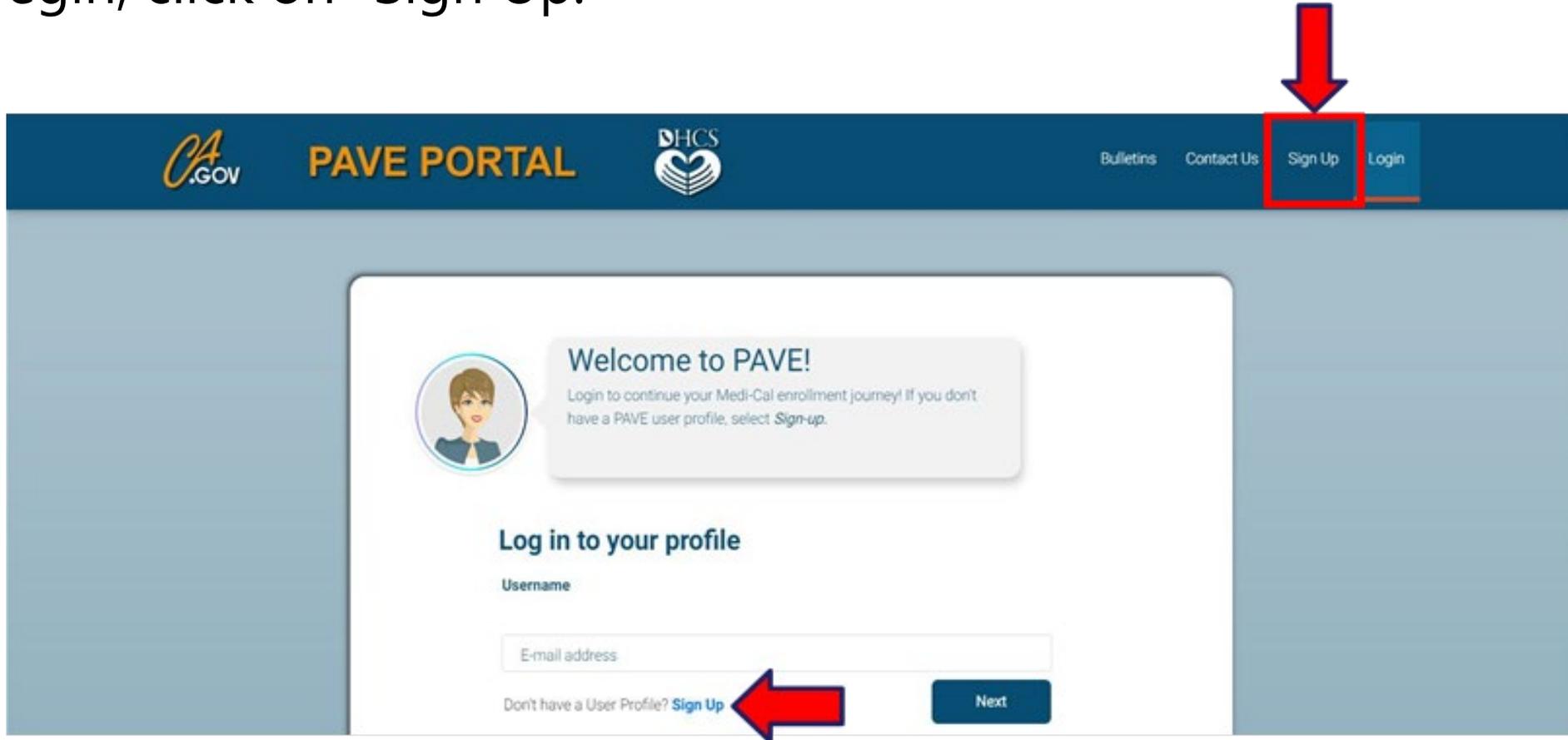
Don't have a User Profile? [Sign Up](#) **Next**

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

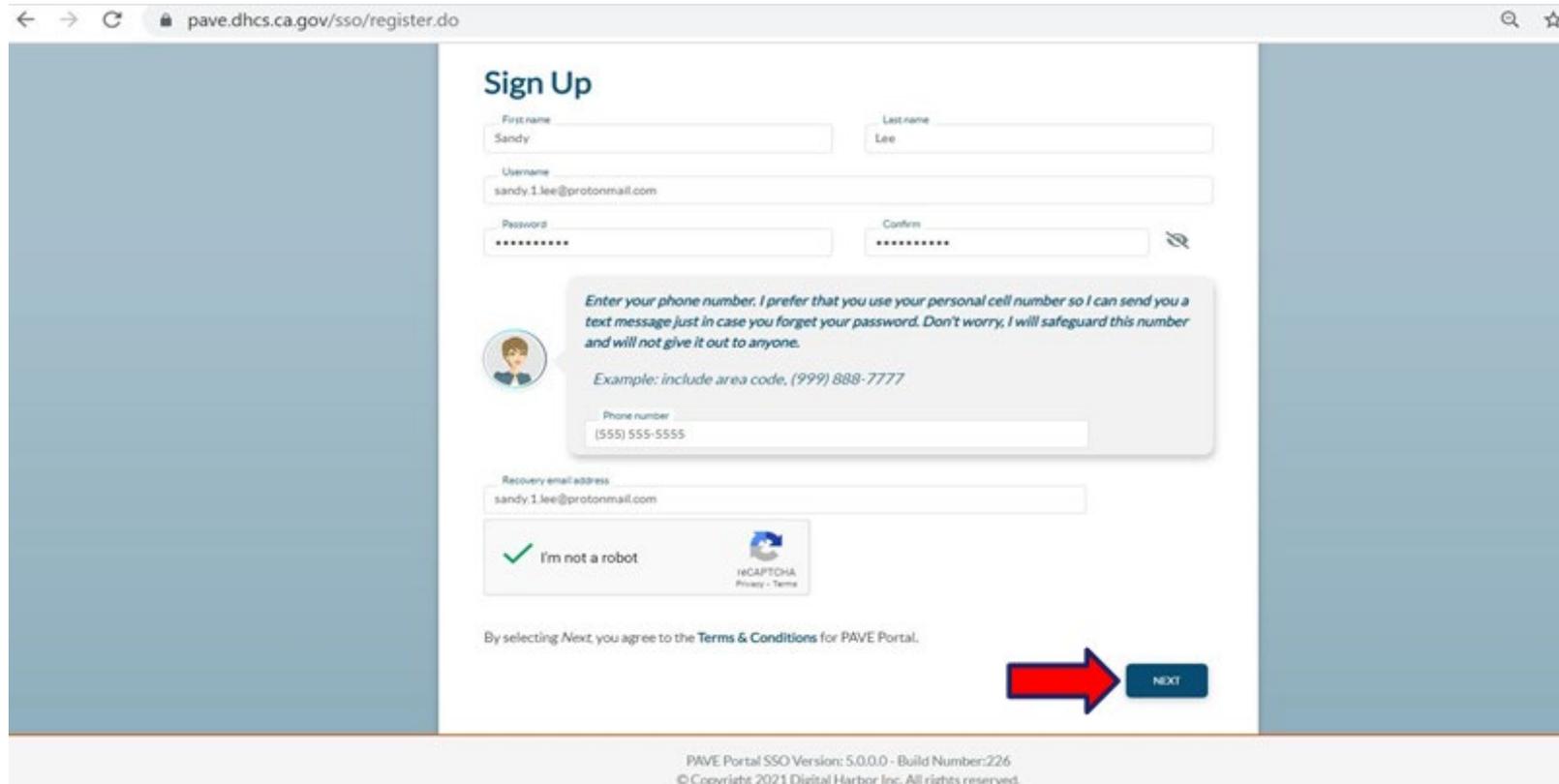
» To begin, click on "Sign Up."



