Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) Practitioner Enrollment in Medi-Cal Training

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 2025

Agenda

1. Overview of Practitioner Enrollment Requirement
2. Ordering, Referring, Prescribing (ORP) Enrollment Training
3. Questions

Overview of Practitioner Enrollment Requirement

Centers for Medicare and Medicaid Services Requirement

- 2023 Comprehensive Guide for School-Based Settings:
  - Requires practitioners who have an enrollment pathway to be enrolled in Medi-Cal.
    - Applies to both employed and contracted practitioners.
    - Effective July 1, 2026.
    - If eligible and not enrolled, Medi-Cal payments cannot be made for the service and any expenditures related to the service are not allowable.
  - Practitioners who are ineligible to separately enroll in Medi-Cal will remain a qualified rendering practitioner under LEA BOP.

Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming

G. Provider Participation in the Medicaid and CHIP Programs

For services that may be covered by Medicaid and CHIP to be payable (including when furnished in the school setting), the provider furnishing such services must be enrolled in the State Medicaid or CHIP program, as applicable. If the individual practitioner directly providing the service is a provider type not eligible to separately enroll as a Medicaid or CHIP provider, they must be an employee or contractor of an enrolled Medicaid or CHIP provider, and that enrolled provider would be considered the furnishing provider. If the individual practitioner directly providing the service is a provider type that *is* eligible to separately enroll as a Medicaid or CHIP provider, they would be considered the furnishing provider and must be enrolled, regardless of whether the entity employing or contracting with them is also an enrolled provider. If the furnishing provider is not enrolled with Medicaid or CHIP or chooses not to bill Medicaid or CHIP for the service, then Medicaid or CHIP payment cannot be made for the service and any expenditures related to the service are not allowable. For medical services to be payable under the Medicaid or CHIP State plan, all of the following requirements must be met:

- The medical services must be furnished to a Medicaid- or CHIP-eligible individual.
- The medical services must be a Medicaid- or CHIP-covered service and must meet any specific coverage requirements applicable to the service. States are reminded that, even if a particular service is not generally covered under the Medicaid State plan for adults, coverage is required under the EPSDT benefit for an EPSDT-eligible beneficiary if the service could be covered under section 1905(a) of the Act.
- The furnishing provider must be enrolled as a participating provider in the Medicaid or CHIP program, with a provider agreement and a Medicaid or CHIP provider identification number.

Example 1. The LEA is an enrolled Medicaid provider. The LEA furnishes and bills for medical services provided in the school by its employees and contractors who are of a provider type(s) not eligible to separately enroll as Medicaid providers. Expenditures for direct medical services furnished to the LEA's Medicaid-enrolled students are allowable where service-specific coverage requirements are met. Such services would be claimed by the LEA, who is considered the furnishing provider and has been screened and enrolled as a Medicaid provider. The LEA could also employ or contract with Medicaid-enrolled providers to provide Medicaid-covered services to Medicaid-enrolled students; these services could be claimed directly by the providers, or, consistent with the requirements of 42 C.F.R. § 447.10(g), the LEA could pay the providers a contractual rate, and the LEA then would claim for the services.

What's Next?

- Department of Health Care Services (DHCS) will be providing additional guidance that includes:
  - Policy and Procedure Letter
  - Guidance & FAQs
- Enrollment timeline
  - Start enrolling now by submitting an Ordering, Referring, Prescribing (ORP) application
  - Survey
- Effective date of ORP Provider
  - One-year retroactive date from date the application was received, or
  - Effective date of professional license if less than one year

Ordering, Referring, Prescribing (ORP) Enrollment

Local Educational Agency (LEA)

Provider Enrollment Division (PED) 2025

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

November 2025

Topics Covered

1. LEA ORP FAQ's (Who Needs to Enroll, Application Requirements, Important Notes, Already Enrolled?, Open Data Portal)
2. Getting set up for the Provider Application and Validation for Enrollment (PAVE) System: PAVE User, PAVE Profile
3. Relevant Medi-Cal Enrollment Requirements
4. DHCS Application Review
5. Additional Resources

Who Needs to Enroll?

