

# Fee-For-Service Enrollment for

# Diabetes Prevention Program using the PAVE System Provider Enrollment Division

January 19, 2022





## Getting Set Up in PAVE for First Time Users





![](_page_4_Picture_0.jpeg)

# PAVE User Sign-Up Process

#### ➤ To begin, click on "Sign Up."

<i>Cl</i> eov	PAVE PORTAL	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 <i>Sign-up</i> .	
	Log in to your profile Username	
	E-mail address Don't have a User Profile? Sign Up	

![](_page_5_Picture_0.jpeg)

# PAVE User Sign-Up Process

#### Complete the required information and click "NEXT"

<pre>Signup:</pre>	← → C	iter.do	Q \$
Permet   Content   Image: include area code: (999) 888-7777   Cample: include area code: (999) 888-7777   Image: include area code: (999) 888-7777   There runne:   Starty 1. Heighter contrained   Starty 1. Heighter contrained   Image: include area code: (999) 888-7777   Prevent:   Image: include area code: (999) 888-7777   Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (999) 888-7777 Image: include area code: (998) 886-7777 Image: include area code: (998)		Sign Up First name Sandy Lee Username sandy 1.lee@protonmail.com	
Sector your phone number. I prefer that you use your personal cell number so I can send you a tarburg und lind origination anyone.   Example: include area code, (999) 888-7777   Une numere   (35) 555 555   Sector your associations for PAVE Portal.   Or you agree to the Terms & Conditions for PAVE Portal.		Pessword Confirm	
		Anter your phone number. I prefer that you use your personal cell number so I can send you a fax message just in case you forget your password. Don't worry, I will safeguard this number and will not give it out to anyone.   Lample: include area code, (999) 888-7777   The nume   ISD SISS-SISS   Rever your assword. Don't worry, I will safeguard this number and you a fax message just in case you forget your password. Don't worry, I will safeguard this number anyone. Neme: Comparison of the set of th	

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![](_page_6_Picture_0.jpeg)

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![](_page_7_Picture_0.jpeg)

# PAVE User Sign Up Process

# Each of the three options provides a verification code valid for only 15 minutes.

On Wednesday, August 25th, 2021 at 11:58 AM, <<u>PAVE-DHCS@dhcs.ca.gov</u>> 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.

1/19/2022

![](_page_8_Picture_0.jpeg)

# PAVE User Sign-Up Process

#### Enter the six-digit verification code and click "VERIFY"

← → C 🏻 Pave.dhcs.ca.gov/sso/register.do#

Caov PAVE PO			Bulletins	Contact Us	Sign Up	Login
		Please enter your 6-digit verification code. Sent via email to Sandy. 1.lee@protonmail.com Verification Code 				
	Call ti The P	<b>d Help?</b> he <b>PAVE Help Desk at (866) 252-1949</b> , and one of our friendly experts will be happy to assist you. łelp Desk is available <b>Monday - Friday, 08:00 am - 06:00 pm Pacific time, excluding state holidays.</b>				

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![](_page_9_Picture_0.jpeg)

# PAVE User Sign Up Process

#### Once PAVE confirms successful verification, click "LOGIN".

![](_page_9_Picture_3.jpeg)

![](_page_10_Picture_0.jpeg)

#### Now enter your email and your password and click "LOGIN"

← → C				Q	\$
	Bulletins	Contact Us	Sign Up	Login	
Hi Sandy         Buck         Emerged Password         Buck         Login         Image: Proged Password         Buck         Image: Proged Password         Buck         Image: Proged Password         Image: Pro					
INAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US GOVERNMENT OF STATE OF CALIFORNIA INFORMATI PRVE Portal SSO Version: 5 0.0.0 - Build Number 226 © Cognidat 2021 Digital Harbor Inc. All rights reserved.	ION IS A CR				_

![](_page_11_Picture_0.jpeg)

# PAVE Sign Up

Now that you are set up as a PAVE user, you will create your PAVE profile which is a workspace where groups or individual providers create applications and manage accounts.

![](_page_12_Picture_0.jpeg)

# PAVE Profile Set Up

#### Ensure you're logged in with your email and password

### Enter your NPI, and click "Verify"

Once NPI is verified, enter a PAVE Profile name for your organization and click "Create my PAVE Profile"

![](_page_13_Picture_0.jpeg)

# **PAVE** Profile

![](_page_13_Figure_2.jpeg)

![](_page_14_Picture_0.jpeg)

# Starting a DPP Application

In your PAVE profile, click on "Applications", then "+ New Application"

Complete the questionnaire to start the correct application. The following slides will guide you through the questionnaire to start a DPP application.

