



How to Correct an Application that has been Returned to Provider



PAVE Email Message

From: PAVE-DHCS@dhcs.ca.gov

Date: January 25, 2019 at 7:15:00 PM PST

To: sandyjohnson@gmail.com

Subject: Application ID # 1914892A and ABC Medical Inc

Dear Sandy Johnson ,

You have received this email because you have an important unopened PAVE Portal message awaiting for you in your In Box.

To read this important message, please select the hyperlink below and Login.

 [Open PAVE Portal Message](#)

If you feel you have received this email in error, please disregard this message.

Sincerely,

Department of Health Care Services Provider Enrollment Division

Please note: This e-mail was sent from an auto-notification system that cannot accept incoming e-mail. Please do not reply to this message.



Message Center





Message Center for Administrator, Manager & Supervisor PAVE Roles

CA.GOV PAVE PORTAL DHCS ABC Medical Inc Sandy



Welcome, Sandy Johnson, to your customized Dashboard for managing messages and shared applications from different Business Profiles.

Sandy's Dashboard

Messages Collapse All ALL

Business search

Inbox

ABC Medical Inc

Sent Messages

Shared Apps

Applications 0

New Message ALL Unread Read From To Subject Content - Date -

Message search

ABC Medical Inc

To	From	Subject	Date Received	Action
Sandy Johnson	Suzanne Klaus	Response to the Invitation	Tue 02/05/2019 12:54 pm	View Reply Delete
Sandy Johnson	Hatsuko Stenzel	Response to the Invitation	Tue 02/05/2019 12:52 pm	View Reply Delete
Sandy Johnson	Department of Health Care Services Provider Enrollment Division	Application ID # 1914892A and ABC Medical Inc	Fri 01/25/2019 07:06 pm	View Delete Print
Jack Brown	Department of Health Care Services Provider Enrollment Division	Application Submitted	Tue 01/22/2019 05:05 pm	View Delete Print
Sandy Johnson	Department of Health Care Services Provider Enrollment Division	Application Submitted	Tue 01/22/2019 05:05 pm	View Delete Print



Deficiency Notice

Application ID # 1914892A and ABC Medical Inc

Date: Fri 01/25/2019 07:06 pm
Application ID: 1914892A

From: Department of Health Care Services Provider Enrollment Division
Subject: Application ID # 1914892A and ABC Medical Inc

Attached Files 1
Do not reply

To: Sandy Johnson

Application ID # 1914892A has been issued a Returned to Provider. Please select the "Attached File" next to the paperclip (at the top left corner of this message) and open the pdf letter to view your application deficiencies. After reading the attached letter, please open your application to make corrections. The applicant has 60 days to remediate and resubmit Application ID # 1914892A.

DHCS
Provider Enrollment Division
[Open: 1914892A](#)

Message History Thread

From	To	Subject	Type	Date Sent
Department of Health Care Services Provider Enrollment Division	Sandy Johnson	Application ID # 1914892A and ABC Medical Inc	NO_REPLY	Fri 01/25/2019 07:06 pm

Sandy Johnson | Department of Health Care Services Provider Enrollment Division | Application Submitted | Tue 01/22/2019 05:05 pm



Deficiency Notice

Application ID # 1914892A and ABC Medical Inc

Date: Fri 01/25/2019 07:06 pm
Application ID: 1914892A

From: Department of Health Care Services Provider Enrollment Division
Subject: Application ID # 1914892A and ABC Medical Inc

Attachment List

- Deficiency_output.pdf

To: Sandy Johnson

Application ID # 1914892A has been issued. (Application ID # 1914892A is located in the top left corner of this message) and open the pdf letter to view your application deficiencies. After reading the attached letter, please open your application to make corrections. The applicant has 60 days to remediate and resubmit Application ID # 1914892A.

DHCS
Provider Enrollment Division

[Open: 1914892A](#)

From	To	Subject	Type	Date Sent
Department of Health Care Services Provider Enrollment Division	Sandy Johnson	Application ID # 1914892A and ABC Medical Inc	NO_REPLY	Fri 01/25/2019 07:06 pm

Sandy Johnson	Department of Health Care Services Provider Enrollment Division	Application ID # 1914892A and ABC Medical Inc		Fri 01/25/2019 07:06 pm
Jack	Department of Health Care Services	Application Submitted		Tue 01/22/2019



Deficiency Notice

Application ID # 1914892A and ABC Medical Inc

Date: Fri 01/25/2019 07:06 pm
Application ID: 1914892A

From: Department of Health Care Services Provider Enrollment Division
Subject: Application ID # 1914892A and ABC Medical Inc

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DHCS
Provider Enrollment Division

[Open: 1914892A](#)

Message History Thread

From	To	Subject	Type	Date Sent
Department of Health Care Services Provider Enrollment Division	Sandy Johnson	Application ID # 1914892A and ABC Medical Inc	NO_REPLY	Fri 01/25/2019 07:06 pm

Do you want to open or save **Deficiency_output.pdf** from **uat3-pave.dhcs.ca.gov?**

Open Save Cancel

2/12/2019



Deficiency Letter



State of California—Health and Human Services Agency
Department of Health Care Services



1/26/2019

ABC Medical Inc
1501 Capitol Ave,
Sacramento, CA 95814-5005

APPLICATION IDENTIFICATION NUMBER: 1914892A

DATE APPLICATION RECEIVED: January 22, 2019

The Department of Health Care Services (DHCS), Provider Enrollment Division (PED) has reviewed your application in accordance with Welfare and Institutions (W&I) Code Section 14043.26 and California Code of Regulations (CCR), Title 22, Section 51000.50. PED's review found that your application is incomplete and/or incorrect and cannot be processed until all required information is received.