- Only provider types/license types **eligible to enroll** must complete an ORP enrollment.
- A full list of eligible provider types is available at: Provider Enrollment Options.
- License types not on this list **do not** need to submit an application using PAVE. Applications from license types not on the list will be denied.

Application Requirements

- The ORP application is for **individuals only (Type 1 NPI)**.
- Must be submitted from a **PAVE profile** that:
  - Belongs to the individual provider
  - Contains **only** the individual's information
- The **address** used in the application **does not need to match** the school address.

Important Notes

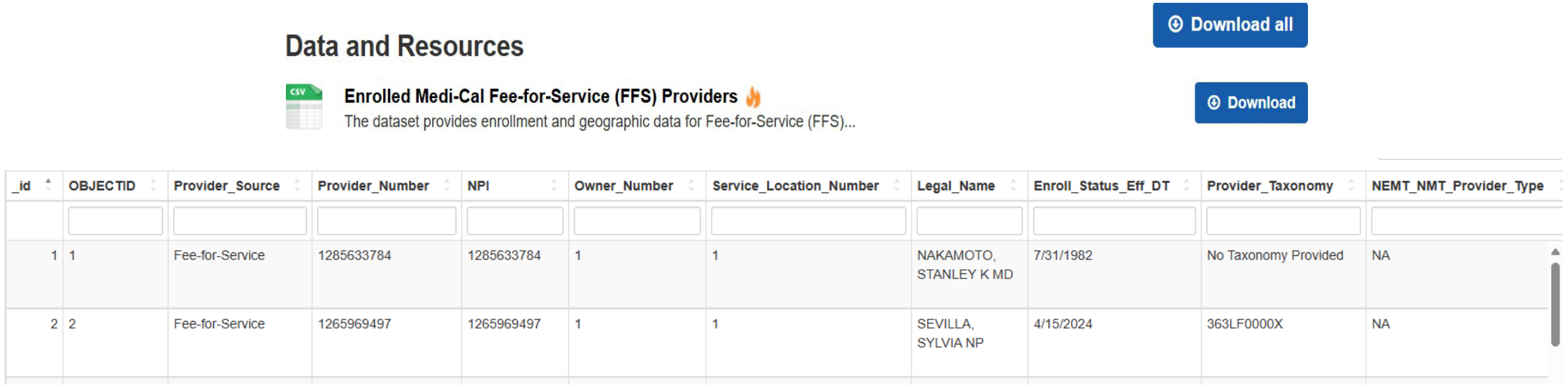
- The ORP application **does not include** any information about the **LEA organization.**
- There is **no process** to:
  - "Link" or "affiliate" a **Type 1 NPI** to a specific **location** or **LEA program**.

Already Enrolled?

- If the provider is **currently enrolled** as a **Medi-Cal Fee-for-Service (FFS) Provider** with their **Type 1 NPI**, → **No application or action is needed.**

Open Data Portal

» You can verify your Medi-Cal enrollment by visiting the Open Data Portal at the link below. You can select the CSV "Enrolled Medi-Cal Fee-for-Service (FFS) Providers" to access a searchable spreadsheet, where you can filter by legal name and service address, as well as view your Enrollment Effective Date.



