

You will need the following documents and information to complete your PAVE application:

- Your NPI number and the business address associated with your NPI.
 - Your NPI business address should match the business address you use for your PAVE application. This address is the CURRENT program address where you are providing services.
 - If you need to update your NPI address and don't know how, please see our "NPI Address Update Instructions" document.
- Copy of current Driver's License or ID to be uploaded.
- Copy of current professional license to be uploaded (must be the wall copy; CA Breeze copy is not acceptable).
- The date you were originally licensed (just the date, no document needed).

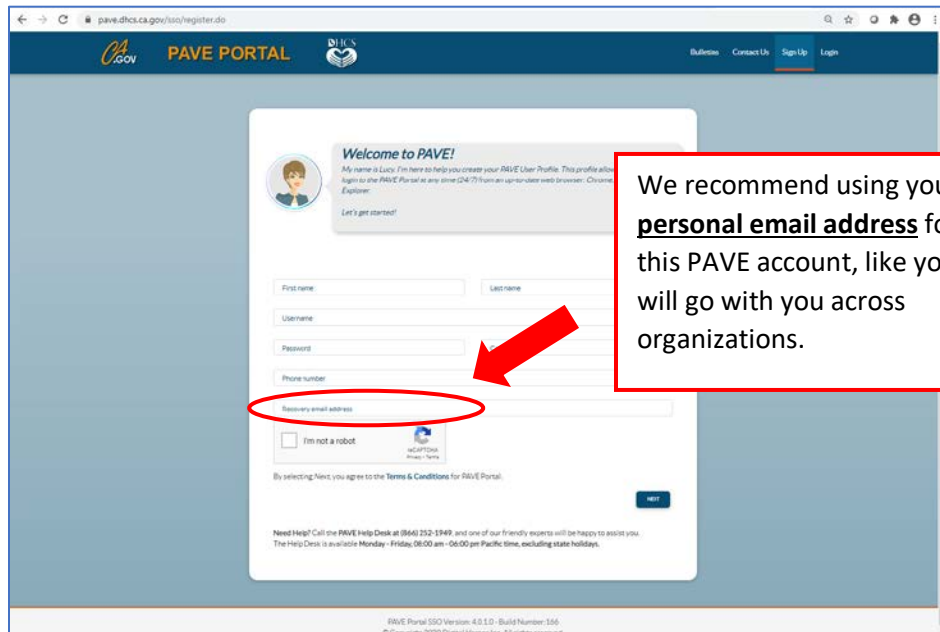
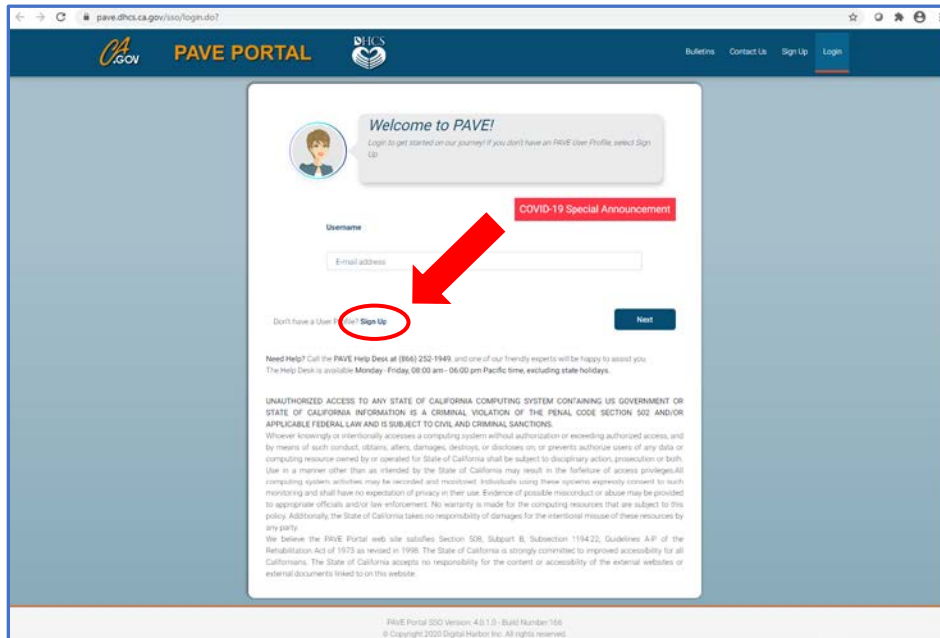
*Please note there are areas where personal information is required, such as social security number and residential address

