

Licensed Midwife Rendering Provider 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 Rendering Application
3. Medi-Cal Enrollment Requirements
4. Licensed Midwife Rendering Application Sections
5. DHCS Application Review
6. Additional Resources

New Rendering Application

- » A rendering provider is the individual whose services are billable through a group.
- » 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.

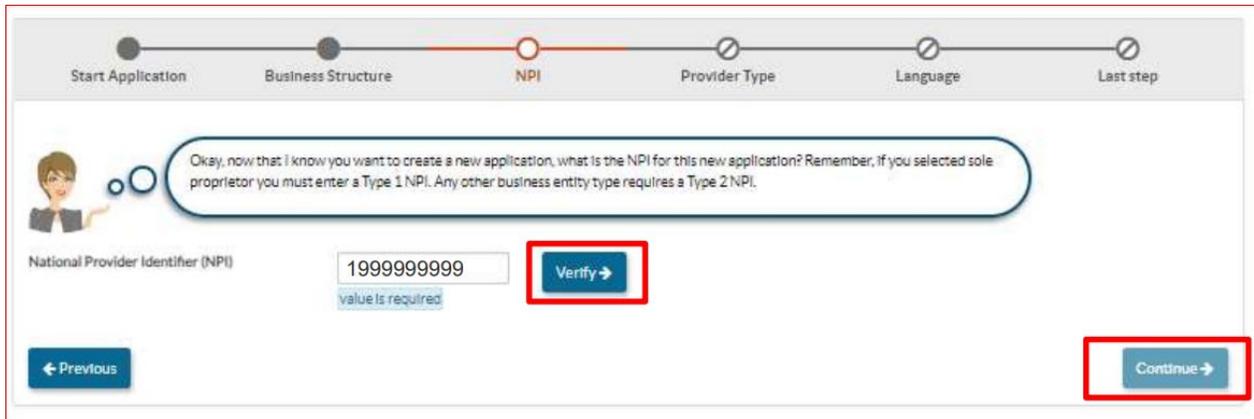
List of Documents Required Before Starting An Application

- » 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](#).

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)*)

National Provider Identifier (NPI)



The screenshot shows a multi-step application process. The progress bar at the top indicates the current step is 'NPI', with previous steps 'Start Application' and 'Business Structure' completed, and subsequent steps 'Provider Type', 'Language', and 'Last step' pending. A message bubble from a cartoon character asks for the NPI, providing instructions on Type 1 and Type 2 NPI requirements. Below the message, a text input field contains '1999999999' and has a 'value is required' error message. A 'Verify' button is highlighted with a red box. At the bottom, 'Previous' and 'Continue' buttons are also highlighted with red boxes.

- » Before getting started in PAVE, rendering providers must obtain a Type-1 NPI which is for individuals and sole proprietors.
- » If you do not have an NPI, you can obtain one online by visiting the [NPPES website](#).

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?>.

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

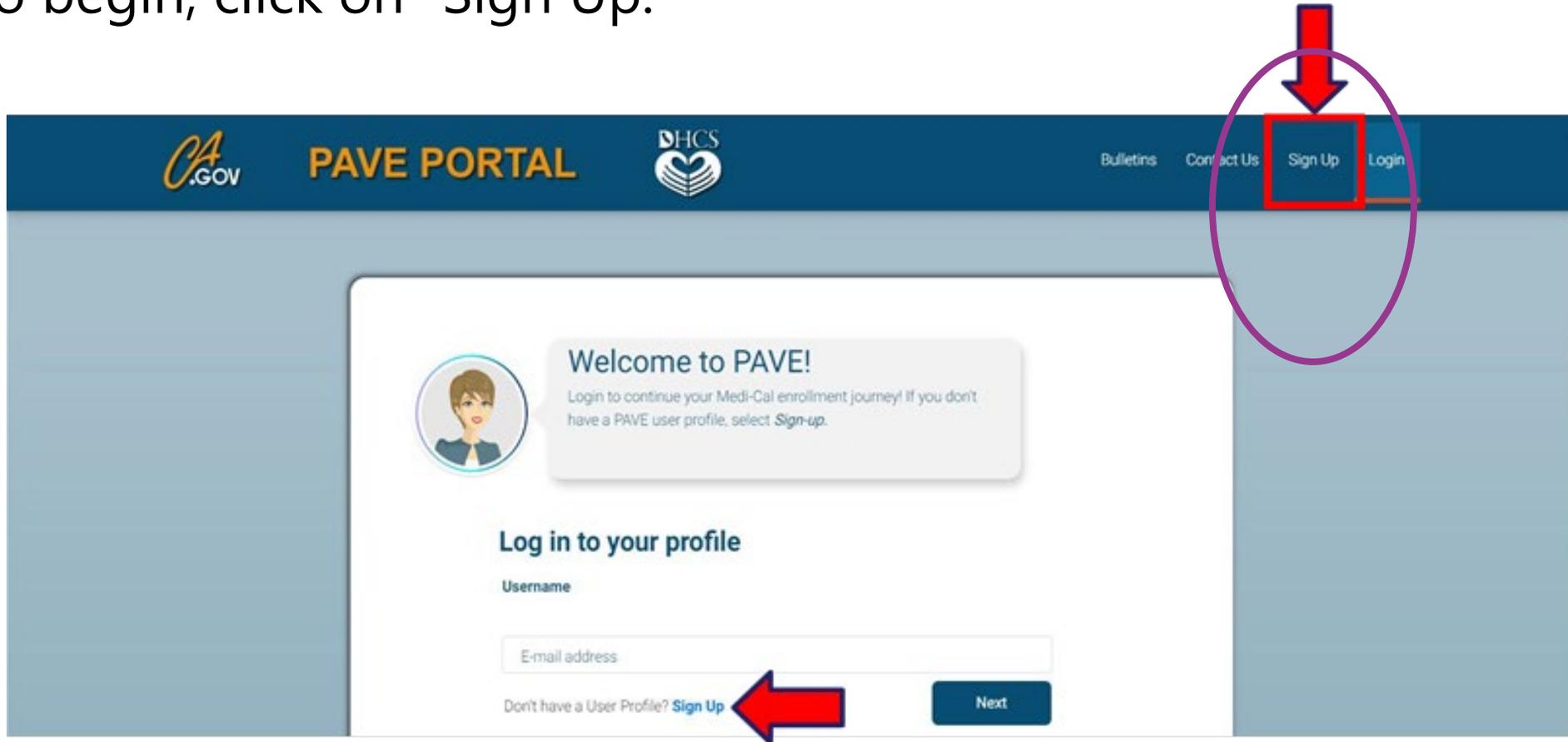
Don't have a User Profile? [Sign Up](#) [Next](#)

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."