Please review the following, update your *Medi-Cal Provider e-Form Application* where applicable, and resubmit within 60 calendar days of this letter to continue processing. Failure to resubmit a complete and accurate application may result in denial of your application.

The following information and/or corrections must be made for processing to continue:

- **Legal Name** - Please verify the legal name is accurate for the applicant.
- **Malpractice Insurance** - The malpractice insurance has expired. Please attach a valid, current malpractice insurance document for the applicant.
- **Professional License** - Please verify professional license number is accurate for the applicant.



Pursuant to CCR, Title 22, section 51000.50(h), if you fail to return the requested information and/or document(s) with your application package within 60 calendar days of the date of the notice of incomplete application, or if the information and/or documents you provide do not resolve the deficiencies, your application shall be denied. If the application package is submitted after 60 calendar days of the date of this notice, it shall be treated as a new application package and processed in the date order received.

PED appreciates your program participation and willingness to provide services to Medi-Cal beneficiaries.


2/12/2019




Application Queue: Identifying the Deficient Application




CA .GOV **PAVE PORTAL** DHCS   ABC Medical Inc Sandy













My Home **Applications** Accounts My Tools Help

My Applications 

 Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[+ New Application](#)

- Filter by -  - Please select a filter -  Search 

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
191GF17N	Submitted	Jack Brown	Physician/Surgeon	1999555558	Rendering Provider	100%	01/22/2019	Sandy Johnson	     
1914892A	Return to Provider	ABC Medical Inc	Physician/Surgeon	1999988885	Individual Billing	57%	01/22/2019	Sandy Johnson	     



Identifying Deficient Items Within the Application

CA.GOV PAVE PORTAL DHCS ABC Medical Inc Suzanne

My Home **Applications** Accounts Help

Provider Name: ABC Medical AMC
Provider Type: Physician/Surgeon
Application ID: 1914892A
Creation Date: 01/22/2019
Package Type: Individual Billing

62% Complete 17% Documents
62% 38% 17% 83%

New Message Resubmit

Content Expand All

- Getting Started
- Business Information** (1)
- Business Profile (1)
- Contact Person (1)
- Addresses (1)
- Place of Business
- Insurance** (1)
- Practice Information (1)
- Disclosure Information (1)
- Rendering Provider Affiliations (1)

Summary

Good job filling out the Insurance sub-form. Now check for any errors before moving on.

Summary: Insurance

General Liability Insurance

My business is self-insured **(1)**

Attached: GL Insurance

Malpractice Insurance



Identifying Deficient Items Within the Application

A screenshot of a web application interface. A modal dialog box titled "Issues to solve" is centered on the screen. The dialog contains the text: "All forms listed below are all the issues that must be solved before re-submitting the application." Below this text is a list of five categories, each with a folder icon: "Business Information", "Practice Information", "Disclosure Information", "Rendering Provider Affiliations", and "Signature". An "Ok" button is located at the bottom right of the dialog. In the background, a form is visible with several red exclamation mark icons indicating errors. The form fields include: "Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)" with the value "95-432****"; "Business license number" with a checked checkbox and "N/A" selected; and "Please explain" with the value "n/a". A question at the bottom asks, "Do you, ABC Medical Inc have Workers' Compensation insurance?" with radio buttons for "Yes" and "No". The "No" button is selected. The background also shows a "Resubmit" button and a sidebar with navigation icons.



Identifying Deficient Items Within the Application

A screenshot of a web application interface showing a modal dialog box titled "Issues to solve". The dialog box contains a list of issues that must be resolved before re-submitting an application. The issues are categorized under "Business Information". The first category is "Business Profile", which includes a red warning icon, the text "Business Profile", and a red-bordered box around the "Legal name" field. Below this, there are two more "Legal name" fields, each with a link "Same as legal name". The second category is "TIN/EIN & Business License", which includes a red warning icon, the text "TIN/EIN & Business License", and a "Please explain" field. The dialog box also has an "Ok" button at the bottom right. In the background, the application interface shows a sidebar with navigation options like "My Home", "Content", "Getting Started", "Business", "Insurance", "Practice Information", "Disclosure Information", and "Rendering Provider Affiliations". A red arrow points to the "Business Information" category in the dialog box. The user's name "Sandy" is visible in the top right corner of the application.



Identifying Deficient Items Within the Application

CA.GOV PAVE PORTAL DHCS ABC Medical Inc Sandy

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application**
- Checklist**

Document Attachments Application

Excellent Sandy Johnson! This is your final review. All documents listed below must be attached so this application can be submitted. To manage your documents, see the action column and remember, all uploaded documents **should be clear and legible** or your application may be sent back.