Enrolling in PAVE Portal

If you need assistance during the enrollment process, please contact the **PAVE Help Desk at (866) 252-1949**.

These instructions are for those who do NOT already have a PAVE account. If you already have a PAVE account set up at a previous place of employment, please update your business information to the name of your current CBO that you work for by following Step 11 on Page 6 of this document.

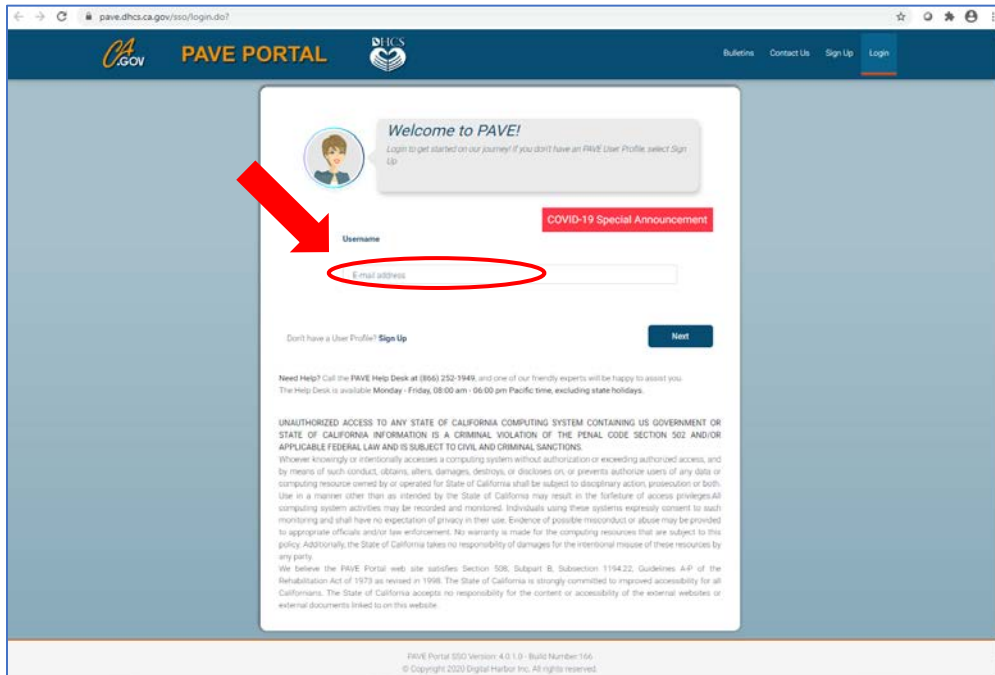
1. Go to <https://pave.dhcs.ca.gov/> and sign up for an account.



2. Log back into the PAVE website using your email address and password that you used to create your account. You will need your NPI number to set up your profile.