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 above. Below the navigation bar, a white central panel contains 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 input fields for "Username" and "E-mail address", and a "Next" button. At the bottom of this section, there is a link for "Don't have a User Profile? Sign Up" which is highlighted with a red arrow pointing left.

# PAVE User Sign Up Process

- » Complete the required information and click, "Next."



The screenshot displays the PAVE User Sign Up process. The browser address bar shows the URL `pave.dhcs.ca.gov/sso/register.do`. The page title is "Sign Up". The form includes the following fields:

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

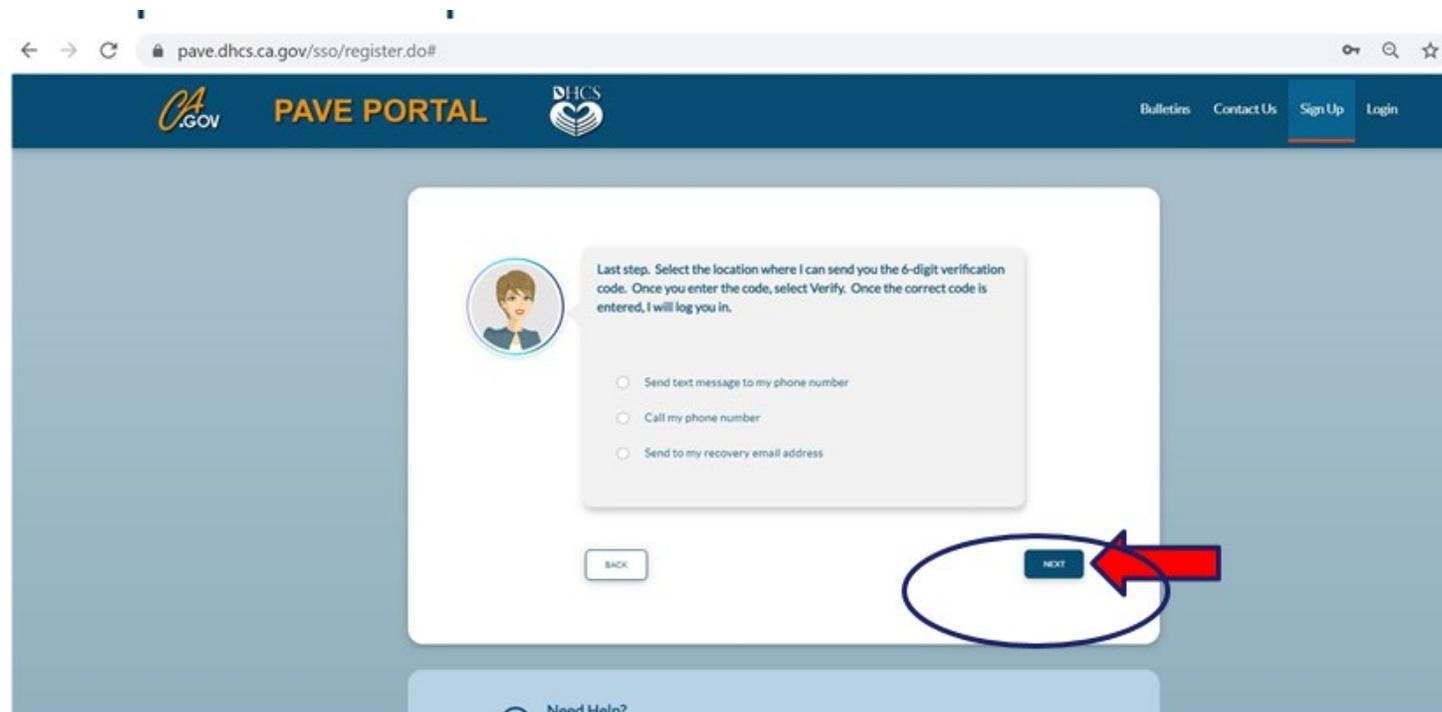
A callout box provides instructions: "Enter your phone number. I prefer that you use your personal cell number so I can send you a text message just in case you forget your password. Don't worry, I will safeguard this number and will not give it out to anyone. Example: include area code, (999) 888-7777".

Below the phone number field is a reCAPTCHA "I'm not a robot" checkbox and a reCAPTCHA logo. At the bottom of the form, a note states: "By selecting Next, you agree to the [Terms & Conditions](#) for PAVE Portal." A red arrow points to the "NEXT" button.

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# 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 user profile icon and a message: "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 the message 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 `BACK` and `NEXT` buttons. A red arrow points to the `NEXT` button, which is also circled in blue.