PAVE User Sign Up Process

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

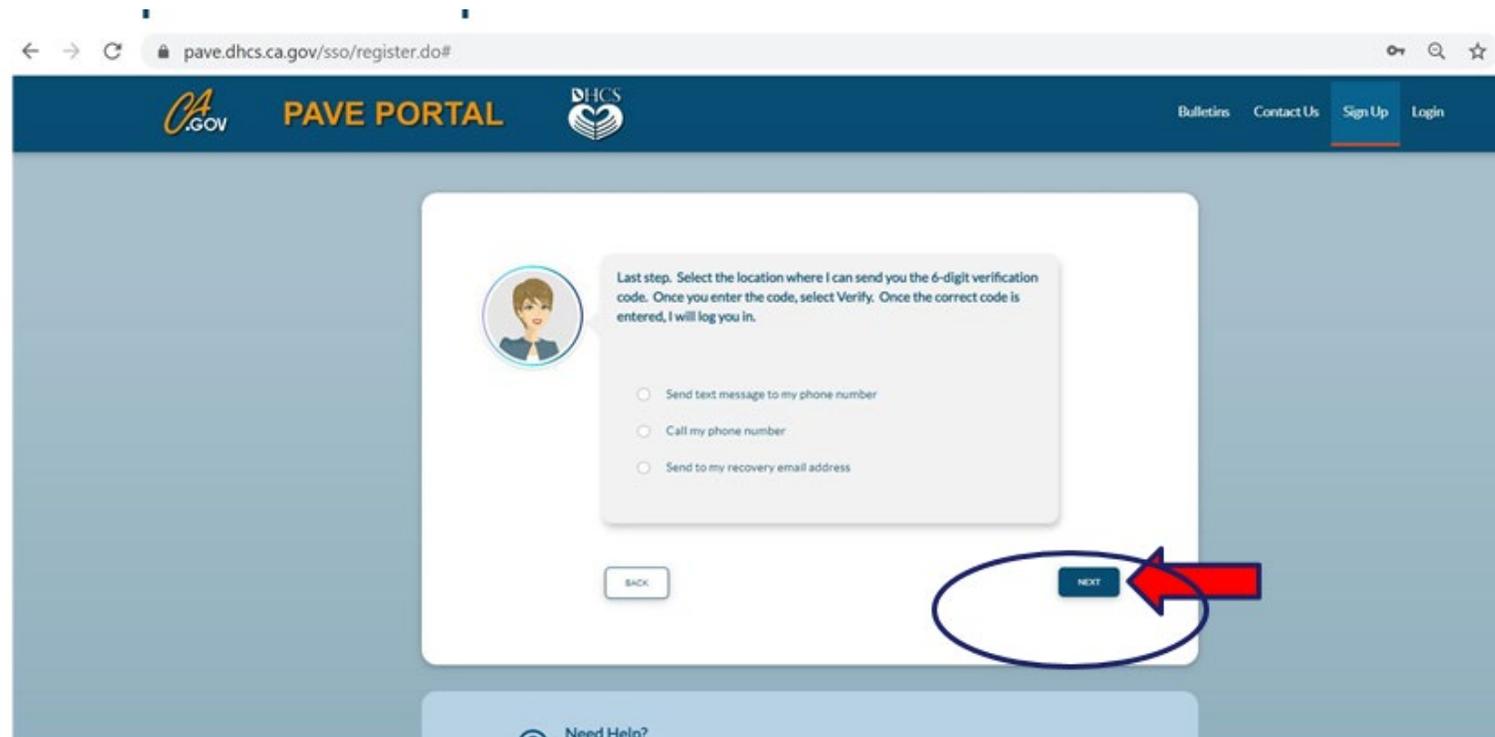
The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do`. The page title is "Sign Up". The form contains the following fields and elements:

- First name:** Input field with "Sandy" entered.
- Last name:** Input field with "Lee" entered.
- Username:** Input field with "sandy.1.lee@protonmail.com" entered.
- Password:** Input field with masked characters "*****".
- Confirm:** Input field with masked characters "*****" and a toggle icon.
- Phone number:** A callout box with a speech bubble icon contains the 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" entered.
- Recovery email address:** Input field with "sandy.1.lee@protonmail.com" entered.
- Verification:** A green checkmark icon and the text "I'm not a robot" are next to a reCAPTCHA logo and "reCAPTCHA Privacy - Terms" link.
- Disclaimer:** Text at the bottom reads: "By selecting Next, you agree to the [Terms & Conditions](#) for PAVE Portal."
- Next Button:** A blue button labeled "NEXT" with a large red arrow pointing to it.

At the bottom of the page, the footer text 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