Document	Form/SubForm/Section	Mandatory	Attached	Actions
Articles of Incorporation	Business Information/Business Profile/Business Profile	Yes	✓	[edit] [upload] [view] [delete]
EIN/FEIN	Business Information/Business Profile/TIN/EIN & Business License	Yes	✓	[edit] [upload] [view] [delete]
Self Insured Document	Business Information/Insurance/General Liability Insurance	Yes	✓	[edit] [upload] [view] [delete]
Self Insured Document	Business Information/Insurance/Malpractice Insurance	Yes	✓	[edit] [upload] [view] [delete]
Driver's License	Disclosure Information/Ownership/Control Interest/Ownership/Control Interest	Yes	✓	[edit] [upload] [view] [delete]
Discipline Reinstatement	Disclosure Information/Ownership/Control Interest/Adverse Actions	Yes	✓	[edit] [upload] [view] [delete]

← Previous **Continue →**



Identifying Deficient Items Within the Application

CA.GOV PAVE PORTAL DHCS ABC Medical Inc Sandy

Content [Expand All](#)

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application
- Checklist

Document Attachments Application

Here's a summary of the information you gave me. Please review it to make sure everything's correct before moving on to submit your application. If you need to make changes to a section, select the Edit button.

Your application is complete to 74% 26%

Form/SubForm/Section	Documents	Social Chat	Explanations	Messages	Findings	Shared	Complete	% Completed	Actions
Getting Started							✓	100	✎
Getting Started							✓	100	✎
Business Information							✓	100	✎
Business Profile							✓	100	✎
Business Profile	🔗 1						✓		✎
TIN/EIN & Business License	🔗 1				⚠ 2		✓		✎
Business Permits							✓		✎
Contact Person							✓	100	✎
Contact Person Information					⚠ 1		✓		✎



Identifying Deficient Items Within the Application

CA .GOV **PAVE PORTAL** DHCS ABC Medical Inc Sandy

Content Expand All

- Getting Started
- Business Information
- Practice Information
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Form/SubForm/Section	Documents	Social Chat	Explanations	Messages	Findings	Shared	Complete	Completed	Actions
Getting Started									
Getting Started									
Business Information									
Business Profile									
Business Profile									
TIN/EIN & Business License									
Business Permits									
Contact Person								100	
Contact Person Information									

Findings

Please explain ¹

Title: Business License

Finding Type: Field Verification

Description: Please verify information is accurate.



Identifying Deficient Items Within the Application

CA.GOV PAVE PORTAL DHCS

ABC Medical Inc Sandy

Content Expand All

- Getting Started
- Business Information
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Your application is complete to 74% 26%

Form/SubForm/Section	Documents	Social Chat	Explanations	Messages	Findings	Shared	Complete	Completed	Actions
Getting Started									
Getting Started									
Business Information									
Business Profile									
Business Profile					1				
TIN/EIN & Business License					1				
Business Permits									
Contact Person								100	

Findings

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

1

Title: Tax Identification Number

Finding Type: Field Verification

Description: Please verify information is accurate.



Identifying Deficient Items Within the Application

CA.GOV PAVE PORTAL DHCS ABC Medical Inc Sandy

Content Expand All

- Getting Started
- Business Information
- Practice Information
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Document Attachments Application

Here's a summary of the information you gave me. Please review it to make sure everything's correct before moving on to submit your application. If you need to make changes to a section, select the Edit button.

Your application is complete to 74% 26%

Form/SubForm/Section	Documents	Social Chat	Explanations	Messages	Findings	Shared	Complete	% Completed	Actions
Getting Started							✓	100	✎
Getting Started							✓	100	✎
Business Information							✓	100	✎
Business Profile							✓	100	✎
Business Profile	🔗 1						✓		✎
TIN/EIN & Business License	🔗 1				⚠️ 2		✓		✎



PAVE Roles & Deficient Applications

	Administrator App Owner	Administrator Non App Owner	Manager	Supervisor	Authorized Signer	Staff
Correcting the application	YES	NO	NO	NO	NO	NO
Receive deficiency email & letter	YES	YES	YES	YES	NO	NO
View application status when returned	YES	YES	YES	YES	YES	YES
View status icons on what is deficient	YES	YES	YES	YES	YES	YES
View checklist of deficient items	YES	YES	YES	YES	YES	YES
Print application	YES	YES	YES	YES	YES	YES
Share application	YES	NO	NO	NO	NO	NO
Change owner of application	YES	YES	NO	NO	NO	NO
Withdraw application	YES	NO	NO	NO	NO	NO



Administrator Owner Role: Correcting the Application

CA.GOV **PAVE PORTAL** DHCS

ABC Medical Inc Sandy

My Home **Applications** Accounts My Tools Help

Provider Name: ABC Medical Inc
Provider Type: Physician/Surgeon
Application ID: 1914892A
Creation Date: 01/22/2019
Package Type: Individual Billing

57% Complete 0% Documents

57% 43% 100%

New Message Resubmit

Content Expand All

- Getting Started
- Business Information
 - Business Profile
 - Contact Person
 - Addresses
 - Place of Business
 - Insurance
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations

Business Profile TIN/EIN & Business License Business Permits Summary

Please share some basic information about your business.

Legal name: ABC Medical Inc

Business name: Same as legal name

ABC Medical Inc

Entity type: Corporation

Corporate number: C123456789

State incorporated: California, CA

Business phone number: (555) 555-5555

Attached: Articles of Incorporation

2/12/2019



Administrator Owner Role: Correcting the Application

CA.GOV PAVE PORTAL DHCS

ABC Medical Inc Sandy

Provider Type: Physician/Surgeon (57% 43%)
Application ID: 1914892A (17% 83%)
Creation Date: 01/22/2019
Package Type: Individual Billing


New Message Resubmit



Content Expand All



- Getting Started
- Business Information
- Business Profile
- Contact Person
- Addresses
- Place of Business
- Insurance
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature

Business Profile TIN/EIN & Business Information Summary

Please share some basic information about your business.

