**TITLE:** Individual Physician Surgeon Transcript

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# Individual Physician/Surgeon Transcript

PAVE Portal's innovative Social Forms are designed to guide you through the creation and submission process to become an approved medical provider.

In this in-context tutorial, we will discuss how to complete, E-sign, and submit an individual service provider (isp) application for medi-cal approval.

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

For example, an Individual Sole Proprietor, except a Physician/Surgeon, has 7 forms.

These, are broken down into sub-forms, which are separated into sections.

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

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

This form contains a sub-form called, Individual Profile that is separated into 3 sections (Personal Information, Residential Address, and Identification).

Personal Information is where you include your name gender, and date of birth.

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

Next, we have the Residential Address section, which is the address of your home residence.

And finally, the Identification section.

This section completes your identity information, including your Social Security Number, Driver's License, and any aliases you may use.

All personal identification will be masked to protect your privacy.

The next Social Form is Business Information.

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 and 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 and Licenses section.

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, Pay-to address, and Mailing address must all be included under this sub-form.

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 documents must be included under the Professional License/Certificates sub-form.

Without an attached professional license, you will not be able to submit your application.

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

If you are applying as a Physician/Surgeon, you must also enter at least one Specialty code.

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.

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

When you are ready to electronically sign the application, only the person (applicant) listed in the Profile Information Social Form will be allowed to e-sign the application.

To begin the e-signature process, the applicant (You) must 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).

Once you select the Signature Social Form, PAVE Portal will automatically open to the Declaration section of the Electronic Signature sub-form.

To complete the Declarations 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