If you don't know your NPI number, you can look it up here:

<https://npiregistry.cms.hhs.gov/registry/>

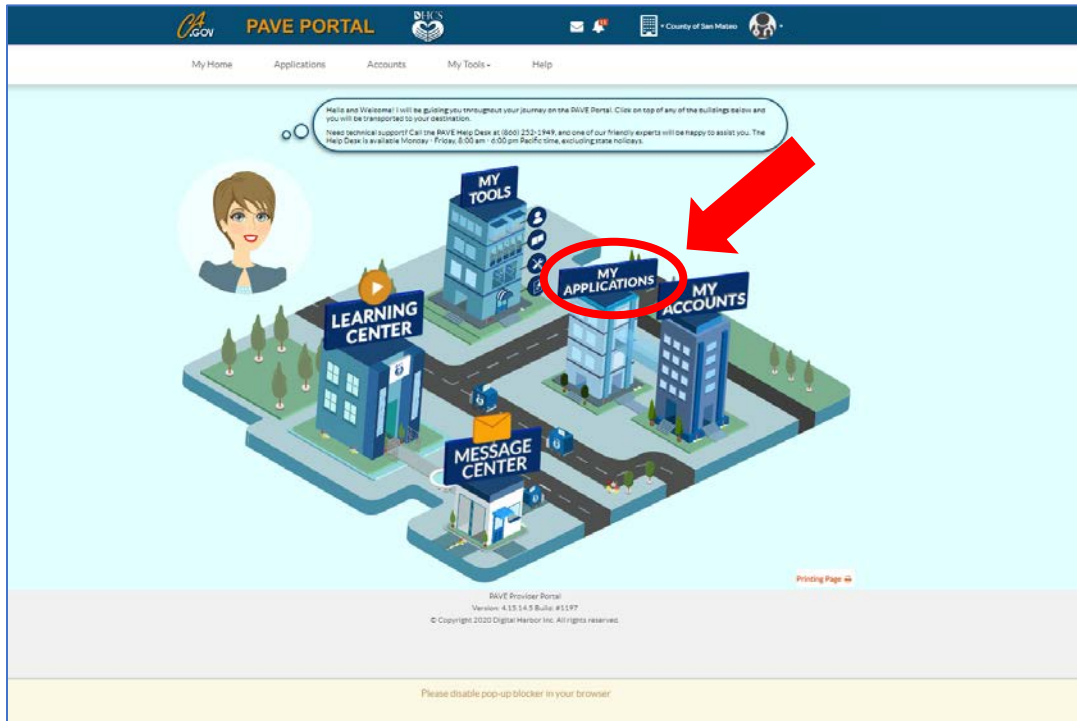


3. Enter your NPI number and Business Profile Name. Your Business Profile Name should be your name as it appears for your NPI.

