



Fee-For-Service Enrollment for Providers of Durable Medical Equipment using the PAVE System

Provider Enrollment Division
February 2022

Topics Covered

1. Getting Set Up in the PAVE Enrollment System
2. PAVE Questionnaire to Start a DME Application
3. Relevant Medi-Cal Enrollment Requirements
4. DHCS Application Review
5. Additional Resources

Getting Set Up in PAVE for First Time Users

» PAVE101 Training Slides

<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE-101-Training-Slides.aspx>


Access PAVE



← → ↻ 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

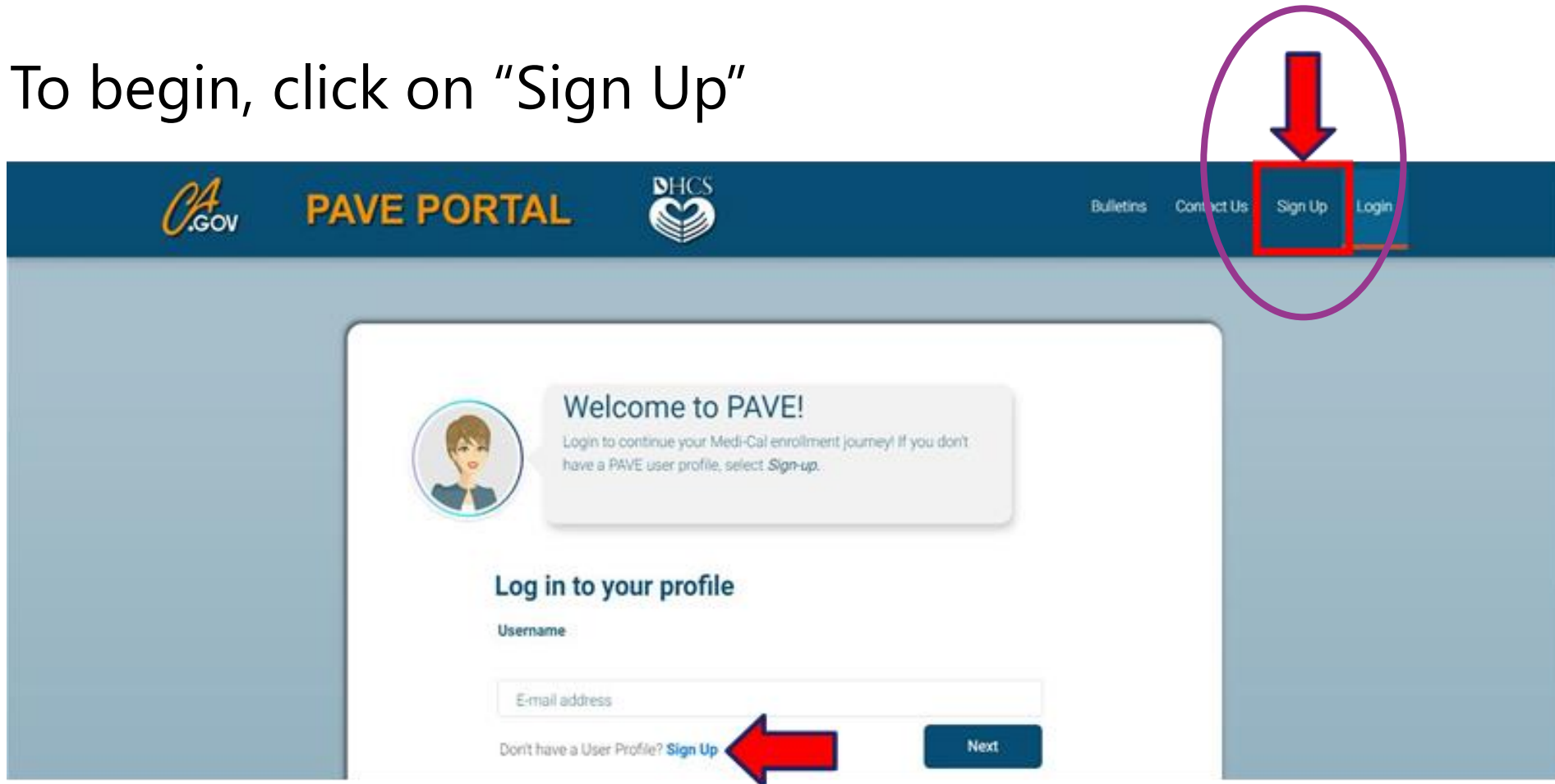
Don't have a User Profile? [Sign Up](#) **Next**