Legal name ABC Medical Inc 

Business name Same as legal name  

Entity type Corporation  

Corporate number C123456789

State incorporated California, CA

Business phone number (555) 555-5555

Telephone number extension

Does your business use a registered Fictitious Business Name/Permit?
 Yes No

Finding-Description

Title: Legal Name
Finding Type: Field Verification
Description: Verify the legal name is accurate.
To fix the finding please click over wrench icon.

Attached: Articles of Incorporation



Administrator Owner Role: Correcting the Application

PAVE PORTAL | DHCS | ABC Medical Inc | Sandy

Business Profile | TIN/EIN & Business License | Business Permits | Summary

Please share some basic information about your business.

Legal name: ABC Medical AMC

Business name: Same as legal name

Entity type: Corporation

Corporate number: C123456789

State incorporated: California, CA

Business phone number: (555) 555-5555

Telephone number extension:

Does your business use a registered Fictitious Business Name/Permit?
 Yes No

[← Previous](#) [Continue →](#)

Attached: Articles of Incorporation

indications do?nth=heR/nrdt=17102



Administrator Owner Role: Correcting the Application

The screenshot displays the PAVE Portal interface for an administrator. The top navigation bar includes the CA.GOV logo, the PAVE PORTAL title, the DHCS logo, and user information for 'Sandy' at 'ABC Medical Inc'. A progress bar shows completion percentages for various sections: 57%, 43%, 17%, and 83%. A 'Resubmit' button is visible.

The main content area is divided into a left sidebar and a central form. The sidebar lists sections like 'Getting Started', 'Business Information', 'Business Profile', 'Contact Person', 'Addresses', 'Place of Business', 'Insurance', 'Practice Information', 'Disclosure Information', 'Rendering Provider Affiliations', 'Claim Payment', and 'Signature'. The 'Business Profile' section is highlighted.

The central form displays the 'Business Profile' details for 'ABC Medical Inc'. A 'Finding-Description' modal window is open, showing the following information:

- Title:** Legal Name
- Finding Type:** Field Verification
- Description:** Verify the legal name is accurate.
- Action:** To fix the finding please click over wrench icon.

The modal window also features a wrench icon in a red box. A red arrow points to a red warning icon next to the 'Legal name' field, which contains the text 'ABC Medical AMC'. The form also includes fields for 'Business name', 'Entity type', 'Corporate number', 'State incorporated', and 'Business phone number'. A note at the bottom right of the form reads 'Attached:Articles of Incorporation'.



Administrator Owner Role: Correcting the Application

A screenshot of the PAVE Portal interface. The top navigation bar includes the CA.GOV logo, the text 'PAVE PORTAL', and user information for 'ABC Medical Inc' and 'Sandy'. Below the navigation bar, there's a 'Package Type' dropdown set to 'Individual Billing'. The main content area is divided into a left sidebar with a 'Content' menu and a main form area. The sidebar menu includes 'Getting Started', 'Business Information', 'Business Profile', 'Contact Person', 'Addresses', 'Place of Business', 'Insurance', 'Practice Information', 'Disclosure Information', 'Rendering Provider Affiliations', 'Claim Payment', 'Signature', and 'Submit Application'. The main form area is titled 'Please share some basic information about your business.' and contains several input fields: 'Legal name' (ABC Medical Inc), 'Business name' (with a checked 'Same as legal name' option and ABC Medical Inc), 'Entity type' (Corporation), 'Corporate number' (C123456789), 'State incorporated' (California, CA), 'Business phone number' ((555) 555-5555), and 'Telephone number extension'. There are also radio buttons for 'Does your business use a registered Fictitious Business Name/Permit?' (Yes/No) and a 'No' option selected. A red-bordered dialog box titled 'Confirm your Selection' is overlaid on the form, asking 'Issue has been fixed. Do you want to add an explanation?' with 'Yes' and 'No' buttons. A 'Previous' button is at the bottom left and a 'Continue' button is at the bottom right.



Administrator Owner Role: Correcting the Application

The screenshot shows the PAVE PORTAL interface for an Administrator Owner Role. The top navigation bar includes the CA.GOV logo, the PAVE PORTAL title, the DHCS logo, and user information for ABC Medical Inc and Sandy. A progress bar at the top right shows completion percentages: 57%, 43%, 17%, and 83%. A red box highlights this progress bar. Below the navigation bar, the application details are listed: Provider Type (Physician/Surgeon), Application ID (1914892A), Creation Date (01/22/2019), and Package Type (Individual Billing). The main content area is divided into sections: Business Profile, TIN/EIN & Business License, Business Permits, and Summary. The Business Profile section is active, showing a form with fields for Legal name (ABC Medical AMC), Business name (ABC Medical Inc), Entity type (Corporation), Corporate number (C123456789), State incorporated (California, CA), and Business phone number ((555) 555-5555). A red box highlights the Legal name field, which has a green checkmark and a green circle icon next to it. A blue box highlights the 'Attached-Articles of Incorporation' link. The left sidebar contains a navigation menu with items like Getting Started, Business Information, Business Profile, Contact Person, Addresses, Place of Business, Insurance, Practice Information, Disclosure Information, Rendering Provider Affiliations, Claim Payment, Signature, and Submit Application. The bottom of the page shows the date 2/12/2019 and the page number 24.