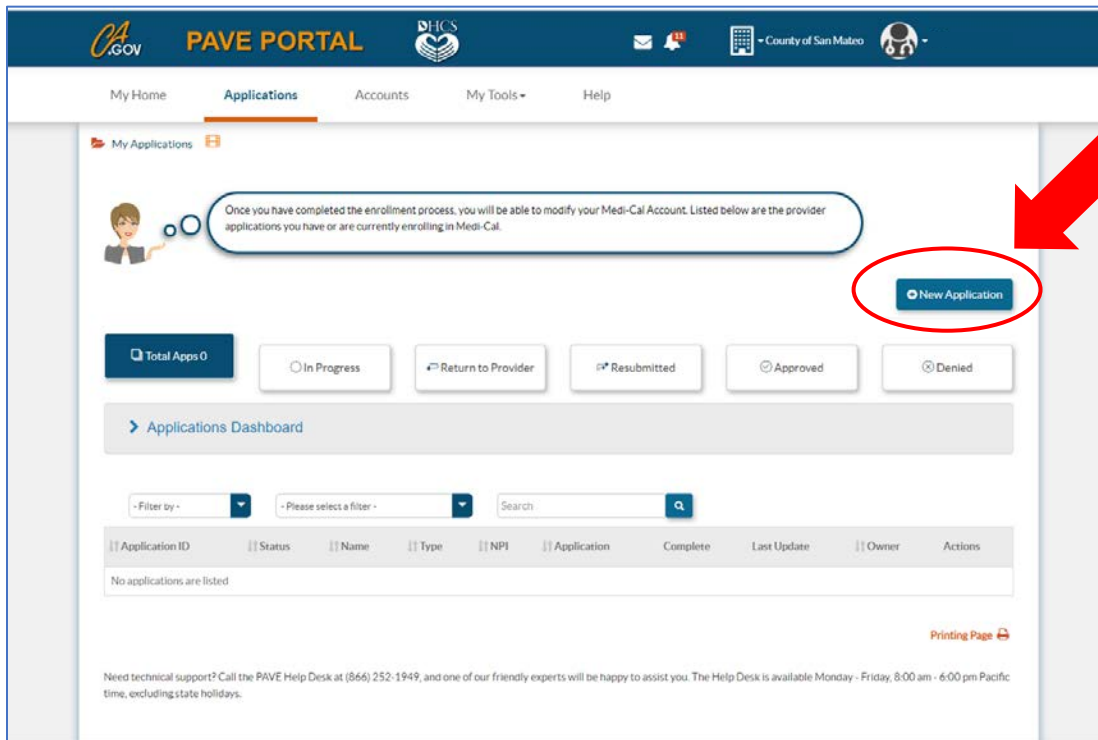


Business Profile Name is your name as it appears on your NPI.

4. Click on “My Applications”



5. Click on “New Application”



6. Select “I’m new to Medi-Cal and I want to create a new application” then “I’m an individual licensed/certified healthcare practitioner.”

Nice to see you again, Eri Toujil!
Please answer this simple questionnaire to help me to determine the correct type of application for you.
If you need help with any of these options, you can watch the Questionnaire in-context tutorial.
Let's get started!

COVID-19 Special Announcement

I'm enrolled in Medi-Cal, and I want to create an application

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

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

What type of provider are you?

I'm an individual licensed/certified healthcare practitioner

I'm a group of licensed/certified healthcare practitioner

I'm a healthcare business

I need to report Supplemental changes

If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application.

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

[← Previous](#) [Continue →](#)

7. Select “I’m an Ordering/Referring/Prescribing (ORP Provider)” in the 3rd box. All applicants should select this option, not just MDs.

Let's create your application. In this section choose the option that best describes the structure of your Business. Are you a Sole proprietor using a Type 1 NPI? or is your business an entity that uses a Type 2 NPI? Once you select an option, select continue to go to the next page.

COVID-19 Special Announcement

Individual billing practitioner

I'm an Individual Sole Proprietor

I'm an Incorporated Individual

Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic)

I'm an Allied Rendering provider, a Physician/Surgeon Rendering provider, or NMP

I'm a Substance Use Disorder Medical Director (SUDMD) or a Licensed Substance Use Disorder

Other type of provider

I'm an Ordering/Referring/Prescribing (ORP) provider

I'm a Medicare Crossover-Only Individual

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

[← Previous](#) [Continue →](#)