New to PAVE? Here are the [Provider Types](#) supported in PAVE

PAVE Portal SSO Version: 5.0.0.0 - Build Number-226
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PAVE User Sign-Up Process

» To begin, click on "Sign Up"



The screenshot displays the PAVE Portal website interface. At the top, there is a dark blue navigation bar containing the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and links for "Bulletins", "Contact Us", "Sign Up", and "Login". The "Sign Up" link is highlighted with a red square, and a red arrow points down to it from a purple oval. Below the navigation bar, a white content area features a "Welcome to PAVE!" message with a user profile icon and instructions to log in or sign up. Underneath, there is a "Log in to your profile" section with a "Username" label and an "Email address" input field. At the bottom of this section, there is a link for "Don't have a User Profile? Sign Up" with a red arrow pointing to it, and a "Next" button.

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:
- Last name:
- Username:
- Password:
- Confirm:
- Phone number:
- Recovery email address:

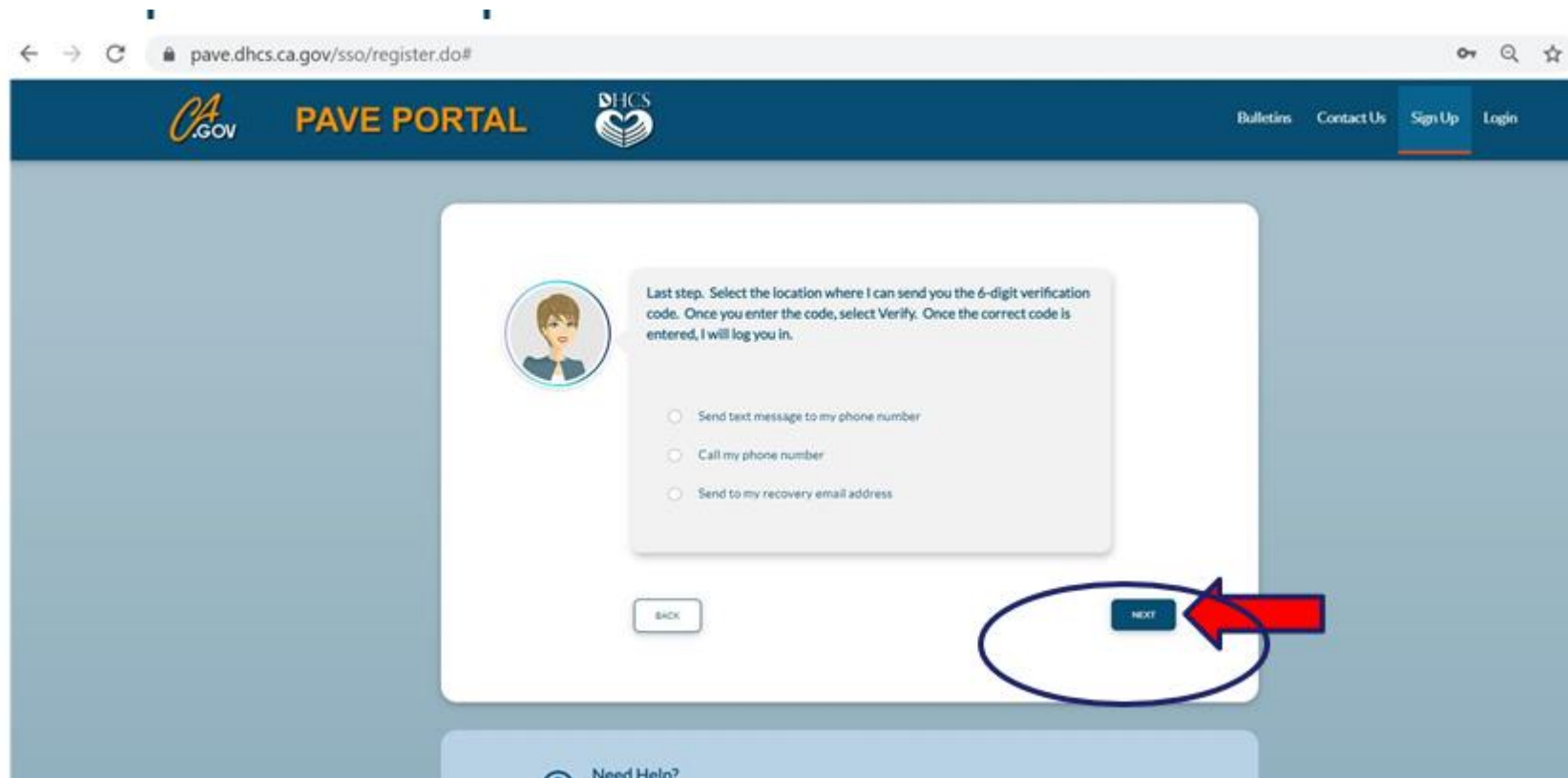
Below the phone number field, there is a green checkmark icon and the text "I'm not a robot". To the right of this is a CAPTCHA icon and the text "reCAPTCHA Privacy - Terms".