Administrator Owner Role: Correcting the Application

PAVE PORTAL | DHCS | ABC Medical Inc | Sandy

Provider Type: Physician/Surgeon | 57% | 43% | 17% | 89%

Application ID: 1914892A | New Message | Resubmit

Creation Date: 01/22/2019

Package Type: Individual Billing

Content | Expand All

- Getting Started
- Business Information**
- Business Profile
- Contact Person
- Addresses
- Place of Business
- Insurance
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application

Business Profile | TIN/EIN & Business License | Business Permits | Summary

Please share some basic information about your business.

Legal name: ABC Medical AMC

Business name: Same as legal name | ABC Medical Inc

Entity type: Corporation

Corporate number: C123456789

State incorporated: California, CA

Business phone number: (555) 555-5555

Telephone number extension:

Does your business use a registered Fictitious Business Name/Permit?
 Yes No

[Attached-Articles of Incorporation](#)

[Previous](#) | [Continue](#)



Administrator Owner Role: Correcting the Application

The screenshot shows the PAVE PORTAL interface. The top navigation bar includes the CA.GOV logo, the PAVE PORTAL title, the DHCS logo, notification icons for 13 messages and 10 alerts, the user name 'ABC Medical Inc', and the user profile 'Sandy'. Below the navigation bar, the package type is 'Individual Billing'. The left sidebar contains a list of content items: Getting Started, Business Information, Practice Information, Disclosure Information, Program Participation, Adverse Actions, Fines/Debts (Gov.), Subcontractors, Ownership/Control Interest (highlighted with a red box), Significant Transactions, Rendering Provider Affiliations, Claim Payment, and Signature. The main content area is titled 'Ownership/Control Interest' and 'Summary'. It features a callout box with a woman icon and the text: 'Please tell me about any individuals that have Ownership or control interest in your corporation. Please include Corporate officers and directors and managing Employees.' Below this is a table with columns: Change, Type, Name, SSN/TAXID, %Ownership, Status, and Actions. The table contains one record for 'Jack Brown' with a status of 'Owner'. The 'Status' and 'Actions' columns for this record are highlighted with red boxes. At the bottom of the main content area, there are 'Previous' and 'Continue' buttons.

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Program Participation
- Adverse Actions
- Fines/Debts (Gov.)
- Subcontractors
- Ownership/Control Interest**
- Significant Transactions
- Rendering Provider Affiliations
- Claim Payment
- Signature

Ownership/Control Interest Summary

Please tell me about any individuals that have Ownership or control interest in your corporation. Please include Corporate officers and directors and managing Employees.

Use the table below to add any new individual or entity owners or those with control interest

- Filter by - Search table below: SSN, TAXID, Legal Name Add

You could use an excel file to add records to this table. For more information [click here](#)

Change	Type	Name	SSN/TAXID	%Ownership	Status	Actions
Added		Jack Brown	***-55-****	Owner		

Total Number of records 1

If the provider is subject to High Risk Screening and a fingerprint-based criminal background check, attach Livescan receipts [here](#)

Previous Continue



Administrator Owner Role: Correcting the Application

CA.GOV PAVE PORTAL DHCS ABC Medical Inc Sandy

Provider Name: ABC Medical AMC 74% Complete 50% Documents
Provider Type: Physician/Surgeon 74% 26% 50% 50%
Application ID: 1914892A
Creation Date: 01/22/2019
Package Type: Individual Billing

[New Message](#) [Resubmit](#)

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information**
- Program Participation
- Adverse Actions
- Fines/Debts (Gov.)
- Subcontractors
- Ownership/Control Interest

Individual Information Ownership/Control Interest Association Adverse Actions Summary

Please enter the following information

First name: Jack
Middle name: L
Last name: Brown

Is **Jack Brown** the "incorporated individual" Owner?
 Yes No

Primary Residence Address



Administrator Owner Role: Correcting the Application

CA.GOV PAVE PORTAL DHCS

ABC Medical Inc | Sandy

Provider Type: Physician/Surgeon | 74% 26% | 50% 50%

Application ID: 1914892A | New Message | Resubmit

Creation Date: 01/22/2019

Package Type: Individual Billing

Content Expand All

- Getting Started
- Business Information** (Warning)
- Business Profile (Warning)
- Contact Person (Warning)
- Addresses** (Warning)
- Place of Business
- Insurance
- Practice Information (Warning)
- Disclosure Information (Warning)
- Rendering Provider Affiliations (Warning)
- Claim Payment

Service Address Pay-to Address Mailing Address Summary

Your Medi-Cal account is not provided. As you type, a suggested address will be provided. Remember that a P.O. Box is not allowed.

Finding-Description

Title: Service Address
Finding Type: Field Verification
Description: Verify the service address is accurate.
⚠ To fix the finding please click over wrench icon.

View Address

Street: 1501 Capitol Avenue (Warning)

Ste. / Apt. #: Suite/Apt

City: Sacramento

State/Province: California, CA

County: Sacramento

ZIP Code/Postal Code: 95814-5005



Administrator Owner Role: Correcting the Application

Confirm your Selection

Issue has been fixed. Do you want to add an explanation?