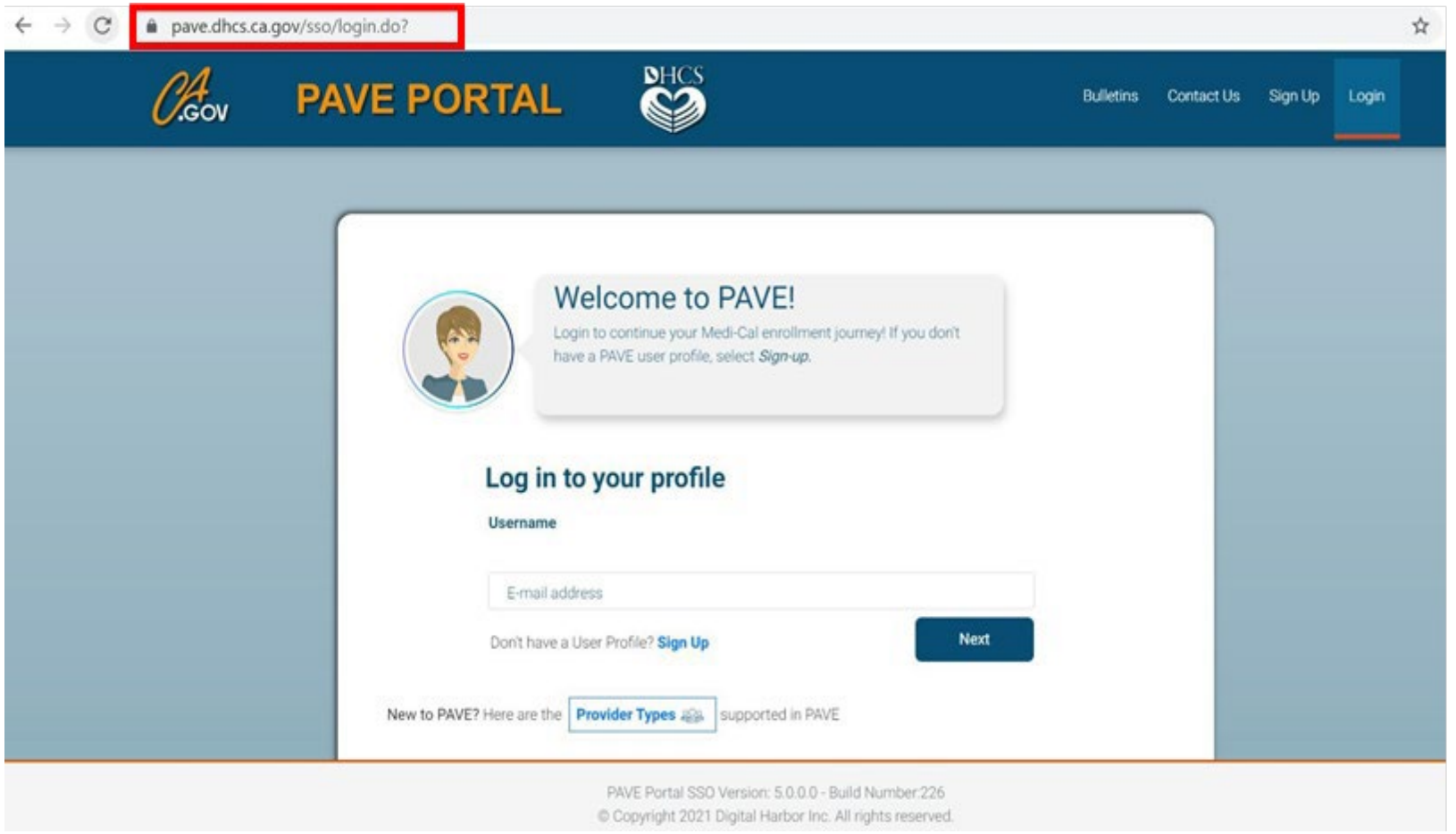
_id	OBJECTID	Provider_Source	Provider_Number	NPI	Owner_Number	Service_Location_Number	Legal_Name	Enroll_Status_Eff_DT	Provider_Taxonomy	NEMT_NMT_Provider_Type
1	1	Fee-for-Service	1285633784	1285633784	1	1	NAKAMOTO, STANLEY K MD	7/31/1982	No Taxonomy Provided	NA
2	2	Fee-for-Service	1265969497	1265969497	1	1	SEVILLA, SYLVIA NP	4/15/2024	363LF0000X	NA

[Profile of Enrolled Medi-Cal Fee-for-Service (FFS) Providers - Dataset - California Health and Human Services Open Data Portal]

» If a person is on the list of types eligible to enroll, but not found on the enrolled list, then they should submit an ORP application.