8. Re-enter your NPI, click “verify.” Review your information and continue with the application.

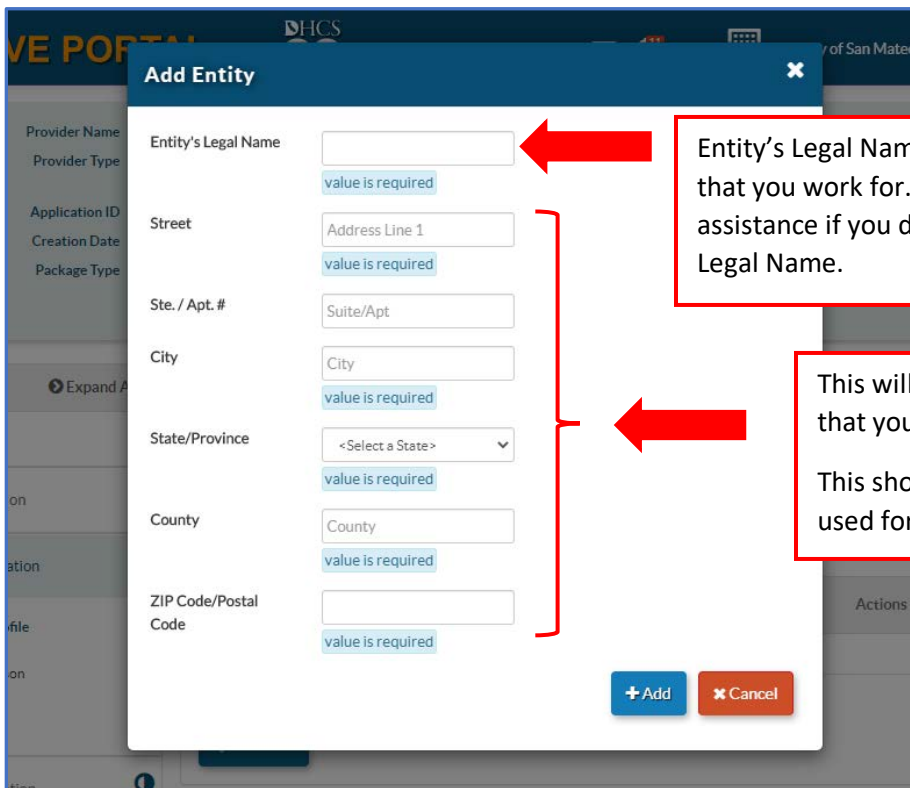
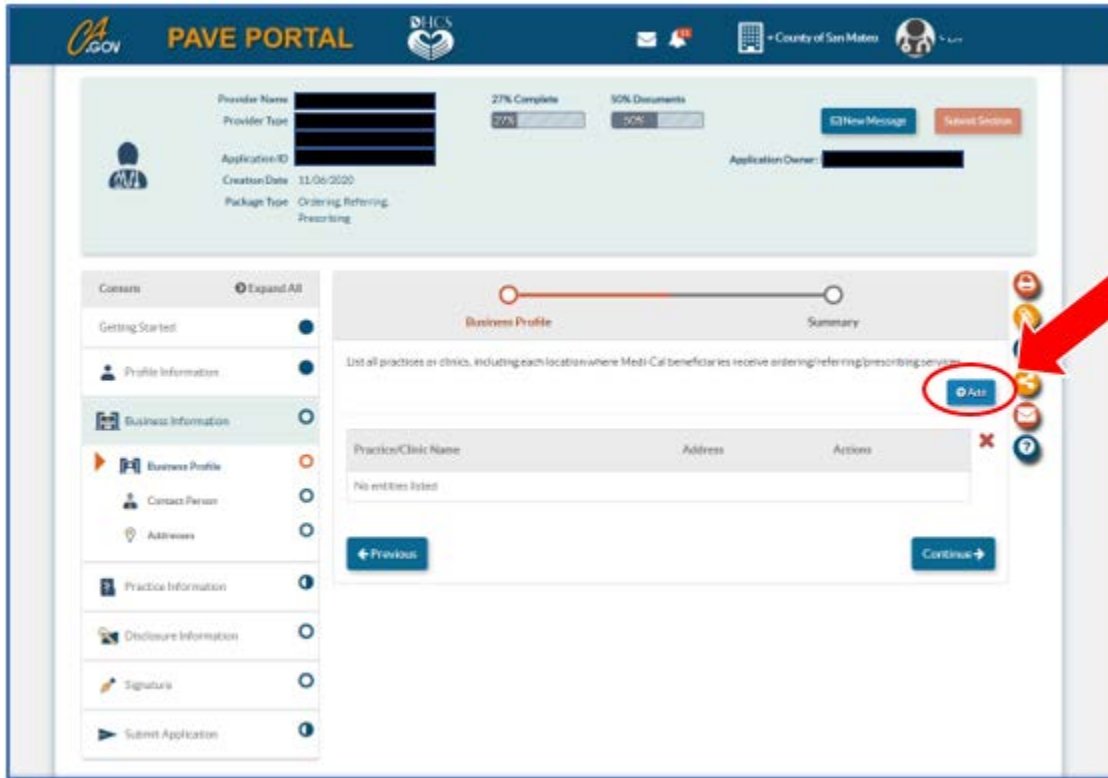
The screenshot shows the 'PAVE PORTAL' interface for the County of San Mateo. The top navigation bar includes the CA.GOV logo, the DHCS logo, and user account information. The main navigation menu has 'My Home', 'Applications' (selected), 'Accounts', 'My Tools', and 'Help'. A progress bar at the top indicates the current step is 'NPI', with other steps being 'Start Application', 'Business Structure', 'Provider Type', 'Language', and 'Last step'. A message bubble states: '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 this is a form field for 'National Provider Identifier (NPI)' with a red 'x' icon and the text 'value is required'. A 'Verify' button is to the right of the field. At the bottom, there are 'Previous' and 'Continue' buttons.