At the bottom of the form, there is a blue button labeled "NEXT". A red arrow points to this button, which is circled in purple. Below the button, there is a small text line: "By selecting Next, you agree to the [Terms & Conditions](#) for PAVE Portal."

At the very bottom of the page, there is a footer with the text: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

PAVE User Sign-Up Process

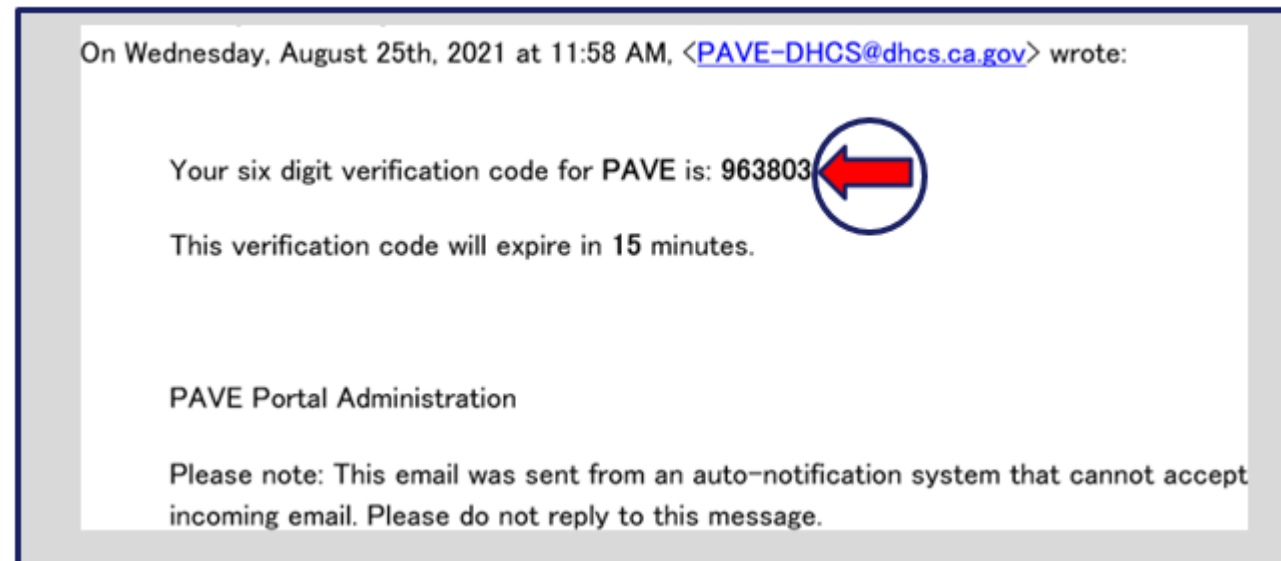
- » You will be prompted to select how you wish to receive the six digit verification code, after selecting the preferred option click "NEXT"



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 female avatar icon and the following text: "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 this text 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 two buttons: "BACK" and "NEXT". A red arrow points to the "NEXT" button, which is also circled in blue.