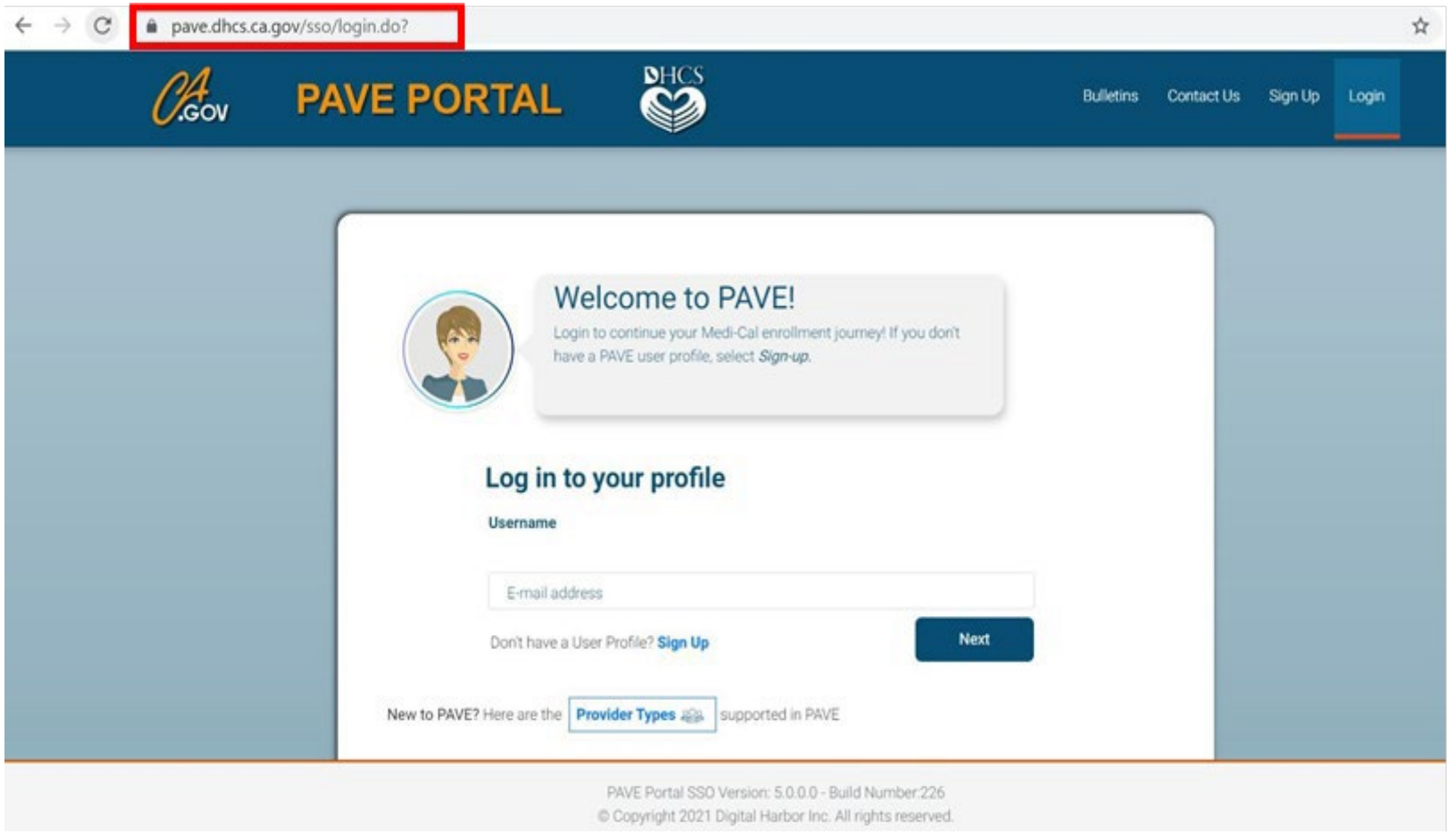
Access PAVE Portal

» PiiE Platform