9. Continue completing the next portions of the application regarding your provider type, languages, and Personal Information.

10. Remember to upload a copy of your Driver’s License by clicking the paper clip icon

The screenshot shows the 'PAVE PORTAL' interface for the County of San Mateo, specifically the 'Identification' step. The top navigation bar is the same as in the previous screenshot. The main navigation menu has 'Getting Started', 'Profile Information', 'Individual Profile', 'Business Information', 'Practice Information', 'Disclosure Information', 'Signature', and 'Submit Application'. The progress bar indicates the current step is 'Identification', with other steps being 'Personal Information', 'Residential Address', and 'Summary'. A message bubble states: 'I need your ID for verification purposes. Please attach a clear copy of it to this form.' Below this is a form with fields for 'Social Security Number', 'Government Issued ID', and 'ID Number', each with a dropdown menu and a green checkmark. A red arrow points to a paper clip icon next to the 'ID Number' field. Below the fields is a 'State of issuance' dropdown menu with the text 'value is required'. At the bottom, there is a question: 'Do you go by any other names (aliases besides what you've already submitted)? (enter all that apply)' with 'Yes' and 'No' radio buttons and the text 'value is required'. At the bottom, there are 'Previous' and 'Continue' buttons.

11. Input your CBO Information in the "Business Information" section.



Entity's Legal Name is the name of the CBO that you work for. Contact your CBO for assistance if you do not know your Entity's Legal Name.

This will be the address of the CBO program that you work for.
This should match the business address you used for your NPI.

12. Continue going through the application and fill in the requested information.

13. Remember to upload a copy of your practice license using the paper clip icon.

Getting Started

Profile Information

Business Information

Practice Information

Prof. Licenses, Certificates & Lab Services

NPI/Taxonomy

Disclosure Information

Signature

Submit Application

Prof. Licenses, Certificates & Lab Services

Summary

Here you can attach all of your professional licenses and certificates. Make sure you provide clear copies so my analysts can read them. Be sure to start with your most important license—The one from your professional board that lets you provide health care services. If you are a nurse practitioner or nurse midwife, start with your registered nurse license.

Please disclose your professional license or certificate. This is the main professional license you use to practice in the state of California.

Professional License/Certificate number

value is required

Document Required: Professional License or Certificate

document is required

Important Information

State/Province

+ Select a State

value is required

Original Issuance Date

value is required

Expiration date

value is required

Do you have any additional Licenses or Certificates to add? (Only documents that you had not disclose yet in this application)

Yes No

value is required

Previous

Continue

14. Continue going through the application fill in the requested information.

15. Click and read the “Medi-Cal Provider Agreement” then mark the boxes on the signature page.

Content

Expand All

Getting Started

Profile Information

Business Information

Practice Information

Disclosure Information

Signature

Electronic Signature

Submit Application

Declarations

E-Signature

Summary

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 required. Using the electronic signature feature, you can submit this application with your handwritten signature.