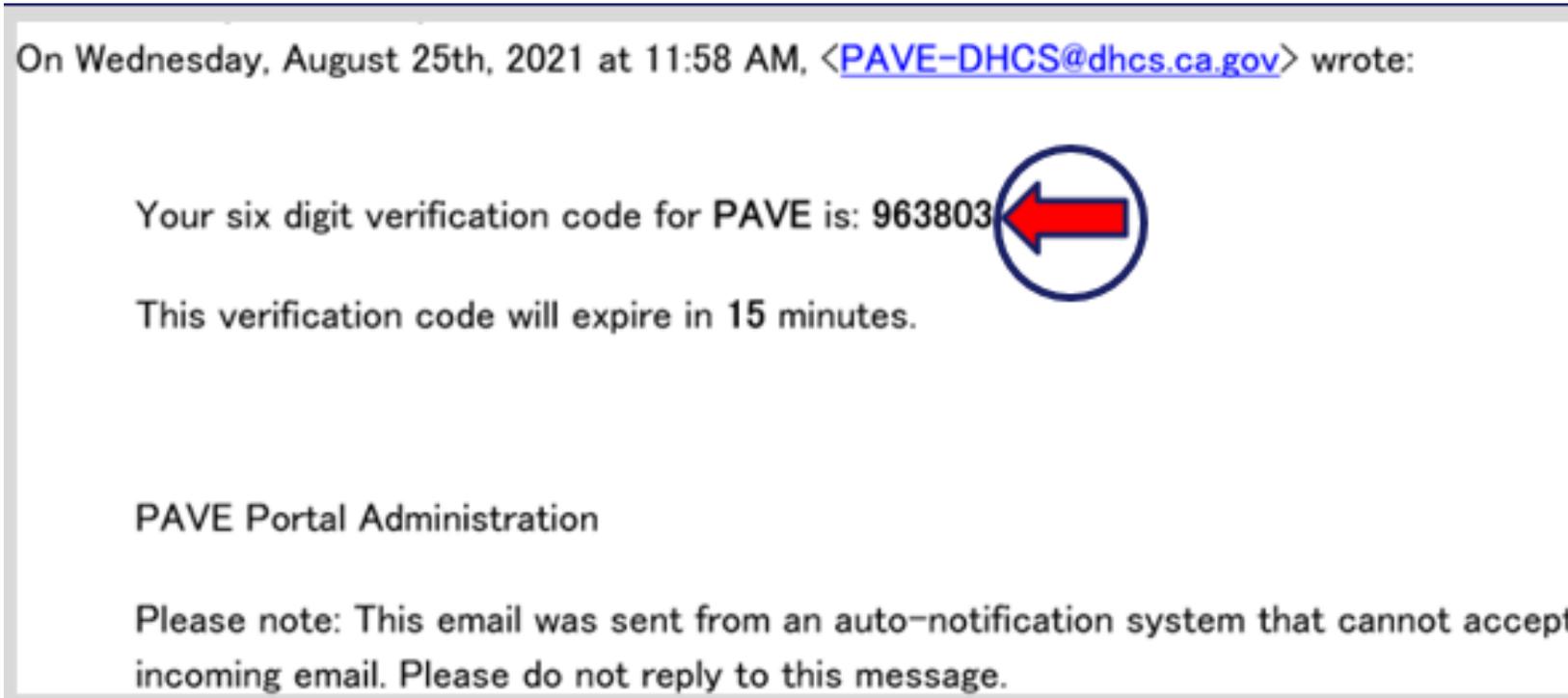
- » You will be prompted to select how you wish to receive the six-digit verification code and after selecting the preferred option, click "Next."



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.