# PAVE User Sign Up Process

- » Each of the three options provides a verification 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



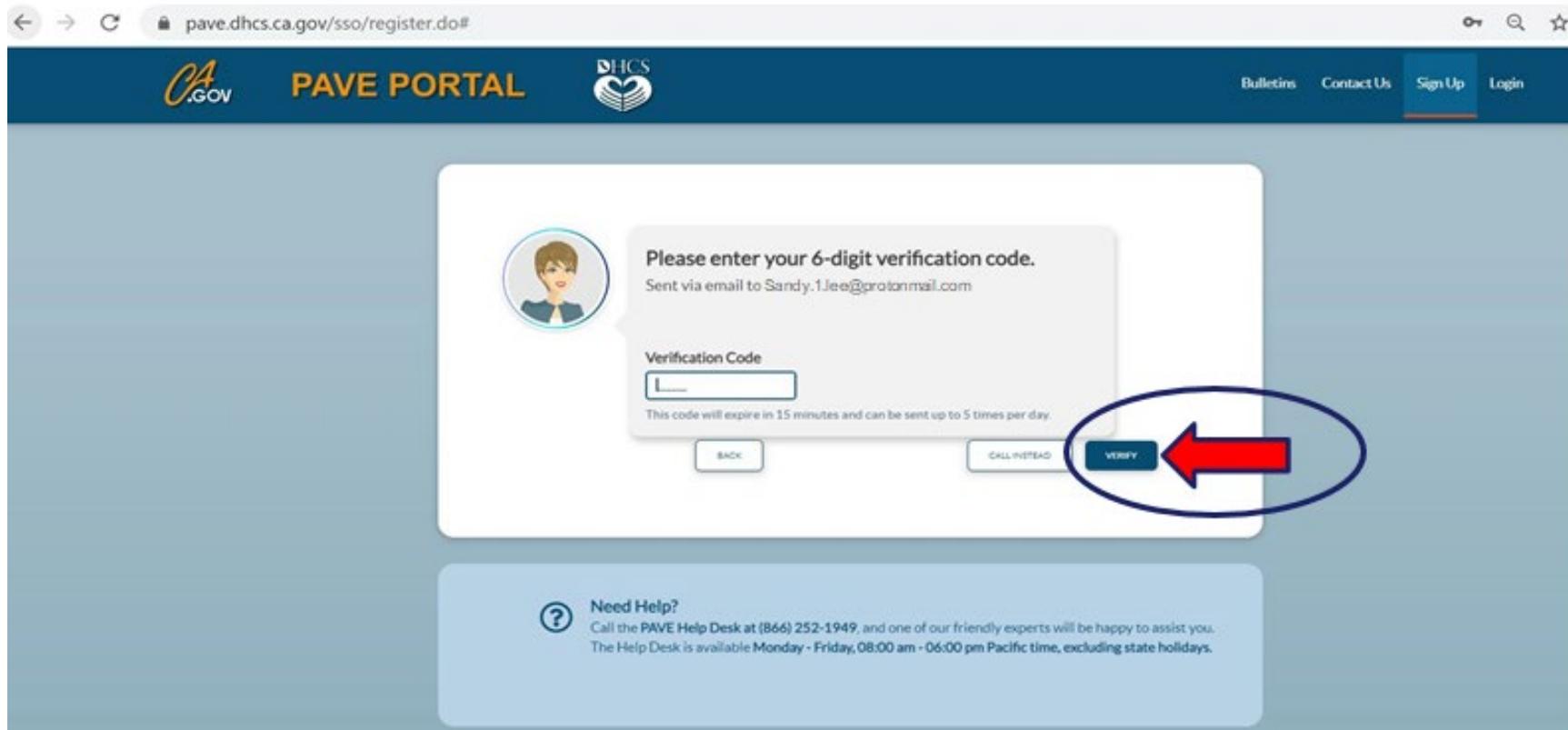
This verification code will expire in 15 minutes.

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.

# PAVE User Sign Up Process

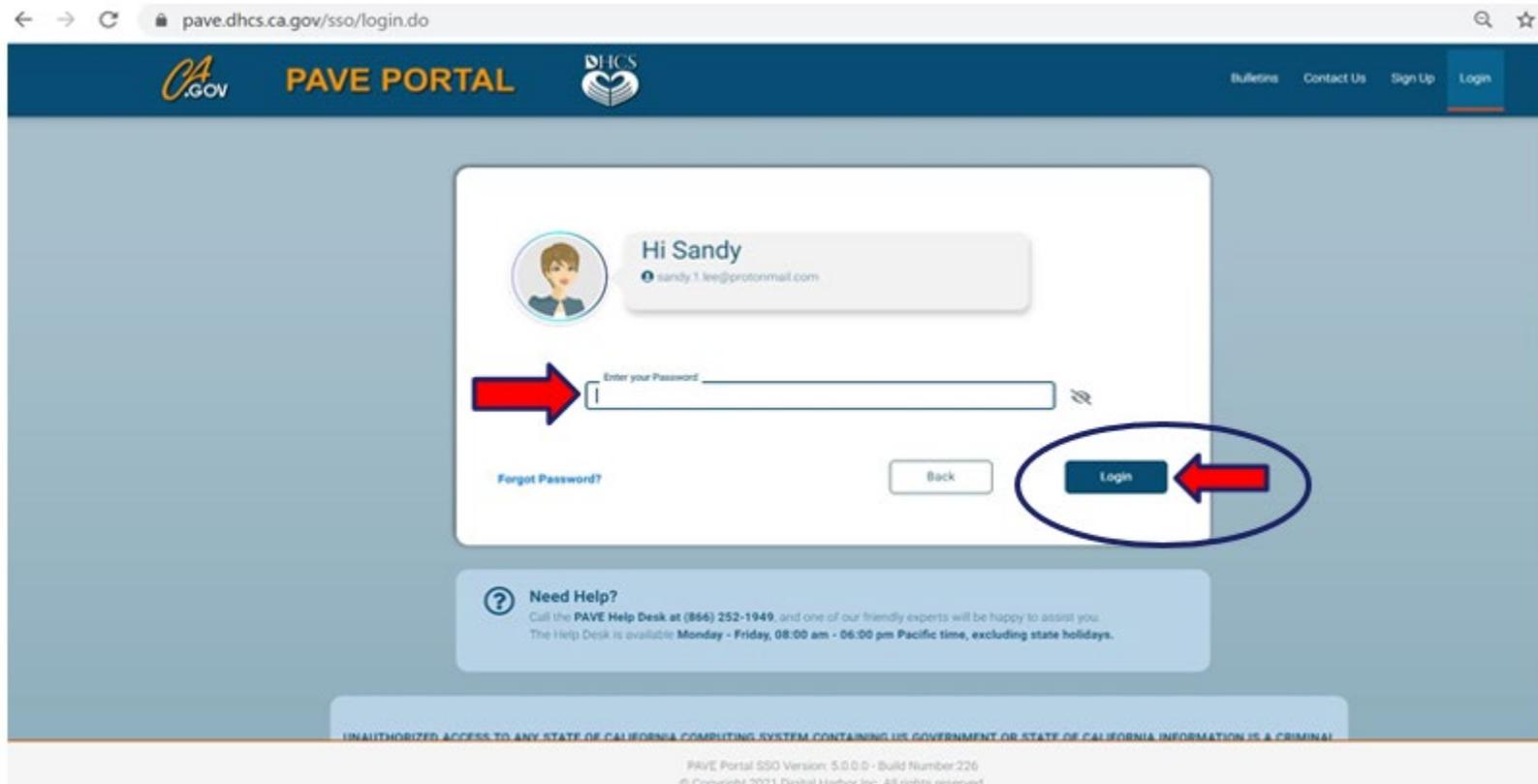
» Enter the six-digit verification code and click, "Verify."