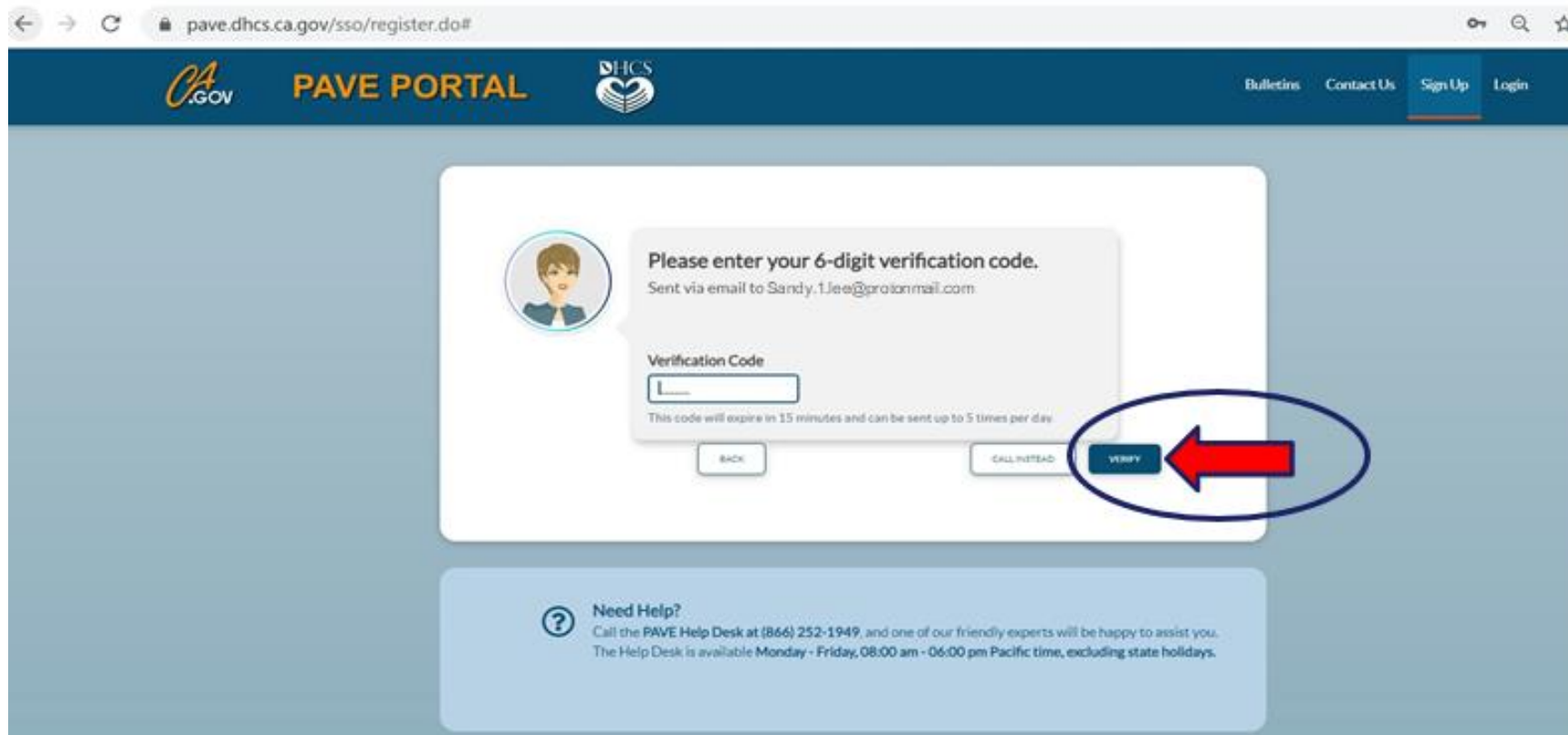
PAVE User Sign Up Process

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



PAVE User Sign-Up Process

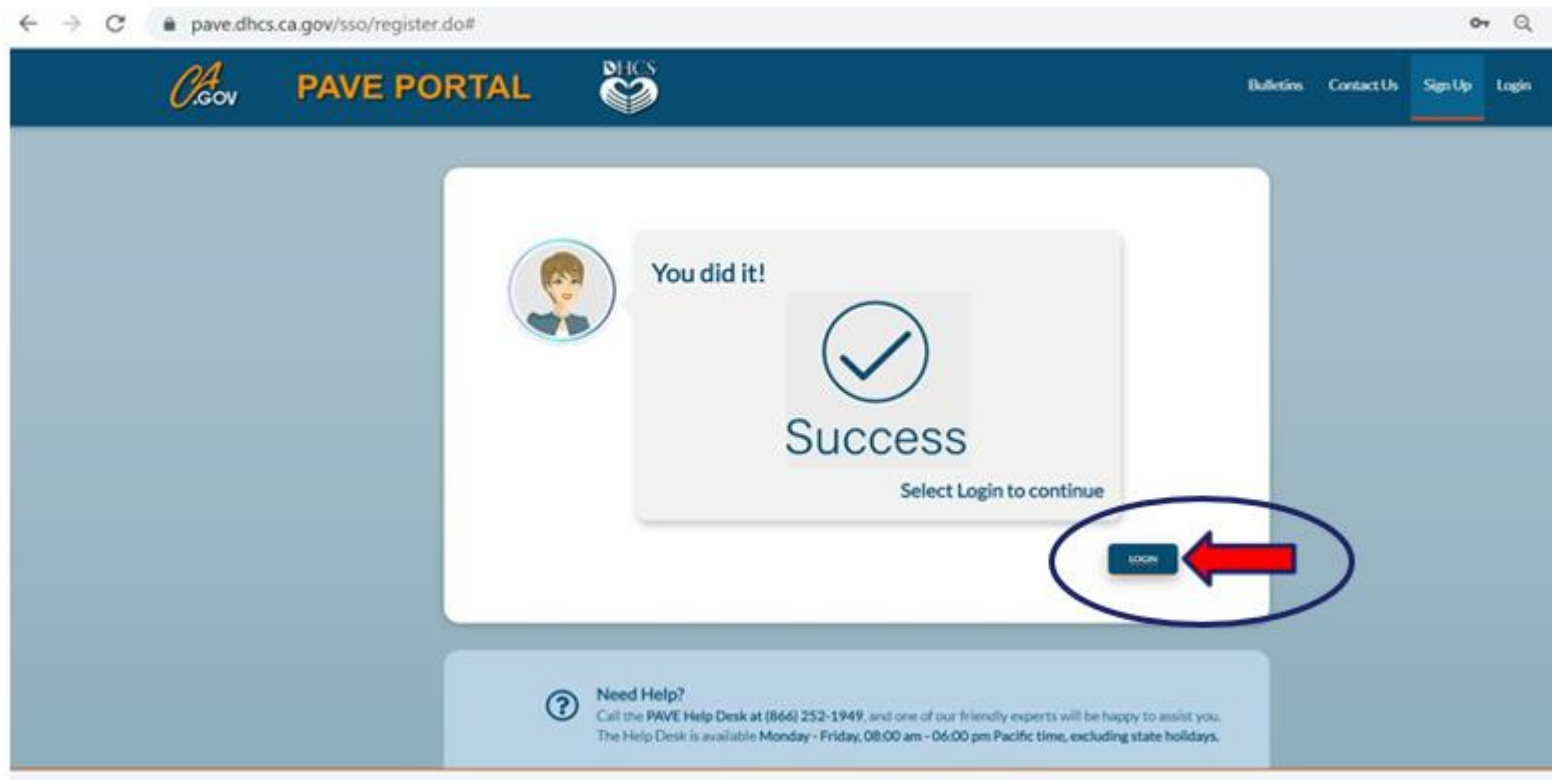
» Enter the six-digit verification code and click "VERIFY"



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 following text: "Please enter your 6-digit verification code. Sent via email to Sandy.1Jee@protonmail.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. At the bottom of the page, there is a "Need Help?" section with a question mark icon and contact information for the PAVE Help Desk.