Please read the Medi-Cal Provider Agreement declarations below and then check the boxes to indicate you agree with this process.

Medi-Cal Provider Agreement

value is required

Important Information

I, Eri Tsujii, certified that I am an individual practitioner who is applying for the sole purpose of ordering, referring or prescribing items or services to Medi-Cal beneficiaries. I understand that this enrollment type does not allow the Medi-Cal program to reimburse me for services provided.

I, Eri Tsujii, have read, understood and agree to the terms of the Medi-Cal Provider Agreement.

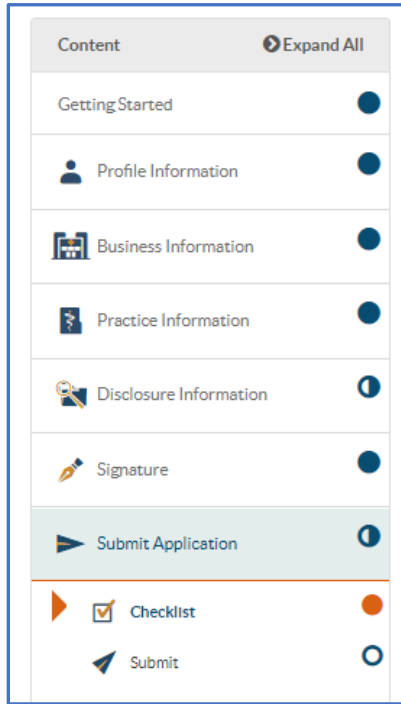
I, Eri Tsujii, have reviewed my application and believe all information and attachments are correct, to the best of my knowledge.

I, Eri Tsujii, 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.

Previous

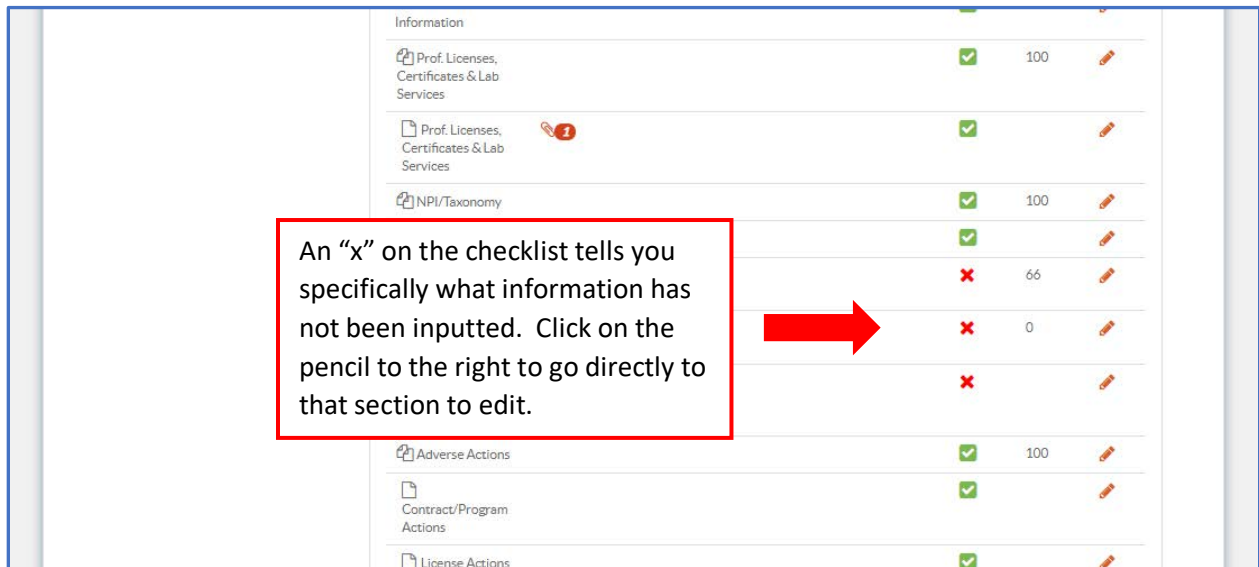
Continue

16. Check the side bar to see if all the circles are filled in. If you see a circle that is only partially filled in, go back to that section to fill in any missing information.