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, 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 and the following text: `Please enter your 6-digit verification code.`, `Sent via email to Sandy.1Jee@grotonmail.com`, a `Verification Code` input field, and the note `This code will expire in 15 minutes and can be sent up to 5 times per day.` Below the input field 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 contact information for the PAVE Help Desk.

# PAVE User Sign Up Process

» Now enter your email and password, then click "Log In."



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 address `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. There is also a "Back" button and a "Forgot Password?" link. At the bottom of the page, there is a "Need Help?" section with contact information for the PAVE Help Desk and a footer with a disclaimer and version information.

CA.GOV PAVE PORTAL DHCS

Bulletins Contact Us Sign Up Login

Hi Sandy  
sandy.1.lee@protonmail.com

Enter your Password

Forgot Password? Back Login

Need Help?  
Call the PAVE Help Desk at (866) 252-1949, and one of our friendly experts will be happy to assist you.  
The Help Desk is available Monday - Friday, 08:00 am - 06:00 pm Pacific time, excluding state holidays.

UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL OFFENSE.

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# 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.

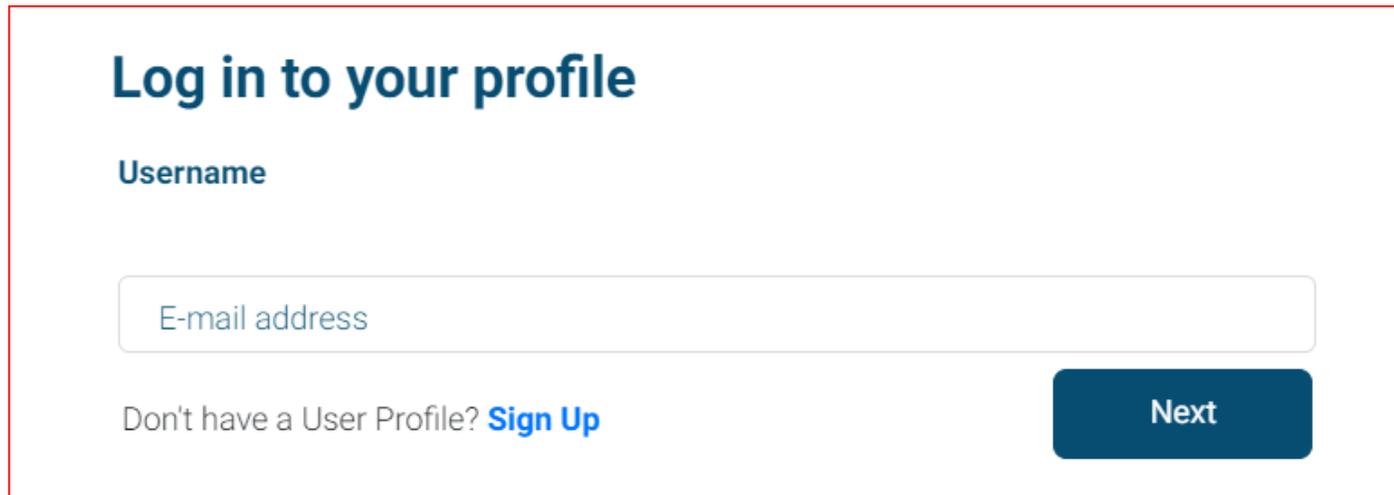
**A Streamlined Provider  
Application Process**



**PAVE**

# 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."



The screenshot shows a login form titled "Log in to your profile". It includes a "Username" label above a text input field containing the placeholder "E-mail address". Below the input field, there is a link "Don't have a User Profile? Sign Up" and a dark blue "Next" button.

# PAVE Profile

» Click the PAVE section you wish to access.



# Starting a New Application

» Start the application questionnaire by selecting, "New Application."

The screenshot shows a web application interface with a navigation bar at the top containing links for "My Messages", "Applications" (highlighted with an orange underline), "Accounts", "My Tools" (with a dropdown arrow), "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 a thought bubble 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." Below this callout is a table with columns for "Owners/Personal information" and "New Application" (the latter is highlighted with a red border). At the bottom, there is a summary row with buttons for "Total Apps 5", "In Progress 2", "Return to Provider 0", "Resubmitted 0", "Approved 0", and "Denied 0".

	Owners/Personal information	New Application
Total Apps	5	
In Progress	2	
Return to Provider	0	
Resubmitted	0	
Approved	0	
Denied	0	

# Application Type

Progress bar: Start Application (1), Business Structure (2), NPI (3), Provider Type (4), Language (5), Last step (6).

 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 →](#)

» Select your application type as an individual provider.

# Incorporated Individual Provider

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 incorporated individual provider.