![](_page_15_Picture_0.jpeg)

•	0				
Start Application	Business Structure	NPI	Provider Type	Language	Last step
0 The follow additional	ing questionnaire will help determine the co help!	rrect type of application for y	ou. Hovering over the options will provide	$\supset$	
	COVID-19 Special A	nnouncement			
I'm enrolled in Medi-Cal,	, and I want to create an application				
♣ ○ I'm enrolled in Medi-Ca	I, and I want to affiliate with another provide	r			
I'm new to Medi-Cal, and	I want to create a new application				
What type of provider are ye	ou?				
🧑 🔿 I'm an individual lie	censed/certified healthcare practitioner				
O I'm a group of lic	ensed/certified healthcare practitioners	B			
🔝 💿 I'm a healthcare bu	usiness 📙				
I need to report Supplen	nental changes	•			
If you want help with any of these opt	tions, select the in-context tutorial video icor	ns for assistance. 📙			
Once you have made your choice, sel	ect Continue				
+ Previous					Continue 🗲

![](_page_16_Picture_0.jpeg)

### Second Questionnaire Page Your Business Structure – Read Lucy!

![](_page_16_Figure_2.jpeg)

![](_page_17_Picture_0.jpeg)

### Correct NPI Type depends on your Business Structure

### Type 2 NPI

Business entities such as a corporations, LLCs, and Partnerships must use a Type 2 NPI, even if you are the only owner of the entity.

#### Type 1 NPI

Sole Proprietors must use a Type 1 NPI. 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.

![](_page_18_Picture_0.jpeg)

## Third Questionnaire Page Enter Your NPI and click Verify

![](_page_18_Figure_2.jpeg)

Previous

Continue -)

![](_page_19_Picture_0.jpeg)

### Fourth Questionnaire Page PAVE Verifies NPI with NPPES

![](_page_19_Figure_2.jpeg)

![](_page_20_Picture_0.jpeg)

### Fifth Questionnaire Page Select Provider Type - DPP

![](_page_20_Figure_2.jpeg)

![](_page_21_Picture_0.jpeg)

### Sixth Questionnaire Page Languages Offered

Once you have made your choice, select Contin		
Select Languages		
	All displayed Languages	
	Changes	
	Cantonese	
	Mandarin	
	Other Chinese	
	C Korean	
	German	
	Arabic	
	Armenian	
	Cambodian	
	🗆 Farsi	
	Hmong	
	□ Vietnamese	
	Russian	
	Tagalog.	
	□ Hindi	
	Other	

![](_page_22_Picture_0.jpeg)

![](_page_22_Figure_1.jpeg)

![](_page_23_Picture_0.jpeg)

# Medi-Cal Requirements

The Medi-Cal Program requirements are woven into the application process.

### The next four slides show:

- Fingerprint Requirement
- >Who is authorized to sign Medi-Cal apps
- List of required documents to attach
- Medi-Cal Established Place of Business

![](_page_24_Picture_0.jpeg)

# Fingerprint Requirement

**WHAT:** DPP applicants are designated as a high categorical risk by the federal Center for Medicare and Medicaid Services and as such, are required to submit fingerprints.

<u>WHO:</u> Any person with a five-percent or greater direct or indirect ownership interest must submit fingerprints for State and Federal criminal background checks.

**HOW:** To obtain the required fingerprints, present a prefilled Department of Justice Request for Live Scan Service (BCIA 8016) form to a Live Scan operator and pay all applicable fees.

When submitting the DPP application, include a legible copy of the date stamped BCIA 8016 form along with verification that all fees have been paid. Verification of payment can be either a "PAID" stamp from the Live Scan operator or a receipt of payment.

<u>FOR MORE INFORMATION</u> for Individuals who are located **out of state**, please copy and paste the following URL into your computer browser window: <u>PED Fingerprinting and Criminal</u> <u>Background Check CJIS9004 (ca.gov)</u>

![](_page_25_Picture_0.jpeg)

CCR, Title 22, Section 51000.30(a)(2)(B)

- 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."
- Signatures cannot be delegated

# Some Required Documents

This slide lists documents that you may need to attach to the DPP application. Depending upon your specific business model, you may have additional required documents.