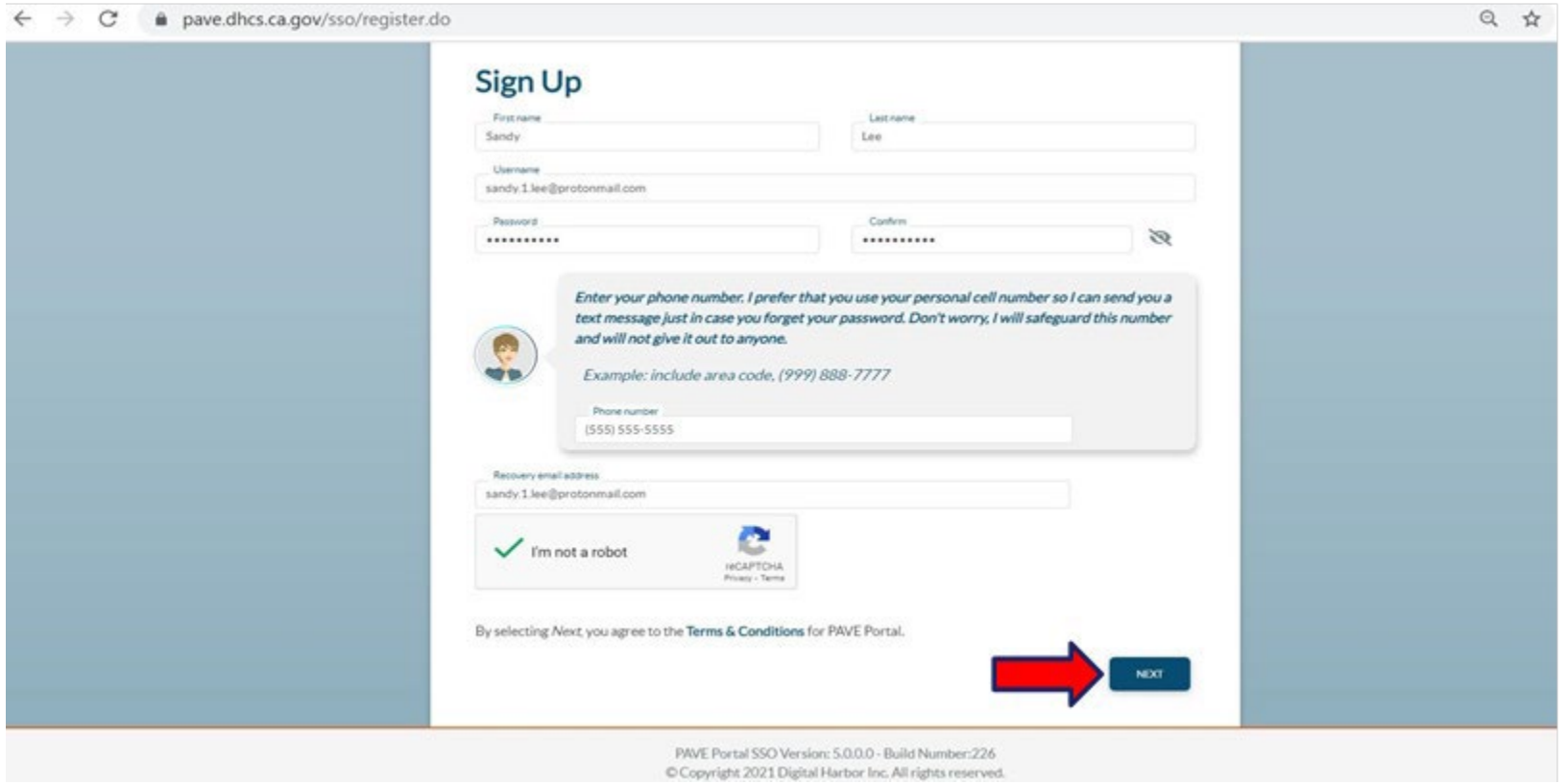
PAVE User Sign-Up Process

» To begin, click on “Sign Up.”