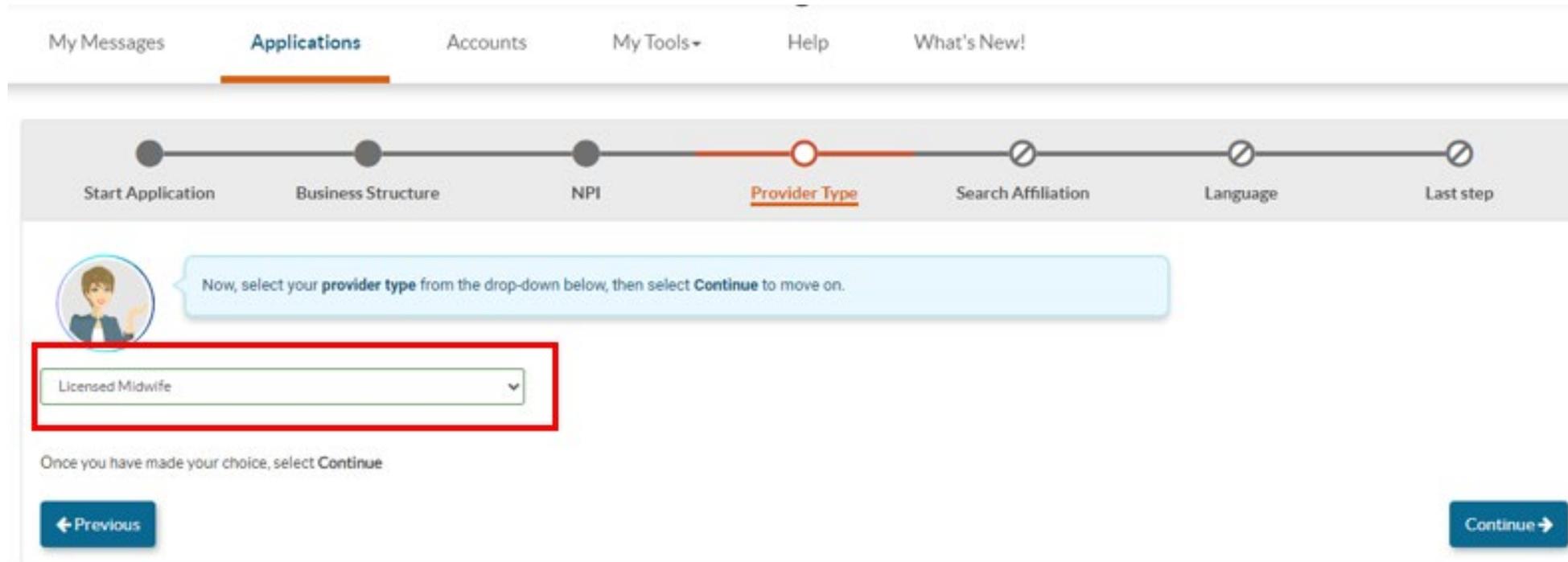
# National Provider Identifier (NPI)

The screenshot displays a multi-step application process. At the top, a horizontal progress bar contains six steps: 'Start Application', 'Business Structure', 'NPI', 'Provider Type', 'Language', and 'Last step'. The 'NPI' step is highlighted with a red circle and a red underline. Below the progress bar, a light blue callout box with a female avatar 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, the label 'National Provider Identifier (NPI)' is followed by a text input field containing the number '1234567890'. To the right of the input field is a blue button with the text 'Verify' and a right-pointing arrow, which is highlighted with a red border.

- » Here, you will enter your NPI type and click, "Verify."
- » Remember, Type-1 NPIs are for individuals and sole proprietors. Type-2 NPIs are for business entities such as a corporations, even if you are the only owner of the entity.

# Provider Type

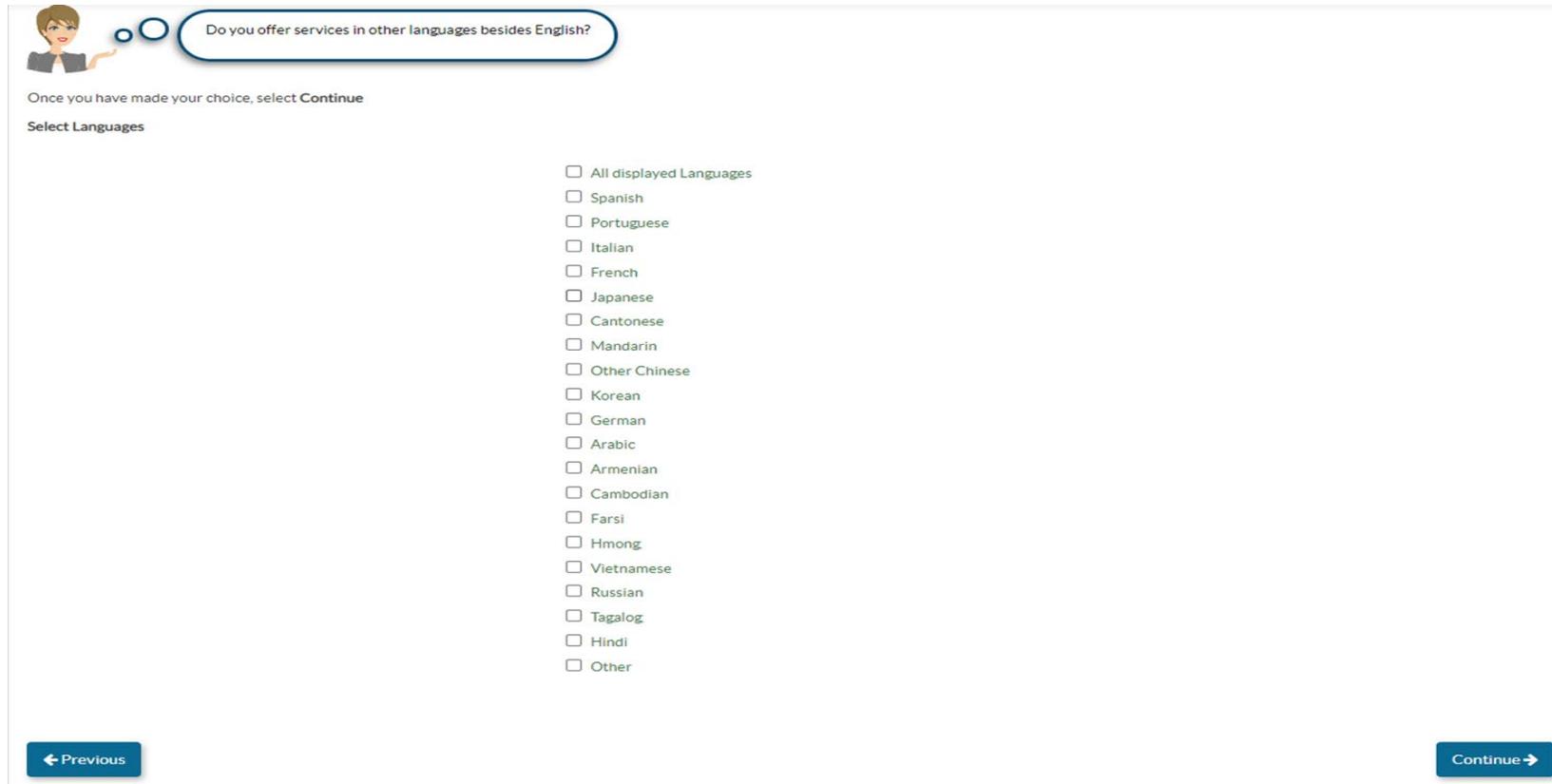
» Select your provider type as “Licensed Midwife.”