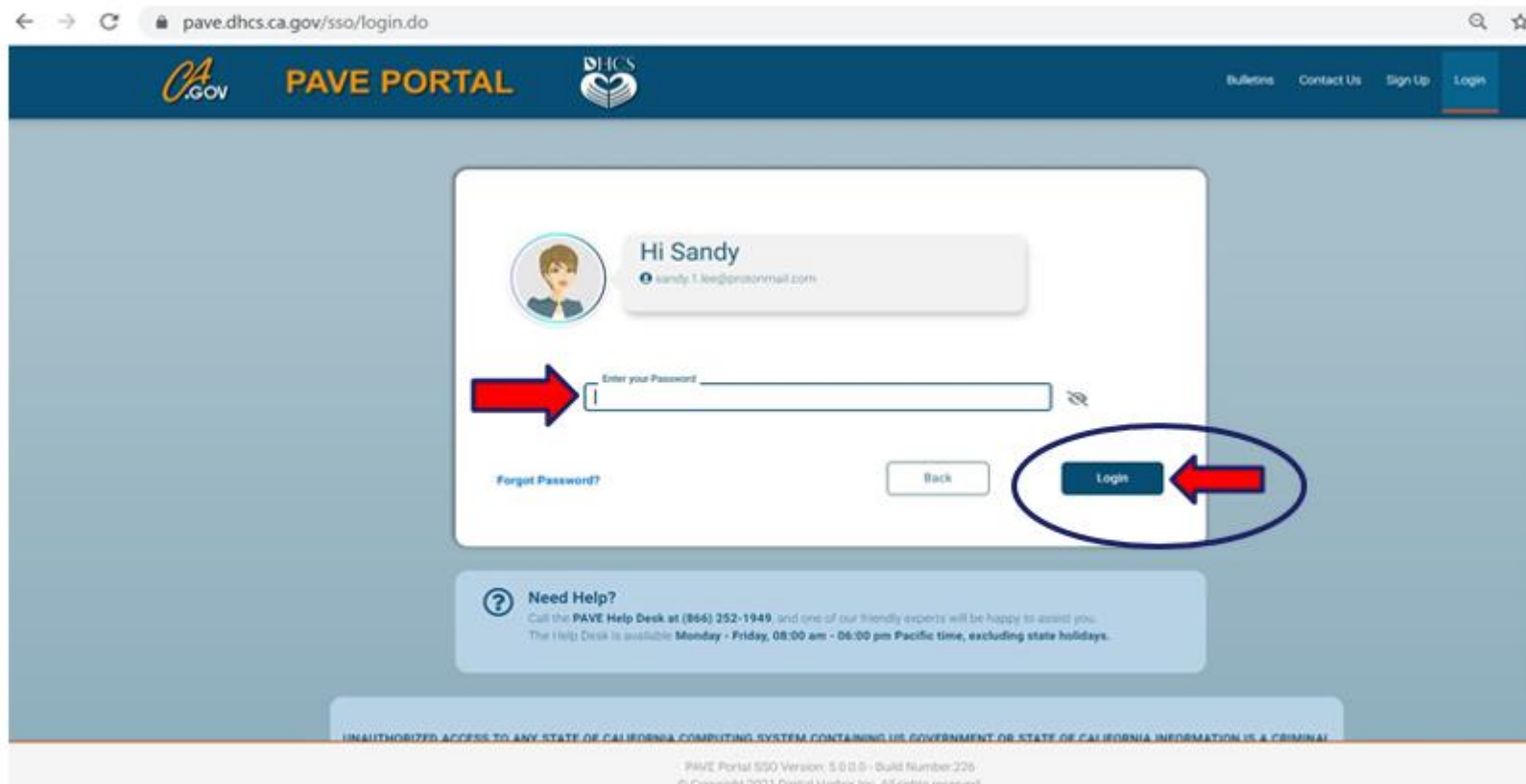
PAVE User Sign Up Process

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



PAVE User Sign Up Process

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



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, "PAVE PORTAL", the DHCS logo, and navigation links for "Bulletins", "Contact Us", "Sign Up", and "Login". The main content area features a user profile for "Hi Sandy" with the email "sandy.t.lee@pisonormail.com". Below the profile is a password input field labeled "Enter your Password" with a red arrow pointing to it. To the right of the password field is a "Login" button, which is circled in blue and has a red arrow pointing to it. There is also a "Forgot Password?" link and a "Back" button. At the bottom, there is a "Need Help?" section with contact information for the PAVE Help Desk and a footer with a disclaimer and version information.

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.

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"

PAVE Profile

The screenshot displays the PAVE Portal interface. At the top, the header includes the CA.GOV logo, the text "PAVE PORTAL", and the SHCS logo. On the right side of the header, there are icons for messages, notifications, a shopping cart labeled "My Business ABC", and a user profile labeled "Sandy". Below the header, a navigation bar contains links for "My Messages", "Applications", "Accounts", "My Tools", "Help", and "What's New!". The "Applications", "Accounts", and "My Tools" links are highlighted with red boxes. A red arrow points upwards from the "What's New!" link.

A central message bubble contains the following text:

Hello! I will be guiding you on your journey in the PAVE Portal. Click on the building titles below to be taken to the corresponding section.

If you need technical support, call the PAVE Help Desk at (866) 252-1949, for assistance, Monday - Friday, 8:00am - 6:00pm PST, excluding state holidays.

You can also get technical assistance by using our chat feature at the bottom right of this page, Monday - Friday from 8am - 4pm PST.


Below the message bubble is a 3D isometric illustration of a city with several buildings. The buildings are labeled "MY TOOLS", "MY APPLICATIONS", "MY ACCOUNTS", "LEARNING CENTER", and "MESSAGE CENTER". The "LEARNING CENTER" and "MESSAGE CENTER" buildings are highlighted with red boxes. A woman's headshot is shown in a thought bubble on the left side of the illustration.

Starting a DME Application

- » In your PAVE profile, click on Applications, then "+ New Application".
- » You will complete a questionnaire to start the correct application.
- » The following slides are a guide for how to move through the questionnaire to start a DME application if your DME business is not already enrolled.

First Questionnaire Page

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, 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 practitioners

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 →](#)

Second Questionnaire Page

Your Business Structure – Read Lucy!

The screenshot shows a questionnaire page with a progress bar at the top. The progress bar has six steps: Start Application, Business Structure (highlighted), NPI, Provider Type, Language, and Last step. Below the progress bar is a callout box with a woman's icon and text explaining the business structure options. A red arrow points from the callout box to the 'Other entity' radio button. Below the callout box is a red banner for a COVID-19 Special Announcement. The main question is 'What is your health care business structure?' with three radio button options: 'Sole Proprietor', 'Other entity' (selected and circled), and 'I'm enrolling as a Medicare Crossover-only provider'. A red arrow points from the 'Other entity' option to a blue box containing the instruction: 'Select "Other Entity" if your business is a corporation, LLC or partnership.' At the bottom are 'Previous' and 'Continue' buttons.