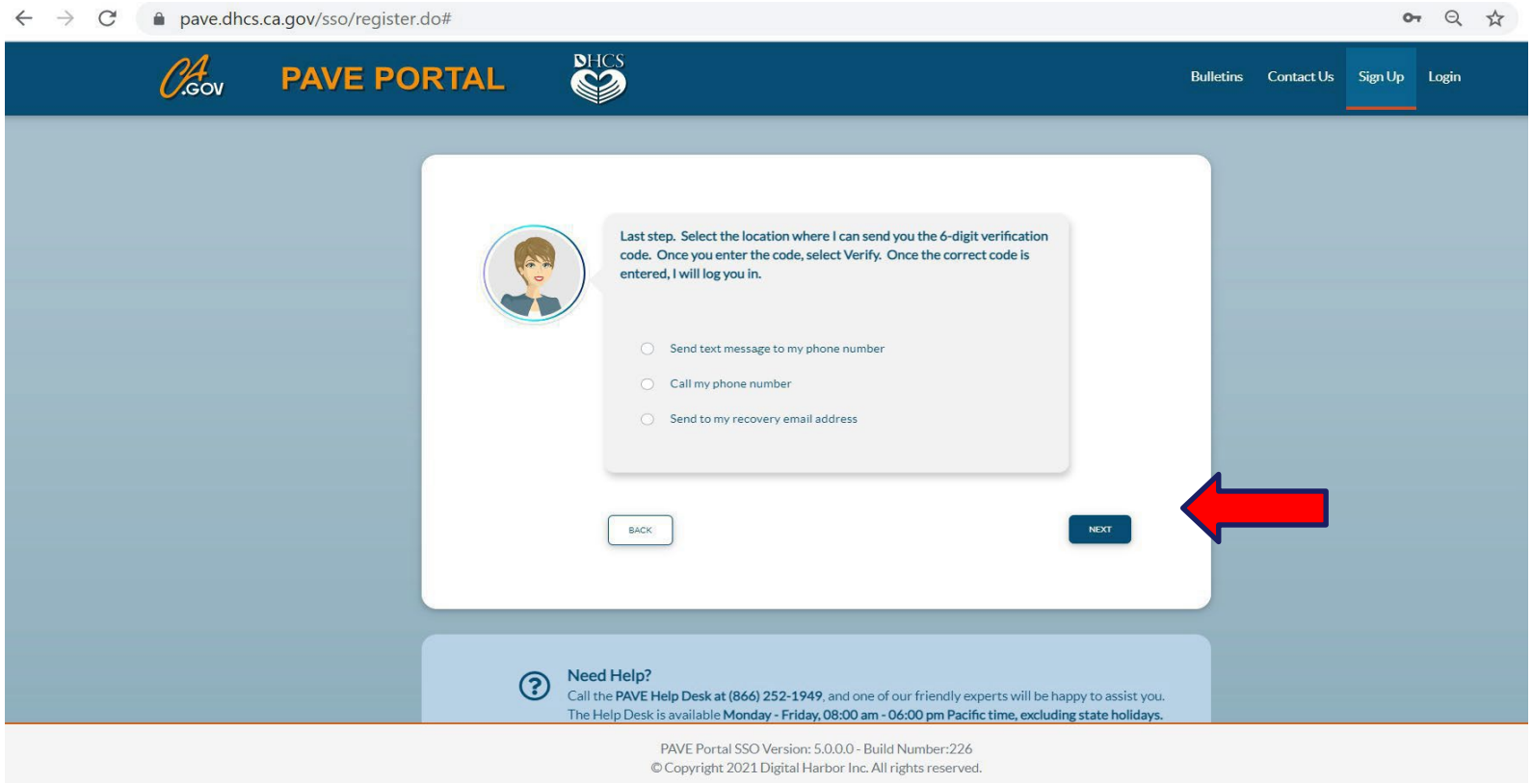
PAVE User Sign-Up Process (cont.)