The screenshot displays a web application interface with a navigation bar at the top containing links for 'My Messages', 'Applications' (highlighted with an orange underline), 'Accounts', 'My Tools+', 'Help', and 'What's New!'. Below the navigation bar is a progress indicator with seven steps: 'Start Application', 'Business Structure', 'NPI', 'Provider Type' (highlighted with an orange circle and underline), 'Search Affiliation', 'Language', and 'Last step'. A light blue callout box with a female avatar icon contains the text: 'Now, select your **provider type** from the drop-down below, then select **Continue** to move on.' Below the callout is a drop-down menu with 'Licensed Midwife' selected, highlighted by a red rectangular border. At the bottom of the form, there is a '← Previous' button on the left and a 'Continue →' button on the right. The text 'Once you have made your choice, select Continue' is positioned above the 'Continue' button.

# Languages

» Select your preferred language.



The screenshot shows a user interface for selecting a preferred language. At the top left, there is a small icon of a person with a speech bubble. To the right of the icon, a rounded rectangular box contains the question: "Do you offer services in other languages besides English?". Below this, a line of text reads: "Once you have made your choice, select **Continue**". Underneath, the heading "Select Languages" is followed by a list of 18 language options, each with an unchecked checkbox. The languages listed are: All displayed Languages, Spanish, Portuguese, Italian, French, Japanese, Cantonese, Mandarin, Other Chinese, Korean, German, Arabic, Armenian, Cambodian, Farsi, Hmong, Vietnamese, Russian, Tagalog, Hindi, and Other. At the bottom left, there is a blue button with a left-pointing arrow and the text "Previous". At the bottom right, there is a blue button with a right-pointing arrow and the text "Continue".

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 →

# Verify Information

My Messages **Applications** Accounts My Tools

Start Application Business Structure NPI

Before you can continue, please review the summary below. It contains select the Previous button to go to the previous sections and make any

Please review the summary of information that you've entered so far. If everything looks correct

**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**  
Licensed Midwife

Language

← Previous

- » Click "Individual Billing Practitioner" under the business structure.
- » Next, click "Licensed Midwife" as your provider type.

# Signatures on Your Application

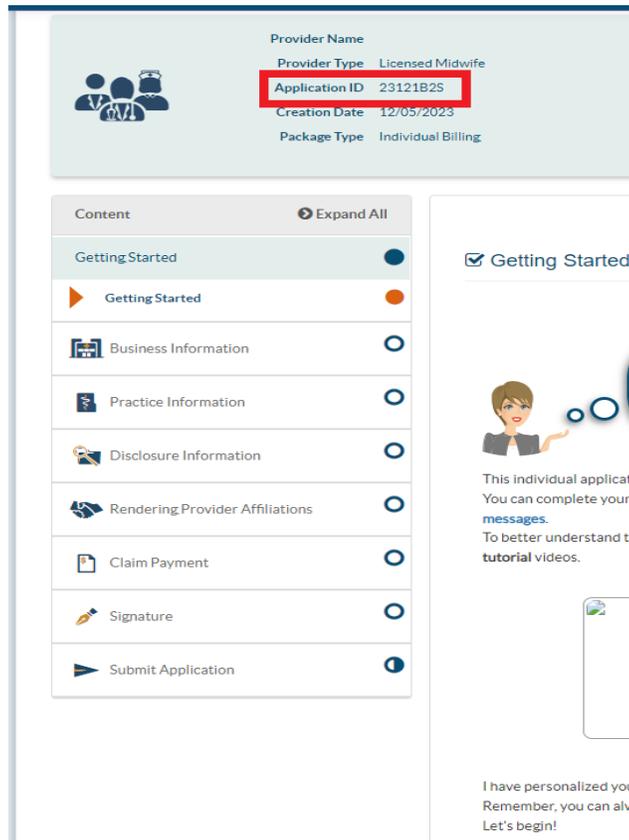
Signatures cannot be delegated. CCR, Title 22, Section 51000.30(a)(2)(B) states that:

- » 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.”

# Who May Apply and Sign Applications

- » DHCS will enroll Licensed Midwives who are sole proprietors or professional corporations.
- » Limited Liability Company (LLC), non-profit corporations, or general corporations with lay ownership are not eligible for enrollment as individuals or groups.
- » Rendering applications and sole proprietorship applications must be signed by the provider themselves.
- » Professional corporation applications must be signed by a corporate officer.

# Getting Started with the Application



The screenshot displays a web application interface. At the top, there is a header section with a logo on the left and provider information on the right. The provider information includes: Provider Name, Provider Type (Licensed Midwife), Application ID (23121825, highlighted with a red box), Creation Date (12/05/2023), and Package Type (Individual Billing). Below the header is a navigation menu with a 'Content' tab and an 'Expand All' button. The menu items are: Getting Started (selected), Getting Started (with a red arrow), Business Information, Practice Information, Disclosure Information, Rendering Provider Affiliations, Claim Payment, Signature, and Submit Application. To the right of the navigation menu is a main content area with a 'Getting Started' heading, a checkmark, and a cartoon character pointing to a speech bubble. Below the character is text: 'This individual applicati...', 'You can complete your s...', 'messages.', 'To better understand th...', 'tutorial videos.' At the bottom of the main content area is a small video player icon and text: 'I have personalized your...', 'Remember, you can alw...', 'Let's begin!'.

Provider Name  
Provider Type Licensed Midwife  
Application ID 23121825  
Creation Date 12/05/2023  
Package Type Individual Billing

Content Expand All

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

Getting Started

This individual applicati  
You can complete your s  
messages.  
To better understand th  
tutorial videos.

I have personalized your  
Remember, you can alw  
Let's begin!

» Launch the application by clicking, "Application ID" at the top of the page.

# Business Profile

Content Expand All

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

Business Profile TIN/EIN & Business License Business

Please share some basic information about your business.

Legal name

Business name  Same as legal name 88

Entity type

Business phone number

Required value

Telephone number extension

Does your business use a registered Fictitious Business Name/Permit?

[← Previous](#)

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

# Tax Information

Content Expand All

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

Business Profile TIN/EIN & Business License

 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)

EIN/FEIN

Business license number  N/A

**Important Information**

Please explain

Do you, **Licensed Midwife Provider**, have Workers' Compensation insurance?