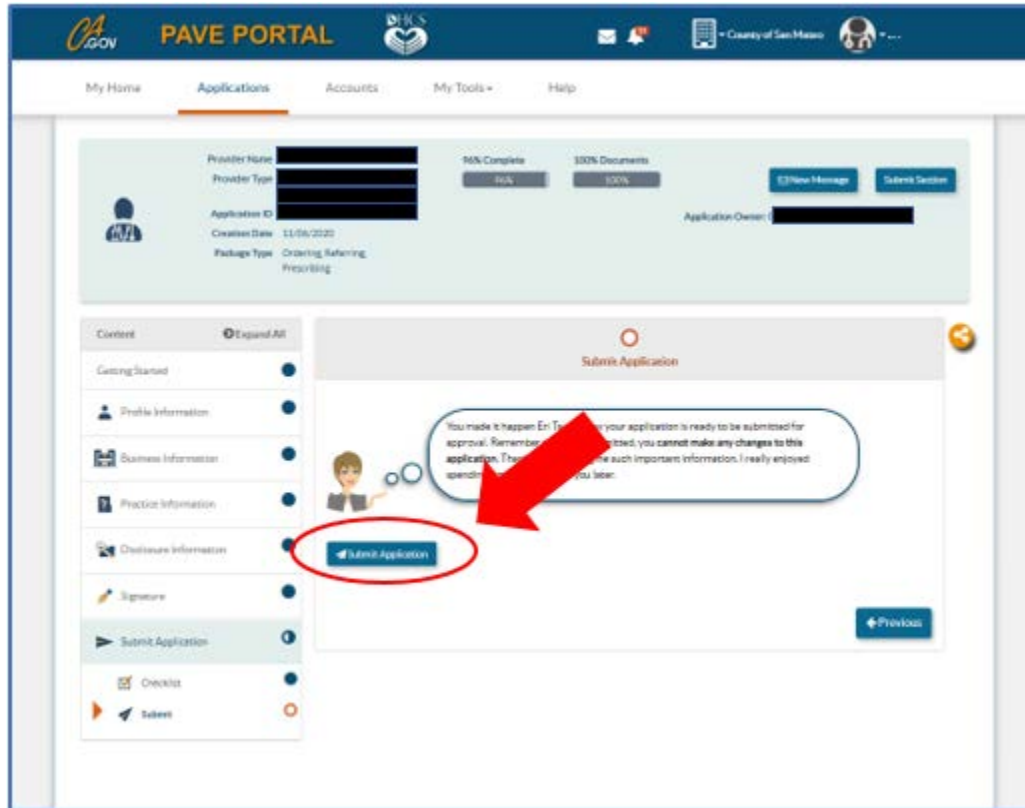


A completely filled in circle means this section is complete.

Partially filled in circle means this section is incomplete. You need to return to this section and check that you have inputted all the necessary information.



17. Complete your PAVE enrollment by clicking Submit.



18. Once your PAVE application is submitted:

- Check the **email inbox associated with your account and PAVE inbox for error notifications.** Fix any errors right away and resubmit your application.
- Processing and approval of the application takes **approximately 1 month.** Check your PAVE inbox frequently for approval information.
- **Once your application is approved, you will receive a letter in your PAVE inbox.**
- **CBOs are required to send copies of the Approval Letters to Annina Altomari at aaltomari@smcgov.org with PAVE Enrollment in the email subject line.**