PAVE PORTAL

CA.GOV

ABC Medical Inc | Sandy

Provider Type: Physician/Surgeon
Application ID: 1914892A
Creation Date: 01/22/2019
Package Type: Individual Billing

Content Expand All

- Getting Started
- Business Information
- Business Profile
- Contact Person
- Addresses
- Place of Business
- Insurance
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment

Service Address Pay-to Address Mailing Address Summary

Your Medi-Cal account is based on the location where health care services will be provided. As you type, a suggested address will appear that can auto-fill the rest of the form for you. Remember that a P.O. Box cannot be used as a service address.

[View Address](#)

Street: 1501 Capitol Avenue
Ste. / Apt. #: Suite/Apt
City: Sacramento
State/Province: California, CA
County: Sacramento
ZIP Code/Postal Code: 95814-5005



Administrator Owner Role: Correcting the Application

The screenshot displays the DHCS application interface. A modal dialog box titled "Explanations" is open, containing a text input field with the text "Verified that the service address is accurate." This field is highlighted with a red rectangle. Below the input field, it shows "47 Characters | 1553 Characters Left | 7 Words" and a "value is required" error message. To the right of the dialog are "+ Add" and "x Cancel" buttons, with a red arrow pointing to the "+ Add" button. In the background, the "Addresses" section of the form is visible, with fields for Street, Ste. / Apt. #, City, State/Province, County, and ZIP Code/Postal Code. A tooltip message is also present, stating: "Your Medi-Cal account is based on the location where health care services will be provided. As you type, a suggested address will appear that can auto-fill the rest of the form for you. Remember that a P.O. Box cannot be used as a service address."



Administrator Owner Role: Correcting the Application

CA.GOV PAVE PORTAL DHCS

Provider Type: Physician/Surgeon 76% 24% 50% 50% New Message Resubmit

Application ID: 1914892A
Creation Date: 01/22/2019
Package Type: Individual Billing

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application**
- Checklist**

Document Attachments Application

Excellent Sandy Johnson! This is your final review. All documents listed below must be attached so this application can be submitted. To manage your documents, see the action column and remember, all uploaded documents **should be clear and legible** or your application may be sent back.

Document	Form/SubForm/Section	Mandatory	Attached	Actions
Articles of Incorporation	Business Information/Business Profile/Business Profile	Yes	✓	✎ 📄 👁 🗑
EIN/FEIN	Business Information/Business Profile/TIN/EIN & Business License	Yes	✓	✎ 📄 👁 🗑
Self Insured Document	Business Information/Insurance/General Liability Insurance	Yes	✓	✎ 📄 👁 🗑
Self Insured Document	Business Information/Insurance/Malpractice Insurance	Yes	✓	✎ 📄 👁 🗑
Driver's License	Disclosure Information/Ownership/Control Interest/Ownership/Control Interest	Yes	✓	✎ 📄 👁 🗑
Discipline Reinstatement	Disclosure Information/Ownership/Control Interest/Adverse Actions	Yes	✓	✎ 📄 👁 🗑

← Previous Continue →

📄 📎 🗑 📧 3



Administrator Owner Role: Correcting the Application

The screenshot shows the DHCS application interface. A modal dialog box titled "Upload Document" is open in the center. The dialog contains a cloud upload icon and the text "Drag and drop here, or **Select your file...**". A red arrow points to the "Select your file..." button. Below this, it states "File size cannot be greater than 50 MB". A note reads: "Please note that in order for your document to be reviewed, you must remove any passwords that have been used to keep it secure." The dialog also includes form fields for "Section Name" (pre-filled with "Document Attachments"), "Document Name", "Title" (with a "value is required" error message), and "Description". There is a checkbox for "This is a sensitive document." and "Attach" and "Cancel" buttons at the bottom.

Section Name	Document Attachments
Document Name	<input type="text"/>
Title	<input type="text" value="value is required"/>
Description	<input type="text"/>

This is a sensitive document.



Administrator Owner Role: Correcting the Application

The screenshot shows a web application window titled "Application Sec Upload Document". A "Choose File to Upload" dialog box is open, displaying the "Saved Pictures" folder. A file named "Cover Letter" (Microsoft Word Document, 12 KB, modified 2/8/2019 12:43 PM) is selected and highlighted with a red rectangle. Below the dialog, a red arrow points to the "Open" button. In the background, a form is visible with a "Description" field containing the error message "value is required". Below the form, there are "Attach" and "Cancel" buttons. The left sidebar of the application shows navigation options: Disclosure Information, Rendering Provider Affiliations, Claim Payment, and Signature. The word "Insurance" is visible at the bottom of the page.



Administrator Owner Role: Correcting the Application

The screenshot shows a web application interface with a modal dialog box titled "Upload Document". The dialog box has a dark blue header with a close button (X). The main content area is white and contains a cloud upload icon, the text "Drag and drop here, or [Select your file...](#)", and a note: "File size cannot be greater than 50 MB". Below this is a warning: "Please note that in order for your document to be reviewed, you must remove any passwords that have been used to keep it secure." A green success message states: "Cover Letter.docx is now ready to be attached to your application. To finish the attachment process, enter the required information then select **Attach**." The form fields are: "Section Name" (Document Attachments), "Document Name" (Cover Letter), "Title" (Cover Letter) with a green checkmark, and "Description" (Cover Letter) with a green checkmark. A checkbox labeled "This is a sensitive document." is checked and highlighted with a red box. A red arrow points to the "Attach" button, which is blue with a white document icon and the text "Attach". A red "Cancel" button is also visible.