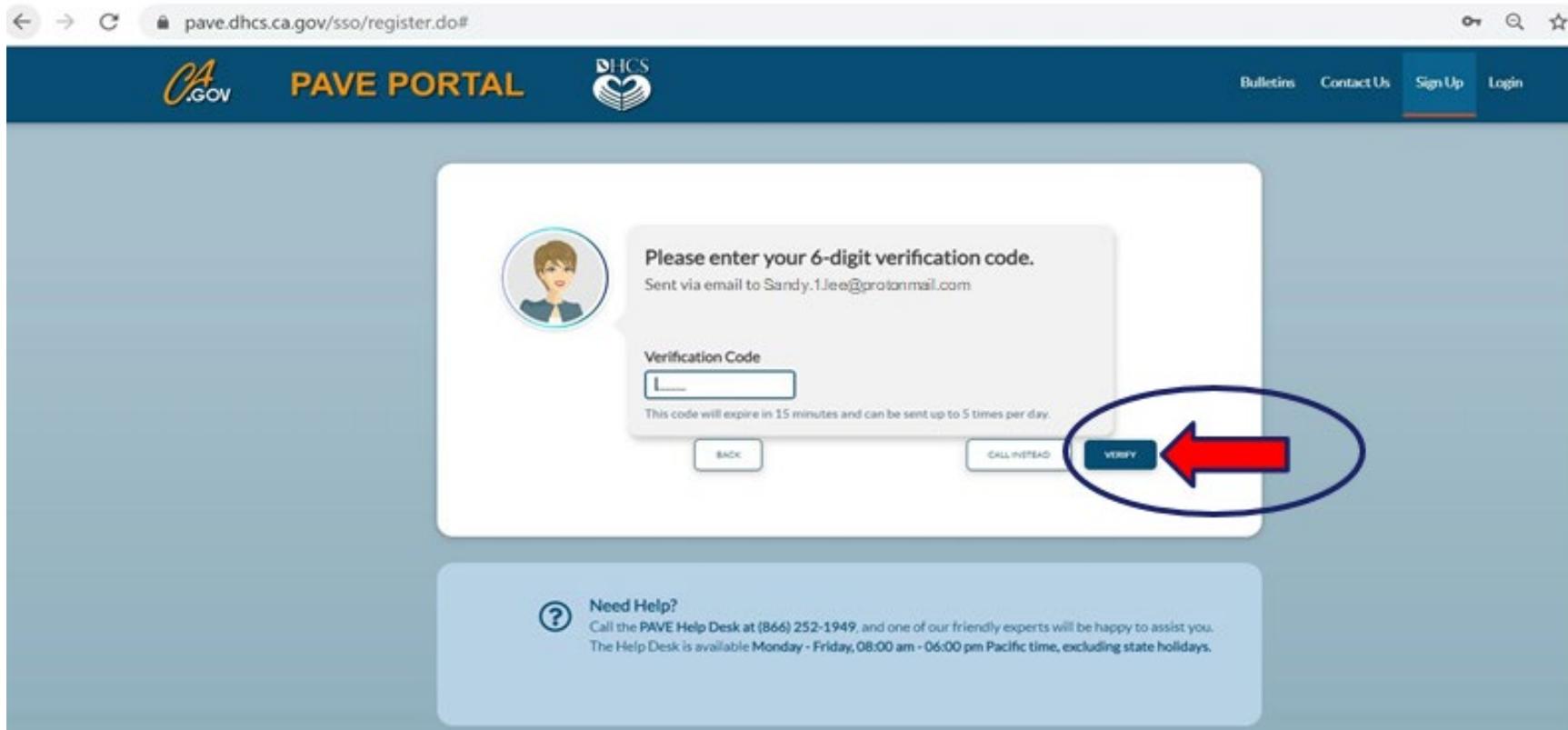
PAVE User Sign Up Process

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



PAVE User Sign Up Process

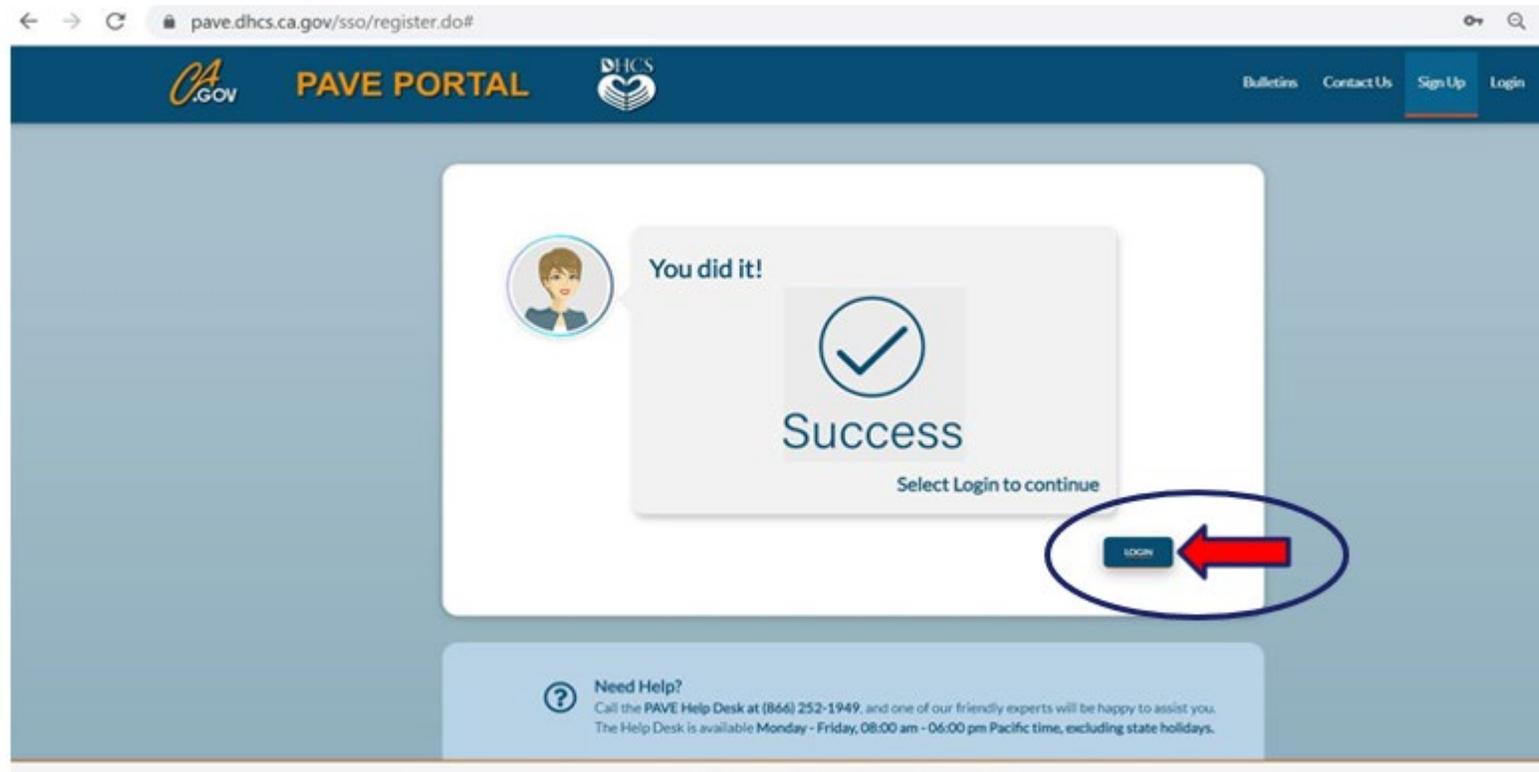
» Enter the six-digit verification code and click, "Verify."



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`, 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.1.lee@grotonmail.com". Below this is a "Verification Code" input field. A note states: "This code will expire in 15 minutes and can be sent up to 5 times per day." At the bottom of the card are three buttons: `BACK`, `CALL INSTEAD`, and `VERIFY`. A red arrow points to the `VERIFY` button, which is also circled in blue. Below the card is a "Need Help?" section with a question mark icon and contact information for the PAVE Help Desk.