- Articles of Incorporation (only for corporations)
- □ State-Issued Identification
- Verification of TIN/EIN with one of these accepted documents: IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4 (Confirmation Notification)
- Lease agreement (if leasing service/admin location)
- Proof of Comprehensive (General) Liability Insurance

- Business License /Tax Certificate (if required by local government)
- Fictitious Business Name Statement from your city/county (if using a fictitious name)
- Valid, current, CDC Pending or Preliminary Recognition letter, or a current valid copy of the Certificate of Full CDC Recognition
- Workers' Compensation Insurance, as applicable

1/19/2022

![](_page_27_Picture_0.jpeg)

#### Medi-Cal "Established Place of Business" Requirements

#### Your Administrative Address...

- $\checkmark\,$  Is Open and Conducting Business at time of application submission
- $\checkmark\,$  Is In a building either owned or leased by the applicant
- $\checkmark\,$  Has permanently posted business hours
- $\checkmark\,$  Has permanently attached signage with the business' name
- ✓ Has administrative and fiscal foundation to survive with adequate inventory and staff for the volume of business
- $\checkmark\,$  Has all State and local business permits and licenses to conduct business
- Has necessary equipment, office supplies and facilities to carry out business, including storage and retrieval of documentation required by the Medi-Cal Program
- ✓ Obtains and maintains General Liability Insurance coverage and has Worker's Compensation Insurance as required by state law

![](_page_28_Picture_0.jpeg)

# Federal Rules for DPP

- ✓ Must have at least one Administrative location and must report all Admin locations
- Admin Location cannot be a personal or home address
- ✓ DPP must have either pending, preliminary, or full recognition as a DPP through the CDC
- Peer coaches must have NPI and meet Federal Standards to participate
- Beginning 1/1/2022 application fee is no longer required – click on an exemption in PAVE if it requires you to fill out this form while completing your application.

![](_page_29_Picture_0.jpeg)

# **Online Resources**

The Medi-Cal requirements and Background on Diabetes Prevention Programs are published on the DHCS website: https://www.dhcs.ca.gov/service s/medi-cal/Pages/Diabetes-Prevention-Program.aspx

![](_page_30_Picture_0.jpeg)

# More Online Resources

 Medi-Cal <u>Enrollment</u> requirements specific for Diabetes Prevention Programs are also published on the DHCS website:

https://www.dhcs.ca.gov/provgovpart/Pages/Diabetes PreventionProgram.aspx

![](_page_31_Picture_0.jpeg)

## Enrollment Process Initial Review

1. Complete your application in the PAVE portal

![](_page_31_Figure_3.jpeg)

3. DHCS reviews in 'date order received'.

4. The legal allowance for the initial review period is 180 days, but DHCS strives to complete initial reviews much sooner.

![](_page_32_Picture_0.jpeg)

# The Enrollment Process Correcting Deficiencies

- 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.
- You need to go into the application and make the corrections and resubmit your application to PED within 60 days.
- If you don't resubmit timely, or correct all items, the application will be denied.

![](_page_33_Picture_0.jpeg)

# **Common Deficiencies**

- Lack Business License
- Live Scan Forms missing
- Lease Agreements expired leases, virtual office leases missing terms and dates; missing signatures.

![](_page_34_Picture_0.jpeg)

The Enrollment Process Onsite Inspections

- Your application will be referred for an onsite inspection by staff from the DHCS Audits and Investigations Division.
- You will be notified through PAVE when the application is referred.
- You will be contacted by the onsite staff who may ask for additional documents to verify information in the application.

![](_page_35_Picture_0.jpeg)

# The Enrollment Process Post-Onsite

- The onsite staff send a report to PED.
- Depending on the findings of the onsite, PED will either:
  - 1. Approve your application
  - 2. Deny your application
  - 3. Return your application to you for additional information or corrections.

Corrections must be made within 60 days and application resubmitted to PED to avoid denial of the application.

![](_page_36_Picture_0.jpeg)

The Enrollment Process Approval and Denial

- 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.

![](_page_37_Picture_0.jpeg)

### Additional Resources

- For technical assistance with the PAVE system, please direct your questions to the PAVE Help Desk at 1(866) 252-1949.
- For Medi-Cal enrollment questions, you can send an email inquiry by going to DHCS.CA.GOV, click Providers and Partners, then Provider Enrollment Division and then scroll down and click "Inquiry Form" or call 1(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.
- <u>https://www.dhcs.ca.gov/provgovpar</u> <u>t/Pages/PAVE.aspx</u>