Administrator Owner Role: Correcting the Application

CA.GOV PAVE PORTAL DHCS ABC Medical Inc Sandy

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application
- Checklist

Document Attachments Application

Excellent Sandy Johnson! This is your final review. All documents listed below must be attached so this application can be submitted. To manage your documents, see the action column and remember, all uploaded documents **should be clear and legible** or your application may be sent back.

Document	Form/SubForm/Section	Mandatory	Attached	Actions
Articles of Incorporation	Business Information/Business Profile/Business Profile	Yes	✓	[edit] [share] [view] [delete]
EIN/FEIN	Business Information/Business Profile/TIN/EIN & Business License	Yes	✓	[edit] [share] [view] [delete]
Self Insured Document	Business Information/Insurance/General Liability Insurance	Yes	✓	[edit] [share] [view] [delete]
Self Insured Document	Business Information/Insurance/Malpractice Insurance	Yes	✓	[edit] [share] [view] [delete]
Driver's License	Disclosure Information/Ownership/Control Interest/Ownership/Control Interest	Yes	✓	[edit] [share] [view] [delete]
Discipline Reinstatement	Disclosure Information/Ownership/Control Interest/Adverse Actions	Yes	✓	[edit] [share] [view] [delete]

Vertical sidebar of icons: printer, link (with red arrow), chat, share, and email (with 3 notifications).



How to Change the Owner of an Application

- The owner of an application can only be changed from an administrator role to another administrator role
- The purpose of changing the ownership is so that another individual could make corrections to the application
- Any administrator can initiate the change



How to Change the Owner of an Application

The screenshot shows the PAVE PORTAL interface. The top navigation bar includes the CA.GOV logo, PAVE PORTAL title, DHCS logo, notification icons (13, 10), ABC Medical Inc, and a user profile for Sandy. The main navigation menu has 'My Home', 'Applications', 'Accounts', 'My Tools', and 'Help'. The 'My Tools' dropdown menu is open, showing 'Document Library', 'User Administration', 'Auto-Populate Application', and 'Business Profile Settings'. The 'User Administration' option is highlighted. Below the menu, there is a callout box with a woman icon and text: 'Do you want to invite new members to the portal? Do you want to change a member's privileges? See the prompts.' An 'Invite User' button is visible on the right. At the bottom, a table lists users and their privilege types.

Name	Privilege Type	Status	Action
Kim Barker	Authorized Signer	Active	
Sandy Johnson	Administrator	Active	
Jack Brown	Administrator	Active	
HATSUKO STENZEL	Administrator	Active	



How to Change the Owner of an Application

CA.GOV PAVE PORTAL DHCS

My Home **Applications** Accounts My Tools Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

New Application

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
191GF17N	Submitted	Jack Brown	Physician/Surgeon	1999555558	Rendering Provider	100%	01/22/2019	Sandy Johnson	
1914892A	Return to Provider	ABC Medical AMC	Physician/Surgeon	1999988885	Individual Billing	76%	02/05/2019	Sandy Johnson	



How to Change the Owner of an Application

Change Application Owner

Current application Owner:

Sandy Johnson
mistielee7@gmail.com
Administrator

Replace with:

Please enter 1 or more character

[Continue →](#)

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
191GF17N	Submitted	Jack Brown	Physician/Surgeon	1999555558	Rendering Provider	100%	01/22/2019	Sandy Johnson	
1914892A	Return to Provider	ABC Medical AMC	Physician/Surgeon	1999988885	Individual Billing	76%	02/05/2019	Sandy Johnson	



How to Change the Owner of an Application

Change Application Owner

Current application Owner:

Sandy Johnson
mistielee7@gmail.com
Administrator

Replace with:

Jack Brown

value is required

Continue →

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
191GFI7N	Submitted	Jack Brown	Physician/Surgeon	1999555558	Rendering Provider	100%	01/22/2019	Sandy Johnson	
1914892A	Return to Provider	ABC Medical AMC	Physician/Surgeon	1999988885	Individual Billing	76%	02/05/2019	Sandy Johnson	



How to Change the Owner of an Application

A screenshot of the PAVE PORTAL interface. A modal dialog box titled "Change Application Owner" is open in the center. The dialog shows the current application owner as Sandy Johnson (mistielee7@gmail.com, Administrator) and the replacement owner as Jack Brown (mistielee7@outlook.com, Administrator). At the bottom of the dialog, there are two buttons: "Previous" and "Change Owner". The "Change Owner" button is highlighted with a red rectangular box. The background shows a table of applications with columns for Application ID, Status, and Owner. The "Change Owner" button is highlighted with a red rectangular box.

CA .GOV PAVE PORTAL DHCS Medical Inc Sandy

My Home Applications

My Applications

Once you have completed your applications you can...