» Complete the required information and click “NEXT.”



PAVE User Sign-Up Process (cont.)

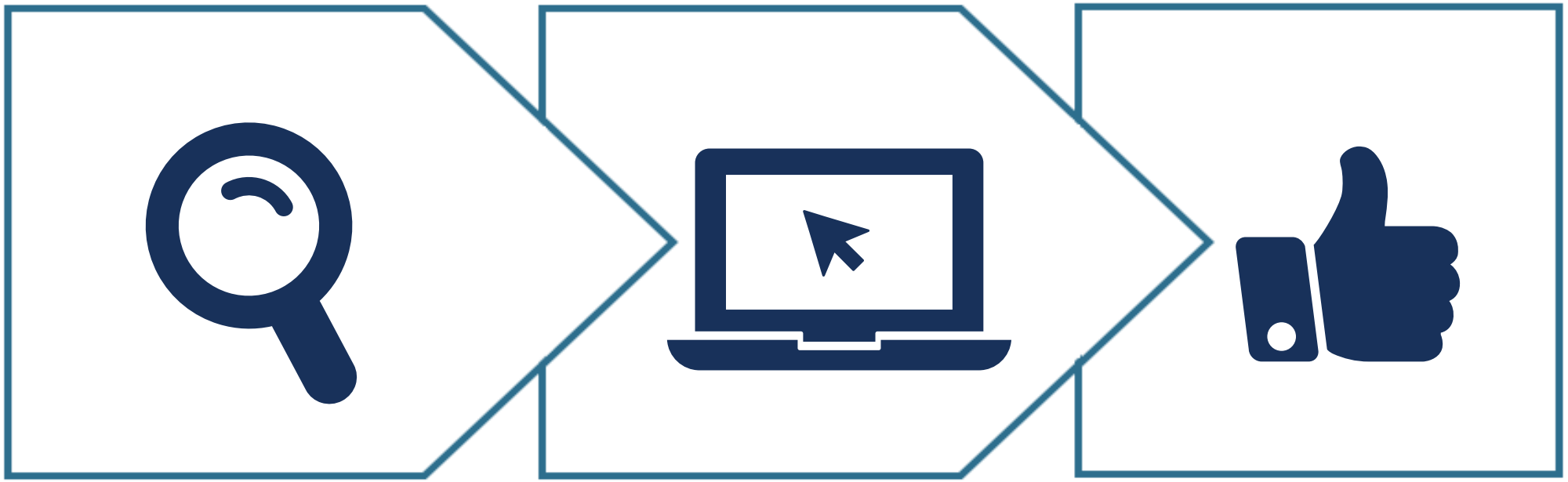
- You will be prompted to select how you wish to receive the 6-digit verification code. After selecting the preferred option, select “Next” and follow the prompts to complete the verification process.



PAVE User 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.
- A different profile should only be created if there is a different social security number or tax identification number from an existing account.

Pave User Sign-Up (cont.)



