

TITLE: Group Service Provider Transcript

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PAVE Portal's innovated Social Forms are designed to guide you through the creation and submission process to become an approved Medi-Cal provider.

In this in-context tutorial we will discuss how to Complete, E-sign, and Submit a Group Service Provider (GSP) application for Medi-Cal approval.

An application is carefully created with our innovative Social Forms based on your practice type.

The Group Service Provider has 7 forms that are broken down into sub-forms, which are then separated into sections.

These sub-forms and sections will be explained later in this tutorial.

First, let's begin with the Business Information Social Form.

This form is broken down into 5 sub-forms (Business Profile, Contact Person, Addresses, Place of Business, and Insurance).

The Business Profile sub-form has 3 sections (Business Profile, EIN/Licenses, and Business Permits) .

Your business name and the structure of your business (like a sole proprietorship or corporation) will be included in the Business Profile section.

Your Tax ID and business licenses will be included under the EIN/Licenses section.

PAVE Portal follows all HIPPA guidelines by masking identifying business information to help prevent identity theft.

And finally, in the Business Permits section you will include all of your local, county, or state permit documents.

The next sub-form is Contact Person. This is the person Medi-Cal will contact if they have any questions about your application.

Your Service address is included based on your NPPES registration. If this address is incorrect you can change it by typing in your new address.

The Pay-to address and Mailing addresses must also be included.

P.O. boxes can only be used for Pay-to or Mailing addresses.

The Place of Business sub-form lets Medi-Cal know if you lease, own, or are practicing exclusively at one or more licensed healthcare facilities or clinics.

And finally, under the Insurance sub-form.

You must disclose your general liability and malpractice insurance policies.

You will include your professional credentials under the Practice Information Social Form.

All professional licenses and certificates must be included under the Professional License/Certificates sub-form.

If your group provides laboratory services at your location, select Yes. Otherwise, select No.

Then select, Continue.

To ensure that your practice can bill for specific services, you must enter at least one Taxonomy code within the NPI/Taxonomy sub-form.

All NPPES registered taxonomy codes are listed.

To add or remove a code, select Edit.

Next, the Disclosure Information Social Form is designed to support all ACA and state regulations that require healthcare providers to disclose personal information, such as any relationships they may have with other healthcare providers or practices.

Let's discuss Program Participation. This sub-form is where you will disclose those providers with whom you share ownership and also declare if you participate, or have participated, in any government sponsored healthcare program.

Next, the Adverse Actions sub-form is where you include any judgements issued against you by Licensing Boards or Courts within the past 10 years.

All unpaid penalties or overdue government payments must be entered under the Fines and Debts sub-form.

The Subcontractor sub-form contains all individuals or companies to whom you have delegated or contracted some of your healthcare services, like equipment or supplies.

The Ownership/Control Interest sub-form is where you will disclose all organizations and Individuals who have 5% or more Ownership, a Partnership, Agent, or one who directly or indirectly manages employees like a general manager, business manager, director, or consultant.

And finally, any transaction of \$25,000 or more (made within the last 5 years) with any supplier or subcontractor (who has not already been disclosed) must be included in the Significant Transactions sub-form.

The Rendering Provider Affiliation Social Form is where you will include all licensed providers who Render Healthcare services (work under your employ) to your patients.

Please note that before submission, all new Group Service Providers must include at least two rendering providers. If you are a Physician/Surgeon Group at least one rendering must be a physician or surgeon.

(If you are not familiar with rendering provider affiliations, please view the Provider Affiliations in-context tutorial).

The Claim Payment Social Form specifies how you want Medi-Cal to issue your claim payments.

Only an authorized person can electronically sign this application.

When it is time to e-sign, the person signing must meet the following criteria:

He/she must be included as an Individual in the Ownership/Control Interest sub-form

This person must also be given the role of manager or administrator within the Business Profile

(If you are not familiar with these roles, please view the User Administration in-context tutorial)

And finally, complete the Authorized Signatory section.

Once all conditions are met select, Continue.

Next is the Declaration section.

To complete this section, you must view and agree to the Medi-Cal Provider Agreement.

Once the agreement has been read (it is very important to read each declaration carefully), then select each check box to approve each statement.

The E-signature section will replace your handwritten (or Wet) signature.

To begin, you must agree that this e-signature is legally binding.

Next, enter the last 4 digits of your Social Security Number.

Then your Birth Year.

Verify that the email address (or your login ID) is correct. This address cannot be changed; only verified.

Once these steps are complete, enter the login password associated with your login ID and select, Continue.

The Summary section will appear if your credentials are correct.

And finally, the Submit Application Social Form contains a Checklist sub-form that shows you the real-time status on all required documents (Document Attachments) and an application progress monitor (Applications).

These sections can be viewed at any time while completing your application.

Now that you have completed all forms, and have attached all required documents (together with your e-signature), you can Submit your application for approval by selecting the Submit sub-form.

Then click the now-activated Submit Application button.

If this button is disabled, return to the Checklist sub-form to see what is missing from your application.

Thank you for watching this in-context tutorial.

If you have any additional questions, please direct them to Medi-Cal support.

END TRANSCRIPT