Start Application Business Structure NPI Provider Type Language Last step

Let's create your application. In this section choose the option that best describes the structure of your business. Are you a sole proprietor? If so, you will select it below and you must obtain and use a Type 1 (Individual) NPI or your application will be denied outright. If your business is organized as a legal entity such as a corporation, an LLC or a General or Limited Partnership, then you will select "Other entity" below and you must obtain and use a Type 2 (Organizational) NPI or your application will be denied outright. Please note, if you are the sole owner of your business, and it is organized as a legal entity such as a corporation, LLC or partnership, do not select "Sole Proprietor" below. Later in the application you can explain the sole ownership of your business entity.

COVID-19 Special Announcement

What is your health care business structure?

Sole Proprietor

Other entity

I'm enrolling as a Medicare Crossover-only provider

Once you have made your choice, select Continue

← Previous Continue →

Select "Other Entity" if your business is a corporation, LLC or partnership.

Correct NPI Type depends on your Business Structure

1. Type 2 NPI

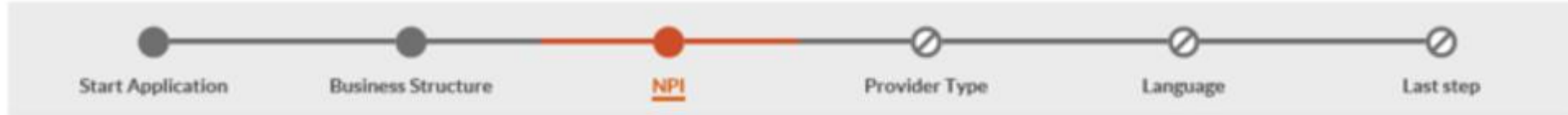
- » **Business entities** such as a corporations, LLCs, and Partnerships must use a Type 2 NPI, even if you are the only owner of the entity.

2. 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.

Third Questionnaire Page

Enter Your NPI and click Verify



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.

I don't have an NPI, and I'd like to continue with the application process.

National Provider Identifier (NPI)

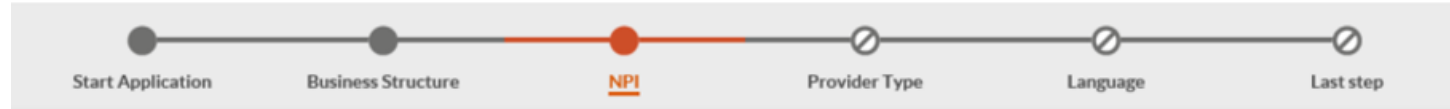
1123456789

Verify →



Fourth Questionnaire Page

PAVE Verifies NPI with NPPES



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.

I don't have an NPI, and I'd like to continue with the application process.

National Provider Identifier (NPI)

National Provider Identifier (NPI)

Type

Business name LLC

Taxonomy code(s)

NPPES address (registered)

Is this the correct information?

Yes No

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





Check that this information belongs to your business before continuing. If you make an error keying in your NPI, you can click "Previous" and re-enter it on the page before.

Fifth Questionnaire Page

Select Provider Type – Durable Medical Equipment

Progress bar: Start Application, Business Structure, NPI, Provider Type, Language, Last step

 Now, select your **provider type** from the drop-down below, then select **Continue** to move on.




i If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure, click [here](#)

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

Sixth Questionnaire Page

Languages Offered

 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 →](#)

Seventh Questionnaire Page Summary Page – Double Check!

Start Application Business Structure NPI Provider Type Language Last step

 Before you can continue, please review the summary below. It contains all your previous selections to create this application. You can 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 or select *previous* to make any necessary changes.

Start Application
I'm new to Medi-Cal, and I want to create a new application
I'm a healthcare business

Business Structure
Other entity

NPI of the application
1123456789 [View Details](#)

Provider Type
Durable Medical Equipment

Language

[← Previous](#) [Continue →](#)

Medi-Cal Requirements

- » The Medi-Cal Program requirements are woven into the application process.
- » The next few slides show:
 - » Fingerprint Requirement
 - » Application Fee
 - » Who is Authorized to Sign Medi-Cal applications
 - » List of Required Documents to Attach
 - » Medi-Cal Established Place of Business

Fingerprint Requirement

WHAT: **Newly Enrolling DME** 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.