» Provide additional attachments or documentation when required.

# Business License Requirements

- » Business licenses are sometimes called business registration certificates or business tax registration certificates.
- » Issued by cities and counties.
- » Most cities require licenses from all businesses, including:
  - » Sole proprietor businesses
  - » Businesses with no employees
  - » Home-based businesses
- » Please check with your city (or with your county if an unincorporated area) to confirm their requirements.
- » **Applications submitted without required business licenses will be returned.**

# Fictitious Business Name Statement (FBNS)

- » Also known as a “doing business as” or “DBA” name.
- » Only counties issue FBNS.
- » For an individual, a FBNS is required when the name of the business (dba) does not include the last name (surname) of the owner OR the dba implies additional owners. (Such as "Company" or "Associates").
- » For a corporation or limited partnership, a FBNS is required when the DBA does not match exactly what is registered with Secretary or State.
- » **Applications submitted without required FBNS will be returned.**

# Seller's Permit

Content Expand All

Getting Started

Business Information

Business Profile

Contact Person

Addresses

Place of Business

Insurance

Practice Information

Disclosure Information

Rendering Provider Affiliations

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 **Licensed Midwife Provider** have a Seller's permit?  Yes  No

Please include all local business permits  N/A

Please explain

» Indicate if your entity has any applicable permits and attach them here.

# Contact Person

The screenshot shows a web application interface. On the left is a navigation menu with the following items: 'Getting Started', 'Business Information' (highlighted), 'Business Profile', and 'Contact Person'. 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 callout box with a woman icon and the text: 'Who should Medi-Cal contact if they have questions about your application?'. Underneath this is a text input field with the instruction: 'Please include a contact person who will be available during regular business hours.'

- » Please provide accurate contact information if questions about your application should arise.
- » The contact person should be available during regular business hours.

# Business Profile

The screenshot displays a web interface for a Business Profile. On the left is a navigation menu with categories like 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Provider Affiliations', 'Claim Payment', 'Signature', and 'Submit Application'. The 'Business Information' section is expanded, showing 'Business Profile' as the active item. The main content area features a progress bar at the top with three steps: 'Service Address' (active), 'Pay-to Address', and 'Mailing Address'. Below the progress bar is a profile picture placeholder and a callout box with a warning: 'This is the address that will be published on public provider directories. A PO Box may not be used for this address.' A 'View Address' button is positioned below the callout. The form fields include: 'Street' (Address Line 1, Required value), 'Ste. / Apt. #' (Suite/Apt), 'City' (<Select a City>, Required value), 'State/Province' (California, CA), 'County' (<Select a County>, Required value), and 'ZIP Code/Postal Code' (\_\_\_\_-\_\_\_\_, Required value). A 'Previous' button is located at the bottom left of the form.

- » Provide the service address that will appear on the public directory.
- » This may not be a PO Box, virtual office or mailbox, or any other address that is used for mail delivery only.

# 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** Mailin

Please let me know the address where you want to receive paym

Same as service address.

View Address

Street Address Line 1  
Required value

Ste. / Apt. # Suite/Apt

City City  
Required value

State/Province <Select a State>  
Required value

County <Select a County>  
Required value

ZIP Code/Postal Code  
Required value

Previous

- » Provide a pay-to address where you want to receive payments.
- » You may also select, "Same as service address" to populate information from your prior entry.

# 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

Last step! Add a mailing address where you

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

- » Provide the mailing address where you want Medi-Cal to send official correspondence.
- » This can be the same as your service address or the pay-to address.

# NPI/Taxonomy

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Prof. Licenses, Certificates & Lab Services
- 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) 1237494596

Associated NPI Taxonomy Codes

**Add**

Description	Taxonomy Code	Type	Actions
Midwife	176B00000X	Primary	

**Previous** **Continue**

- » The taxonomy code associated with your NPI will pre-populate.
- » However, you can add or remove any taxonomy codes that should be associated with your NPI.
- » To find your taxonomy code, please visit the [NPPES NPI Registry](#).

# Program Participation

The screenshot displays a web application interface for 'Medicaid/Medicare Participation'. On the left is a navigation menu with categories like 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Provider Affiliations', 'Claim Payment', 'Signature', and 'Submit Application'. The 'Disclosure Information' section is expanded, showing sub-items: 'Program Participation', 'Adverse Actions', 'Fines/Debts (Gov.)', 'Subcontractors', 'Ownership/Control Interest', and 'Significant Transactions'. The main content area features a progress bar at the top with 'Medicaid/Medicare Participation' and 'Summary' (highlighted). Below the progress bar is a message box with a woman icon: 'It's time to review the information you provided in the Program Participation sub-form. Once you are satisfied with the information, please click the Continue button.' A 'Continue' button is positioned to the right. The main section is titled 'Summary: Program Participation' and contains a checked checkbox for 'Medicaid/Medicare Participation' with an 'Edit' button. Below this is a text prompt: 'List the name and address of all health care providers, participating or not participating in Medi-Cal, in which Licensed Midwife Provider also has ownership or control interest.' This is followed by a list item 'Not Applicable' and a note: 'List all that apply or select Not Applicable if this does not apply to you.' Another text prompt asks: 'Do you, Licensed Midwife Provider, currently participate or have you ever participated as a provider in the Medi-Cal program or in another States' Medicaid program?' with radio buttons for 'Yes' and 'No'. At the bottom are 'Previous' and 'Continue' buttons. On the far right, there are four circular icons: a red one with a white 'd', a yellow one with a white 'e', a yellow one with a white 'a', and a red one with a white 'm'.

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

# 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 Licensed Midwife Provider ever been **suspended** from a Medicare, Medicaid, or Medi-Cal program?  Yes  No

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

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

[← Previous](#) [Continue →](#)

- » Report any adverse actions, along with clear copies of each requested document.
- » To the best of your knowledge, please provide accurate and complete information.

# Disciplinary 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 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 Licensed Midwife Provider?**  Yes  No

Has **Licensed Midwife Provider** 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 Licensed Midwife Provider?**  Yes  No

[← Previous](#) [Continue →](#)

» Here you will disclose all disciplinary actions related to your licenses or certificates.

# Fines/Debts

- » Disclose any fines or debts associated with your organization relating to any federal or state healthcare programs, including Medi-Cal and Medicare.