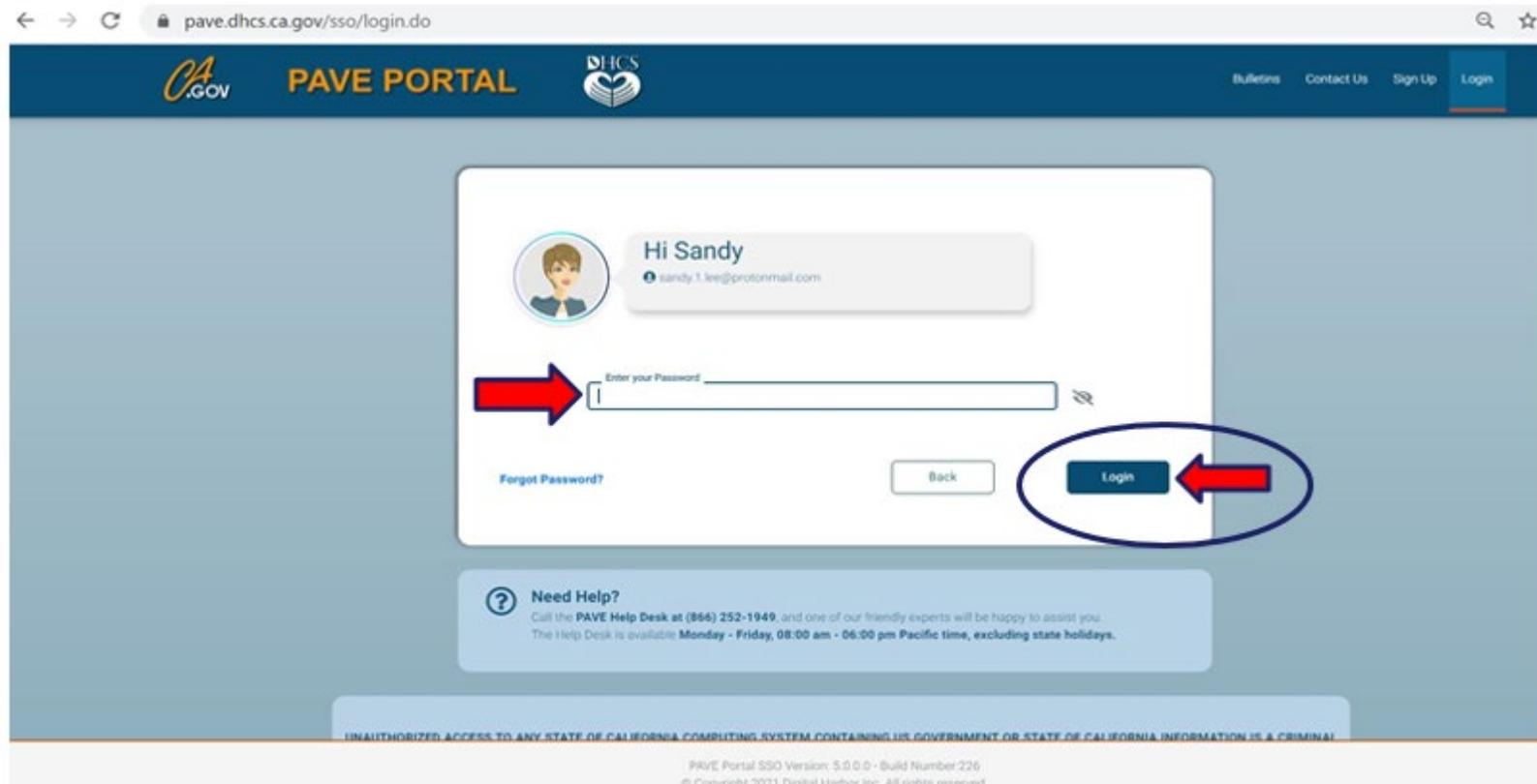
PAVE User Sign Up Process

» Once PAVE confirms successful verification, click “Log In.”



PAVE User Sign Up Process

» 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 "Bulletin", "Contact Us", "Sign Up", and "Login". The main content area features a user profile 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 left of the password field is a "Forgot Password?" link. To the right are "Back" and "Login" buttons, with the "Login" button circled in blue and a red arrow pointing to it. A "Need Help?" section is located below the login form, providing contact information for the PAVE Help Desk. At the bottom of the page, there is a footer with the text "UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING U.S. GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL OFFENSE" and "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.

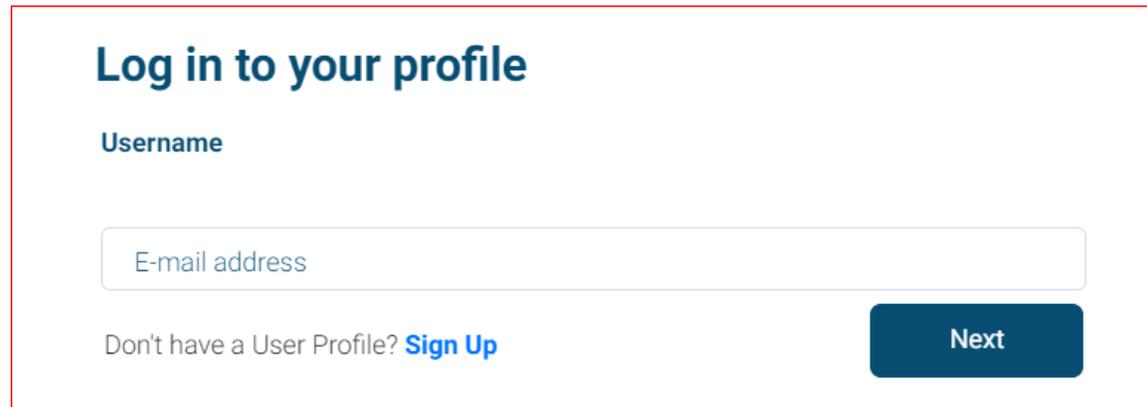
**A Streamlined Provider
Application Process**



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."

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

Log in to your profile

Username

E-mail address

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

Next

PAVE Profile

» Click the PAVE section you wish to access.



Starting a New Application

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

The screenshot displays the 'My Applications' dashboard. At the top, there is a navigation bar with links for 'My Messages', 'Applications' (which is the active tab), 'Accounts', 'My Tools', 'Help', and 'What's New!'. Below the navigation bar, the page title 'My Applications' is shown with a calendar icon. A callout box with a woman's icon and thought bubbles contains the text: 'Listed below are the provider applications you are currently working on. Once enrolled, you can modify your Medi-Cal accounts at any time.' Below this, there is a section for 'Owners/Personal information' with a blue button labeled '+ New Application' that is highlighted with a red rectangular border. At the bottom, there is a row of six summary cards: 'Total Apps 4' (dark blue), 'In Progress 1', 'Return to Provider 0', 'Resubmitted 0', 'Approved 0', and 'Denied 0'. A footer bar at the bottom contains a link '» Applications Dashboard'.

Application Type

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 →](#)

- » Select your application type as an individual provider.
- » On the next screen, you will indicate that you are a rendering provider.

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

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

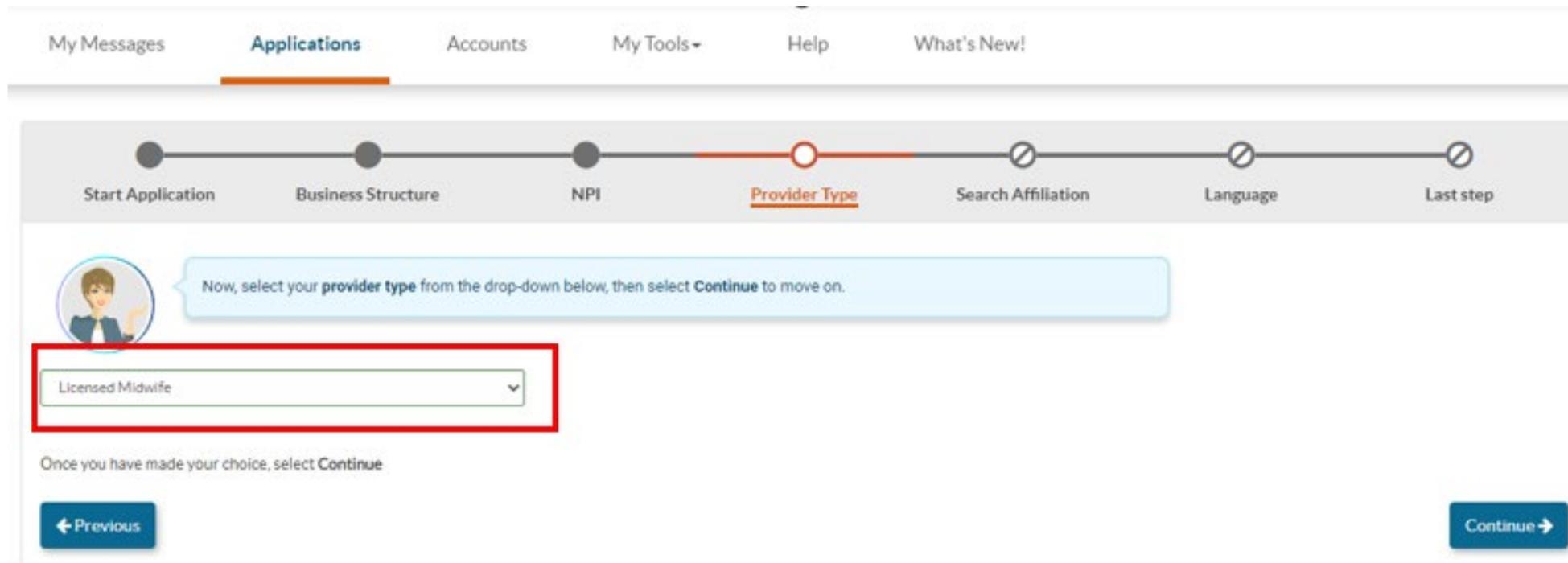
National Provider Identifier (NPI)