WHO: **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.

Fingerprint Requirement

When submitting the DME 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 on the form from the Live Scan operator or a receipt of payment.

FOR MORE INFORMATION for Individuals who are located **out of state**, please copy and paste the following URL into your computer browser window for the PED Fingerprinting and Criminal Background Check CJIS9004: **https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/CJIS_9004.pdf**

Application Fee is Required

- » Each year the Center for Medicare and Medicaid Services determines the new application fee amount.
- » Application fee for 2022 calendar year is \$631.00. Current fee information can be found here, <https://www.dhcs.ca.gov/provgovpart/Pages/Application-Fees.aspx>
- » Payment is done electronically and is part of the PAVE DME application.
- » Application fees are used to offset the cost of conducting the required screenings.
- » The Department will deny DME applications where the applicant fails the application fee requirement.

Application Fee Exemptions

DME providers may be exempt from paying the application fee if they meet one of the exemptions below:

- » Already **enrolled** in and/or **paid** the applicable fee to Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP) at the service location. **Verification is required.**
- » Exempt by waiver pursuant to federal law. **Verification is required.**

Application Fee Waiver Requests

- » To request a waiver, an applicant/provider must include with submission of the application a letter that describes:
 - 1) the hardship,
 - 2) the justification for an exception, and
 - 3) supporting documentation.

- » Acceptable justification documents may include:
 - » Historical Costs Reports
 - » Recent financial reports such as balance sheet and income statements
 - » Cash flow statements
 - » Most recent tax returns
 - » Other profit and loss statements for the location the provider claims the hardship

Application Fee Waiver Requests

- » Waivers are not approved by PED. PED forwards the requests to CMS for approval
- » The applicant may submit both an application fee and a fee waiver request in order to allow their application to be processed without waiting for the CMS approval. If the waiver is granted, a refund will be issued.

Who Can Sign Applications

- » 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

- Articles of Incorporation (only for corporations)
- State-Issued Identification
- Verification of TIN/EIN with one of the accepted documents: IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4 (Confirmation Notification)
- Business License /Tax Certificate (if required by local government)
- Fictitious Business Name Statement (if using a fictitious name)
- Lease Agreement (if leasing service location)
- Workers' Compensation Insurance
- Proof of Comprehensive (General) Liability Insurance
- Home Medical Device Retailer (HMDR) License
- Home Medical Device Retailer Exemptee License (if applicable to your business)
- Bureau of Home Goods and Services (BHGS) Certificate
 - If DME providers have the HMDR license, that document may be submitted in place of the BHGS certificate.
- Seller's Permit
- Live Scan Forms; or Fingerprint Cards for Out-of-State Owner(s)

Medi-Cal “Established Place of Business” Requirements

- » Is Open and Conducting Business at time of application submission
- » Is in a building either owned or leased by the applicant
- » Has permanently posted business hours
- » Has permanently attached signage with the business’ name
- » Has all State and local business permits and licenses to conduct business
- » Obtains and maintains General Liability Insurance coverage and has Worker’s Compensation Insurance as required by state law
- » Has administrative and fiscal foundation to survive with adequate inventory and staff for the volume of business

More Online Resources

- » Medi-Cal Enrollment requirements specific for Durable Medical Equipment (DME) Providers are also published on the DHCS website:

[Durable Medical Equipment Application Information](#)

The Enrollment Process

Initial Review

- » Complete your application in the PAVE portal.
- » Submit your application.
- » DHCS reviews in 'date order received'.
- » The legal allowance for the initial review period is 180 days, but DHCS strives to complete initial reviews much sooner.

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 then resubmit your application to PED within 60 days.

Common Deficiencies

- » **No Business License or It's Expired**
- » **No Home Medical Device Retailer (HMDR) License**
- » **No Live Scan Forms**
- » **Failure to include all owners and control interests for large multi-entity DME companies**

The Enrollment Process

Onsite Inspections

- » Your application will be referred for an onsite inspection due to the screening risk level established for DME providers in the Federal Medicaid regulations.
- » You will be notified through PAVE.
- » You will be contacted by the onsite staff who may ask for additional documents to verify information in the application.

The Enrollment Process

Post-Onsite

- » The onsite staff send a report to PED.

- » Depending on the findings of the onsite, PED will either:
 - a) Approve your application
 - b) Deny your application
 - c) Return your application to you for additional information or corrections that must be made within 60 days and then you resubmit it to PED.

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.

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 \(PED\) \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/P180001.aspx) and then click on "PED, then "Inquiry Form", or call (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.

<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>