

Provider Application and Validation for Enrollment (PAVE) – Web-based Provider Application for Enrollment in the Medi-Cal Fee-for-Service Program

The Department of Health Care Services (DHCS) is instituting a web-based Medi-Cal provider enrollment system, Provider Application and Validation for Enrollment (PAVE). PAVE provides a new mode of submitting provider enrollment applications and required documentation to DHCS by means of an electronic form, the *Medi-Cal Provider e-Form Application* (e-Form).

Based upon the authority granted to the director of DHCS in *Welfare and Institutions Code* (W&I Code), Section 14043.75(b), the director hereby implements the Medi-Cal web-based provider application system and institutes the *Medi-Cal Provider e-Form Application* (e-Form) as a proper and legal method for completing the Medi-Cal provider application process. This regulatory bulletin is implementing and making specific the W&I Code, Sections 14043.15, 14043.25, 14043.26, 14043.27, 14043.28, 14043.29 and 14043.38, and has the full force and effect of law.

PAVE will be implemented in multiple releases to include additional provider types and enrollment actions. PAVE's initial release will include the following provider types:

- Audiologist
- Certified Acupuncturist
- Certified Nurse Midwife
- Certified Nurse Practitioner
- Certified Registered Nurse Anesthetist
- Chiropractor
- Crossover Only Provider
- Dispensing Optician
- Licensed Midwife
- Occupational Therapist
- Physical Therapist
- Physician Assistant (Supervised)
- Physician/Surgeon
- Podiatrist
- Psychologist
- Respiratory Care Practitioner
- Speech-Language Pathologist

Provider types not included in the initial release may continue to submit paper applications. Eligible provider types will use PAVE to submit applications, report

changes to existing enrollments and to complete revalidation or continued enrollment for individual, group and rendering enrollment types. The initial release will also include specialized enrollments for applicable provider types, including clinic-based, facility-based and hospital-based enrollments, and enrollment as an ordering, referring prescribing-only (ORP-only) provider.

These provider types will utilize the e-Form as an alternative to the paper forms listed below:

- *Medi-Cal Provider Group Application* (DHCS 6203)
- *Medi-Cal Provider Application* (DHCS 6204)
- *Medi-Cal Disclosure Statement* (DHCS 6207)
- *Medi-Cal Provider Agreement* (DHCS 6208)
- *Medi-Cal Supplemental Changes* (DHCS 6209) form
- *Medi-Cal Physician Application/Agreement* (DHCS 6210)
- *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental/ Providers* (DHCS 6216)
- *Successor Liability with Joint and Several Liability Agreement* (DHCS 6217)
- *Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement for Physician and Non-Physician Practitioners* (DHCS 6219)
- *Medi-Cal Nonphysician Medical Practitioner and Licensed Midwife Application* (DHCS 6248)
- *Medi-Cal Hospital-Based Physician Application/Disclosure Statement/Agreement* (DHCS 9095)
- *Medi-Cal Change of Location Form for Individual Physician or Individual Dentist Practices Relocating Within the Same County* (DHCS 9096)
- *Crossover Only Provider Form* (MC 0804)

The e-Form incorporates the appropriate application information, disclosure statements and *Medi-Cal Provider Agreement* (DHCS 6208). Current state and federal regulatory and statutory requirements apply to the e-Form.

When using the e-Form, the following also apply:

- Pursuant to W&I Code, Section 14043.26, applicants are notified of their application status and DHCS actions within statutory timeframes. When using the e-Form, all notifications, including the acknowledgment of application receipt, notices of approval, denial, deficiencies and referrals for comprehensive review, will be sent electronically.
- Valid email addresses are required as part of the application package.

- The e-Form requires the applicant to sign electronically using validated and secure identification information.
- The e-Form is exempt from notarization pursuant to W&I Code, Section 14043.25(c).
- E-form applicants are not required to submit their National Provider Identifier (NPI) verification page provided by National Plan and Provider Enumeration System (NPPES).
- Non-Physician Medical Practitioners (NMPs) are not required to submit verification of their date of employment with the employing provider reported in their application.
- Submission of a copy of the Articles of Incorporation is required for all incorporated applicants, pursuant to *California Code of Regulations* (CCR), Title 22, Section 51000.30(e).
- Providers enrolling as incorporated individuals must complete an enrollment application to report their Type 1 NPI as part of the online application.