The screenshot shows a web interface for disclosing fines or debts. On the left is a navigation menu with the following items: Content (Expand All), Getting Started, Business Information, Practice Information, Disclosure Information (highlighted), Program Participation, Adverse Actions, Fines/Debts (Gov.) (highlighted with an orange arrow), Subcontractors, Ownership/Control Interest, and Significant Transactions. The main content area has a progress bar at the top with 'Fines/Debts (Gov.)' and 'Summary' markers. A callout bubble with a woman icon says: '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 is a checkbox labeled 'This business has no current State or Federal government Fines/Debts' which is checked. At the bottom are 'Previous' and 'Continue' buttons. On the right side of the form, there is a vertical stack of social media icons: Facebook, LinkedIn, Twitter, YouTube, Instagram, and Email.

# 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	●

Subcontractors Summary

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

Does Licensed Midwife Provider have any subcontractors that provide health care services or goods?  Yes  No

← Previous Continue →

» List any subcontractors associated with your business.

# Disclosure Section

The screenshot shows a web application interface for reporting ownership or control interest. On the left is a navigation menu with categories like 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', and 'Rendering Provider Affiliations'. 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 with a grid icon, which is highlighted with a red box. Below the table is a 'Total Number of records 0' and a note about high-risk screening. 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.

# Ownership and Control Interest

The screenshot shows a web application interface. On the left is a navigation menu with categories like 'Content', 'Business Information', 'Practice Information', 'Disclosure Information', 'Ownership/Control Interest', and 'Significant Transactions'. The main area is titled 'Ownership/Control Interest' and has a 'Summary' tab. It contains a 'Continue' button, a 'Summary: Ownership/Control Interest' section, and a table for adding owners. The table has columns for Change, Type, Name, SSN/TAX ID, %Ownership, Status, and Summary. A single record is shown with 'Added' as the change, 'Owner' as the type, and a status of 'On'. Below the table, it says 'Total Number of records 1'. At the bottom, there are 'Previous' and 'Continue' buttons.

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	Owner	[REDACTED]	[REDACTED]	Owner	●	[REDACTED]

Total Number of records 1

← Previous Continue →

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

# Significant Transactions

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

Significant Transactions Summary

Please carefully read this question and answer accordingly.

Has **Licensed Midwife Provider** had any significant business transactions with any subcontractor during the 5-year period immediately preceding the date of this application?  Yes  No

Has **Licensed Midwife Provider** 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 you have completed the Significant Transactions portion, the Disclosure section is complete.

# Rendering Providers

**CA.GOV PAVE PORTAL** DEICS Danielle Doula Daniela

### Create Affiliation Application

I am the Owner of [redacted] and if approved, my account will be created under [redacted]

National Provider Identification (NPI) [input field] [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](#)

Application ID App Status Rendering Name Provider Type NPI Status Actions

No affiliations listed

[Add Rendering](#)

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

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

# Rendering Provider Application

- » If the rendering provider is already enrolled in Medi-Cal, PAVE will generate a Rendering Affiliation Form to add the enrolled individual with their business.
- » If the rendering provider is not enrolled in Medi-Cal, PAVE will generate a rendering provider application.
- » This application must be completed **in addition** to the IBP application.
- » For more information, please review the Licensed Midwife rendering provider application training.

# Claim Payment

The screenshot displays a web application interface for a 'Claim Payment' process. On the left is a navigation menu with the following items: 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', 'Rendering Provider Affiliations', 'Claim Payment' (highlighted), 'Claim Payment', 'Signature', and 'Submit Application'. The main content area shows a progress bar with three steps: 'Payment Information' (active), 'EFT Agreement', and 'Summary'. A callout box with a woman icon says: 'Please select your preferred delivery method for claim payments, either physical check or Electronic Fund Transfer (EFT)'. Below this, a text box states: 'Medi-Cal requires all claim payments to be made using one of the two options below'. There are two radio button options: 'Physical Check' (selected) and 'Electronic Fund Transfer (EFT Direct Deposit)'. At the bottom are 'Previous' and 'Continue' buttons.

- » 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

Rendering Provider Affiliations

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

I, [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.

### E-Signature

I, [REDACTED], 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 Declarations, you will be able to e-sign and submit the application.

# Messages

The screenshot shows an email composition interface. At the top, there is a 'To...' field with a blue header and a 'Required value' error message. Below it is a 'Subject' field, also with a 'Required value' error message. The 'Attach Files' section includes a 'Choose Files' button and a 'No file chosen' message, along with a 'Drag and drop your files here.' area. The main body is a rich text editor with a toolbar containing icons for bold, italic, underline, link, unlink, list, and text color. The text area contains the letter 'p' and a 'Words: 0' counter. At the bottom left, there is a checked checkbox for 'Send email notification to recipient'. At the bottom right, there are 'Send' and 'Cancel' buttons.



» If you have questions related to enrollment or application requirements, you may submit messages before, during and after the application process by selecting, "New Message."

# The Enrollment Process

- » Complete your application in the PAVE portal.
- » DHCS reviews in order of date received.
- » The legal allowance for the initial review period is 180 days, but DHCS strives to complete initial reviews in a timely manner.

 My Applications 



Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

# Incomplete Applications

- » If your application is incomplete, PED will return it to you for corrections.
- » You will be notified via email to log into the PAVE system to fix the noted deficiencies in your application.
- » Please ensure your information is accurate, complete and current.
- » Questions related to your application can be submitted by selecting the, "New Message" tab.
- » Resubmit your application to PED within 60 days.

# Common Denial Reasons

## **Wrong NPI Type or Number**

- » Provider has formed a corporation, but submits application with Type 1 NPI.
- » Provider is a sole proprietor and submits application with Type 2 NPI.

## **Failure to Fix All Deficiencies**

- » Expired supporting documents.
- » Not providing required documentation.
- » Application is not signed by an authorized person.

# Status Notification

- » If your application is approved, you will be notified via email to log into the PAVE system to receive your Approval Letter.
- » If your application is denied, you will be notified via email to log into the PAVE system to receive your Denial Letter with Appeal Rights.
- » 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](#).

# 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 click on "Inquiry Form."
- » Or, you may contact us at (916) 323-1945.
- » For additional help in PAVE, click on the link below to take you to the PAVE homepage where you can access [Provider Training videos](#) and other tutorials.

**Thank You!**

The image features the text "Thank You!" in a bold, dark blue font, centered in the upper half of the frame. Below the text, there are two thick, wavy lines that span the width of the image. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight curve, creating a decorative border at the bottom of the page.