The screenshot shows a web application interface for creating a new application. At the top, there are navigation links: 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 message bubble from a female avatar says: "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." The main form area is titled "National Provider Identifier (NPI)" and contains a text input field with a "Verify" button. Below this are fields for "National Provider Identifier (NPI)", "Type" (1-Individual), "Business name", "Taxonomy code(s)" (207W00000X), and "NPPES address (registered)". A red box highlights the "Is this the correct information?" section, which includes 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 by 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

» Select your provider type as “Licensed Midwife.”



The screenshot displays a web application interface for a multi-step process. 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 is a progress indicator consisting of a horizontal line with seven circular markers. The markers are labeled from left to right: 'Start Application', 'Business Structure', 'NPI', 'Provider Type' (which is highlighted with an orange circle and underline), 'Search Affiliation', 'Language', and 'Last step'. Below the progress indicator, there is a light blue callout box with a female avatar icon on the left and the text: 'Now, select your **provider type** from the drop-down below, then select **Continue** to move on.' Below the callout box is a red-bordered rectangular area containing a drop-down menu with the text 'Licensed Midwife' and a small downward-pointing arrow. Below the drop-down menu, the text reads: 'Once you have made your choice, select Continue'. At the bottom of the form, there are two blue buttons: '← Previous' on the left and 'Continue →' on the right.

Affiliation

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.

Enter NPI of the provider you would like to affiliate with

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

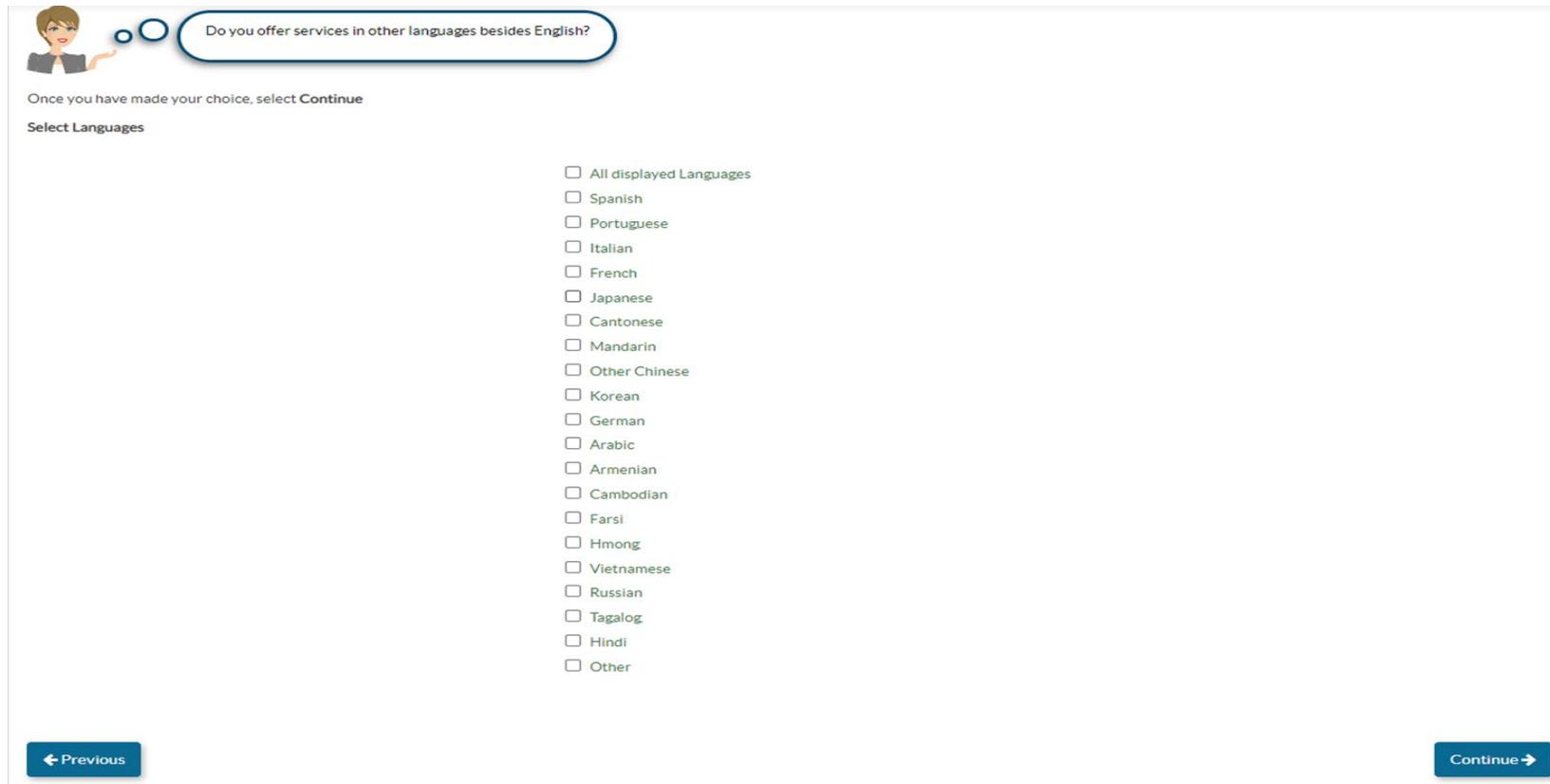
i66788 is related to the following account(s) or in progress applications in PAVE Portal system. The account or application that belongs to the provider you would like to affiliated with.