Current application Owner:

Sandy Johnson
mistielee7@gmail.com
Administrator

Replace with:

Jack Brown
mistielee7@outlook.com
Administrator

← Previous **Change Owner**

Application ID	Status	Owner	Actions
191GF17N	Submitted	Sandy Johnson	View, Edit, Delete, Refresh, Settings
1914892A	Return to Provider	Sandy Johnson	View, Edit, Delete, Refresh, Settings, 3, 2, Print



How to Change the Owner of an Application

CA .GOV PAVE PORTAL DHCS

24 10 ABC Medical Inc Sandy

My Home Applications Accounts My Tools Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

New Application

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
191GF17N	Submitted	Jack Brown	Physician/Surgeon	1999555558	Rendering Provider	100%	01/22/2019	Sandy Johnson	
1914892A	Return to Provider	ABC Medical AMC	Physician/Surgeon	1999988885	Individual Billing	76%	02/08/2019	Jack Brown	



All Other Roles Cannot Correct the Application

CA.GOV PAVE PORTAL DHCS

My Home Applications Accounts Help

Provider Name: ABC Medical AMC
Provider Type: Physician/Surgeon
Application ID: 1914892A
Creation Date: 01/22/2019
Package Type: Individual Billing

62% Complete 17% Documents

New Message Resubmit

Content Expand All

- Getting Started
- Business Information
 - Business Profile
 - Contact Person
 - Addresses
 - Place of Business
 - Insurance
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations

Summary

Good job filling out the Insurance sub-form. Now check for any errors before moving on.

Summary: Insurance

General Liability Insurance

My business is self-insured

Attached: GL Insurance

Malpractice Insurance



Understanding the User Role & Guest Role

CA.GOV PAVE PORTAL DHCS ABC Medical Inc PETER

My Home Applications Accounts Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

New Application

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
No applications are listed									

Printing Page

Need technical support? Call the PAVE Help Desk at (866) 252-1949, and one of our friendly experts will be happy to assist you. The Help Desk is available Monday - Friday, 8:00 am - 6:00 pm Pacific time, excluding state holidays.



Sharing the Application

My Applications



Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

New Application

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
191GF17N	Submitted	Jack Brown	Physician/Surgeon	1999555558	Rendering Provider	100%	01/22/2019	Sandy Johnson	
1914892A	Return to Provider	ABC Medical Inc	Physician/Surgeon	1999988885	Individual Billing	57%	01/22/2019	Sandy Johnson	



Sharing the Application

Sharing Application: 1914892A

Share with + Add

Full Name	Login ID/Email Address	Invite As Guest	Actions
Peter Abt	Peter@abc.com	N/A	

Permission ✓ Can View Can Edit

Access level ✓ Data only
 Data and non-sensitive documents
 Data and sensitive documents

Message

0 Characters | 250 Characters Left | 0 Words

Share Cancel



Sharing the Application

CA.GOV PAVE PORTAL DHCS ABC Medical Inc PETER

My Home **Applications** Accounts Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[+ New Application](#)

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
No applications are listed									

[Printing Page](#)

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Sharing the Application

CA .GOV PAVE PORTAL DHCS

3 7 ABC Medical Inc PETER

My Home

Welcome, Peter Abt, to your customized Dashboard for managing messages and shared applications from different Business Profiles.

PETER's Dashboard

Messages Collapse All

Business search

Inbox

Sent Messages

Shared Apps

Applications 0

My Application

Application ID	Name	Bus Profile	Owner	Actions
No applications are listed				



Sharing the Application

Invitation Share

Date: Tue 02/05/2019 06:17 pm
Application ID: 1914892A

From : Sandy Johnson
Subject : Invitation Share

Move to another profile:
ABC Medical Inc

To: Peter Abt

Dear Peter Abt,
Sandy Johnson has given you Share rights to Application ID: 1914892A.
To accept this shared application, select the Accept Share hyperlink.
[Accept Share](#)
To reject this shared application, select the Reject Share hyperlink.
[Reject Share](#)
Sincerely,
Sandy Johnson

From	To	Subject	Type	Date Sent
Sandy Johnson	Peter Abt	Invitation Share	NEW	Tue 02/05/2019 06:17 pm



Sharing the Application

CA .GOV **PAVE PORTAL** DHCS

My Home **Applications** Accounts Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[New Application](#)

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
1914892A	Return to Provider	ABC Medical AMC	Physician/Surgeon	1999988885	Individual Billing	71%	02/05/2019	Sandy Johnson	

[Printing Page](#)

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Sharing the Application: Guest Role

CA .GOV **PAVE PORTAL** DHCS    ABC Medical Inc  George

My Home **Applications** Help

My Applications 



Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

- Filter by -

- Please select a filter -

Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
----------------	--------	------	------	-----	-------------	----------	-------------	-------	---------

No applications are listed

Printing Page 

Need technical support? Call the PAVE Help Desk at (866) 252-1949, and one of our friendly experts will be happy to assist you. The Help Desk is available Monday - Friday, 8:00 am - 6:00 pm Pacific time, excluding state holidays.



Sharing the Application: Guest Role



PAVE PORTAL



ABC Medical Inc



George

My Home



Welcome, George Segura, to your customized Dashboard for managing messages and shared applications from different Business Profiles.

George's Dashboard

Messages Collapse All

Business search

Inbox

Sent Messages

Application ID	Name	Bus Profile	Owner	Actions
1914892A	ABC Medical AMC	ABC Medical Inc	Sandy Johnson	

Shared Apps

Applications 1



PAVE ON!