Account/App ID	Type	NPI	Provider Name	Provider Type	Service Address
REDACTED	Application	REDACTED	REDACTED	Licensed Midwife	REDACTED

- » Here you will add the provider group you wish to affiliate with.
- » Once NPI is entered, select rendering provider and click, "Verify."

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 list includes: 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

Start Application Business Structure NPI Provider Type Search Affiliations

 Before you can continue, please review the summary below. It contains all your previous selections to create this application. 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.

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
Licensed Midwife ✓

Language

Group/Org. or Physician/Surgeon Information

National Provider Identifier (NPI)	[Redacted]
Provider Legal Name	[Redacted]
Provider Type	Licensed Midwife
Service Address	[Redacted]

[← Previous](#)

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

Launch Application

Provider Name [REDACTED]
Provider Type Licensed Midwife
Application ID 2312FEDJ
Creation Date 12/06/2023
Package Type Rendering Provider

10% Complete
10%

Documents

Application ID will display at the top of the page.

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

Profile Information

Hi [REDACTED] Please review the accuracy of your application.

Application ID	231271EH
Provider name	[REDACTED]
Provider type	Licensed Midwife
National Provider Identification (NPI)	[REDACTED]

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

Verify Group Information

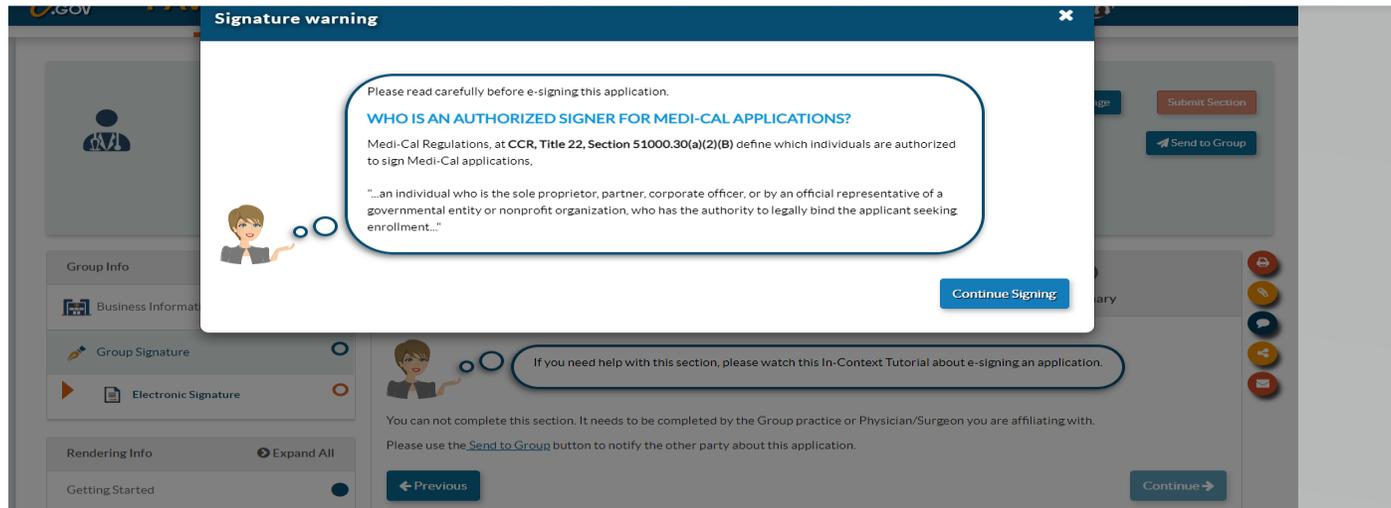
The screenshot shows a web application interface for verifying group information. On the left is a sidebar with two main sections: "Group Info" and "Rendering Info". The "Group Info" section includes "Business Information" (selected), "Profile Information", "Service Address", and "Group Signature". The "Rendering Info" section includes "Getting Started", "Profile Information", "Business Information", "Practice Information", "Disclosure Information", "Rendering Signature", and "Submit Application".

The main content area is titled "Service Address" and contains the following elements:

- A header bar with "Service Address" and a red dot indicator.
- A callout box with a person icon: "Now it's time to review the information about the addresses where the applicant provides services to Medi-Cal beneficiaries."
- A sub-section titled "Service Address" with a description: "Listed is the service address where [redacted] will provide services."
- A table with columns "Account ID", "NPI", and "Service Address". One row is visible with "100732311" in the Account ID column and redacted values in the others.
- Another callout box with a person icon: "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."
- Buttons for "Select All" and "Clear All".
- A table with columns "Account ID", "Service Address", and "Provider Type". The content below the table reads "No service addresses are listed."
- Navigation buttons at the bottom: "Previous" and "Continue" (highlighted with a red box).

» Verify you are affiliating with the correct service location.

Group Signer



Signature warning

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...

[Continue Signing](#)

If you need help with this section, please watch this In-Context Tutorial about e-signing an application.

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.

[← Previous](#) [Continue →](#)

» 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 Ident

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

SOMB Maximum

» Complete the personal information section of the application as a rendering provider.

Residential Address

The screenshot shows a web application interface for entering residential address information. On the left, there are two expandable menu sections: 'Group Info' and 'Rendering Info'. The 'Residential Address' step is highlighted in the top progress bar. A message bubble from a cartoon character states: 'Medi-Cal needs your residential address to help verify your identity. After you select **Continue**, I will conceal the address for your privacy.' The form fields include: 'Address Line 1' (text input, required), 'Ste. / Apt. #' (text input), 'City' (text input, required), 'State/Province' (dropdown menu, required), 'County' (dropdown menu, required), and 'ZIP Code/Postal Code' (text input, required). A 'View Address' link is present above the 'Address Line 1' field. A 'Previous' button is located at the bottom left.

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** Identifi

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

[View Address](#)

Street Required value

Ste. / Apt. #

City Required value

State/Province Required value

County Required value

ZIP Code/Postal Code Required value

[← Previous](#)

- » Provide the residential address of the rendering provider.
- » This cannot be a PO Box.

Identification

The screenshot shows a multi-step registration process. The current step is 'Identification', which is highlighted in the progress bar at the top. The left sidebar contains two sections: 'Group Info' and 'Rendering Info'. The 'Identification' form includes the following fields:

- Social Security Number:** A text input field with a red border and a required value indicator.
- Government Issued ID:** A dropdown menu with 'Driver's License' selected.
- ID Number:** A text input field with a required value indicator.
- Driver's License:** A document upload area with a dashed border, a 'Document Library' button, and a note: 'Drag and drop here or browse 50MB Maximum'.
- State of Issuance:** A dropdown menu with 'California, CA' selected and a '88' character count.
- Do you go by any other names (aliases) besides what you've already submitted? (enter all that apply):** A text area with 'Yes' and 'No' radio buttons and a required value indicator.

Navigation buttons 'Previous' and 'Continue' are located at the bottom of the form.

» You are required to provide a copy of your current Driver's License or State-issued identification card.

Contact Person

The screenshot shows a web application interface. On the left is a sidebar menu with two sections: 'Group Info' and 'Rendering Info', each with an 'Expand All' link. The 'Group Info' section includes 'Business Information' (selected), 'Group Signature', and 'Submit Application'. The 'Rendering Info' section includes 'Getting Started', 'Profile Information', 'Business Information', 'Contact Person' (highlighted), 'Practice Information', 'Disclosure Information', and 'Rendering Signature'. The main content area is titled 'Contact Person Information' and features a header with a person icon and the text 'Who should Medi-Cal contact if they have questions about yo'. Below this is a prompt: 'Please include a contact person who will be available during regular business hours.' A red box highlights a selection field containing a person icon and a redacted name, followed by the text 'will be the contact person'. Below this are input fields for 'First name', 'Last name', 'Title/Position', 'Telephone number', 'Telephone number extension', and 'Email address'. Each of these fields has a 'Required value' label. At the bottom left of the form is a blue button with a left arrow and the text 'Previous'.

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

Midwife License

- Group Signature
- Rendering Info Expand All
- Getting Started
- Profile Information
- Business Information
- Practice Information
- Prof. Licenses, Certificates & Lab Services**
- NPI/Taxonomy
- Disclosure Information
- Rendering Signature
- Submit Application



Here you can [attach your professional licenses and certificates](#).
Start by [uploading the professional license](#) that permits you to provide health care services. Make sure you [provide clear copies](#) so my analysts can read them. If you received your license out of state, you will need to manually provide your license details.

Please **disclose your professional license or certificate number**.

Professional License/Certificate number

Required value

Professional License or Certificate

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

Important Information

State/Province

Required value

Original Issuance Date

Required value

Expiration date

Required value

Do you have any additional Licenses or Certificates to add? (Only documents that you have not yet disclosed in this application) Yes No

Required value

[← Previous](#)

[Continue →](#)

» You must attach proof of your current Midwife License that was issued by the Medical Board of California.

NPI/Taxonomy

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Prof. Licenses, Certificates & Lab Services
- NPI/Taxonomy
- Disclosure Information

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) 1728499474

Associated NPI Taxonomy Codes

Description	Taxonomy Code	Type	Actions
Midwife	176B00000X	Primary	

← Previous

Continue →

- » You can add, remove, or edit the taxonomy codes if necessary.
- » To find your taxonomy code, please visit the [NPPES NPI Registry](#).

Disclosure Information

The screenshot displays a web application interface for reporting disclosure information. On the left, a sidebar menu is visible with two sections: 'Group Info' and 'Rendering Info', both with 'Expand All' options. Under 'Group Info', items include 'Business Information', 'Group Signature', and 'Business Information'. Under 'Rendering Info', items include 'Getting Started', 'Profile Information', 'Business Information', 'Practice Information', 'Disclosure Information', 'Program Participation', 'Adverse Actions', 'Fines/Debts (Gov.)', 'Rendering Signature', and 'Submit Application'. A red box highlights the 'Disclosure Information' and 'Fines/Debts (Gov.)' items in the sidebar. The main content area shows the 'Fines/Debts (Gov.)' form, which includes a 'Summary' tab and a text box asking for payment arrangements. A checkbox is checked, indicating 'no current State or Federal government Fines/Debts'. A 'Continue' button is highlighted with 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

The screenshot displays the 'E-Signature' section of the PAVE Portal. On the left is a navigation menu with items: Business Information, Group Signature, Rendering Info (with an 'Expand All' button), Getting Started, Profile Information, Business Information, Practice Information, Disclosure Information, Rendering Signature, Electronic Signature, and Submit Application. The main content area is titled 'Declarations' and includes a progress indicator with 'E-Signature' selected. A callout box from a cartoon character says: '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 this, a note states: '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' warning icon is present. Three declaration statements are listed, each with a checked checkbox and a scroll icon:

- 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.

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

Electronic Signature Verification

The screenshot shows a web portal interface for electronic signature verification. On the left is a navigation menu 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 highlighted. The main content area has a progress bar with three steps: 'Declarations', 'E-Signature' (current), and 'Summary'. 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 text box with a checked checkbox: 'I, [redacted] certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.' Below the text box are input fields for 'SSN (last 4 digits)', 'Year of birth', 'Email address', and 'Password'. The 'Continue' button at the bottom right is highlighted with a red box.

- » In order to sign electronically, you must verify the last four digits of your SSN, year of birth and enter your PAVE profile password.
- » Once your application is signed, you are ready to submit application.

Signatures on Your Application

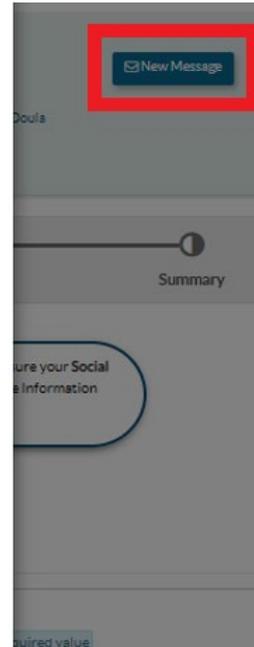
- » Signatures cannot be delegated.
- » CCR, Title 22, Section 51000.30(a)(2)(B) states:
 - Applications shall... “Be signed under penalty of perjury by an individual who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity or non-profit organization, 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

- » Rendering applications and individual billing (sole proprietorship) applications must be signed by the provider themselves.
- » Incorporated applications must be signed by a corporate officer or an official representative of a governmental entity or non-profit organization.
- » An authorized signer may view sensitive documents that are part of the PAVE profile and manage his/her own email messages in PAVE.

Messages

A screenshot of 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. A rich text editor follows, with a toolbar containing icons for bold, italic, underline, link, unlink, list, and image. The text area contains the letter 'p' and a 'Words: 0' counter. A 'Required value' error message is present below the text area. 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 submission of your application 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!