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 legal name and click "Create my PAVE Profile"

PAVE Profile

Starting an ORP Application

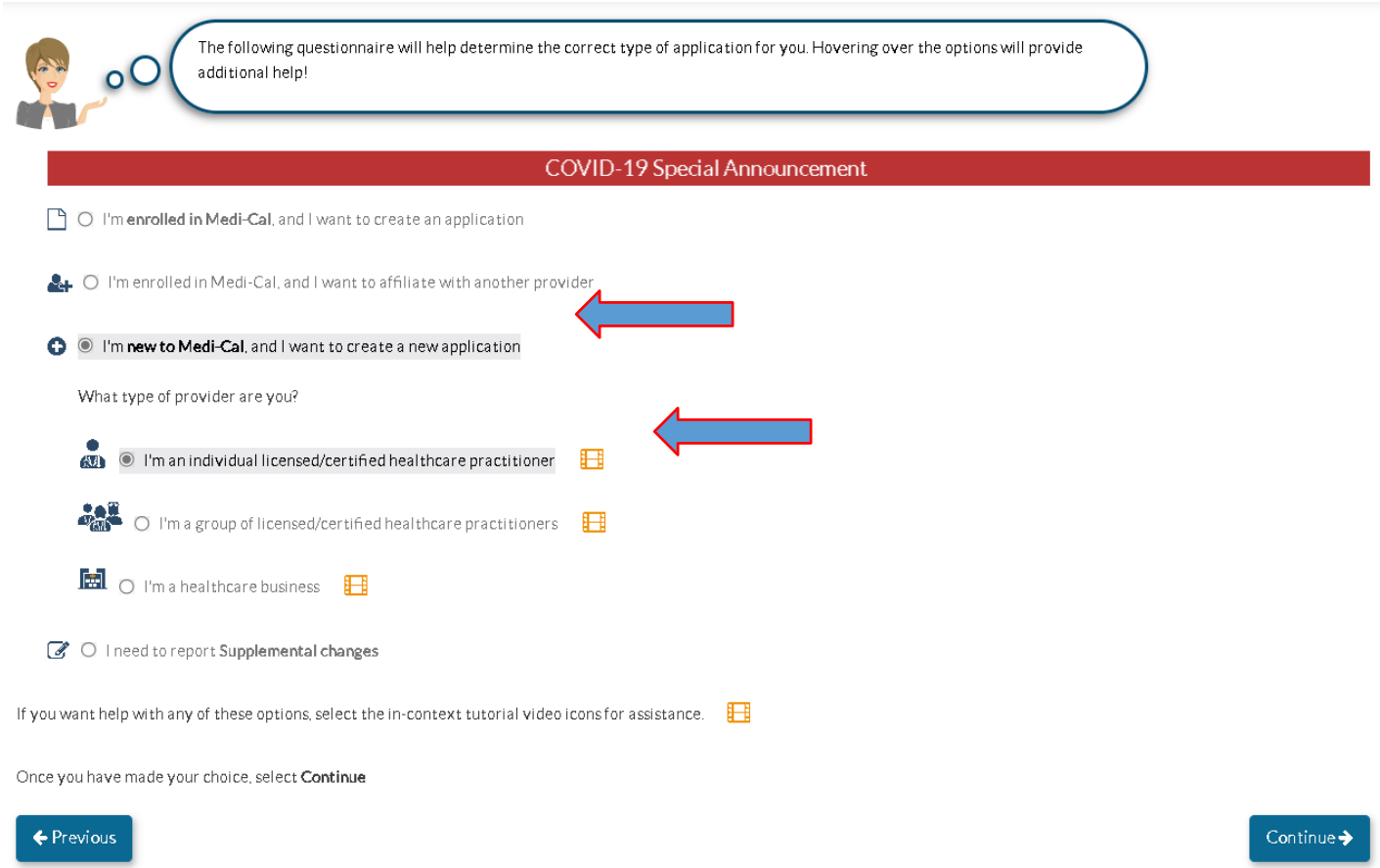
In your PAVE profile, click on “Applications,” then click on “+ New Application”

Complete the questionnaire to start the correct application

The following slides will guide you through the questionnaire to start an ORP application

Questionnaire Page

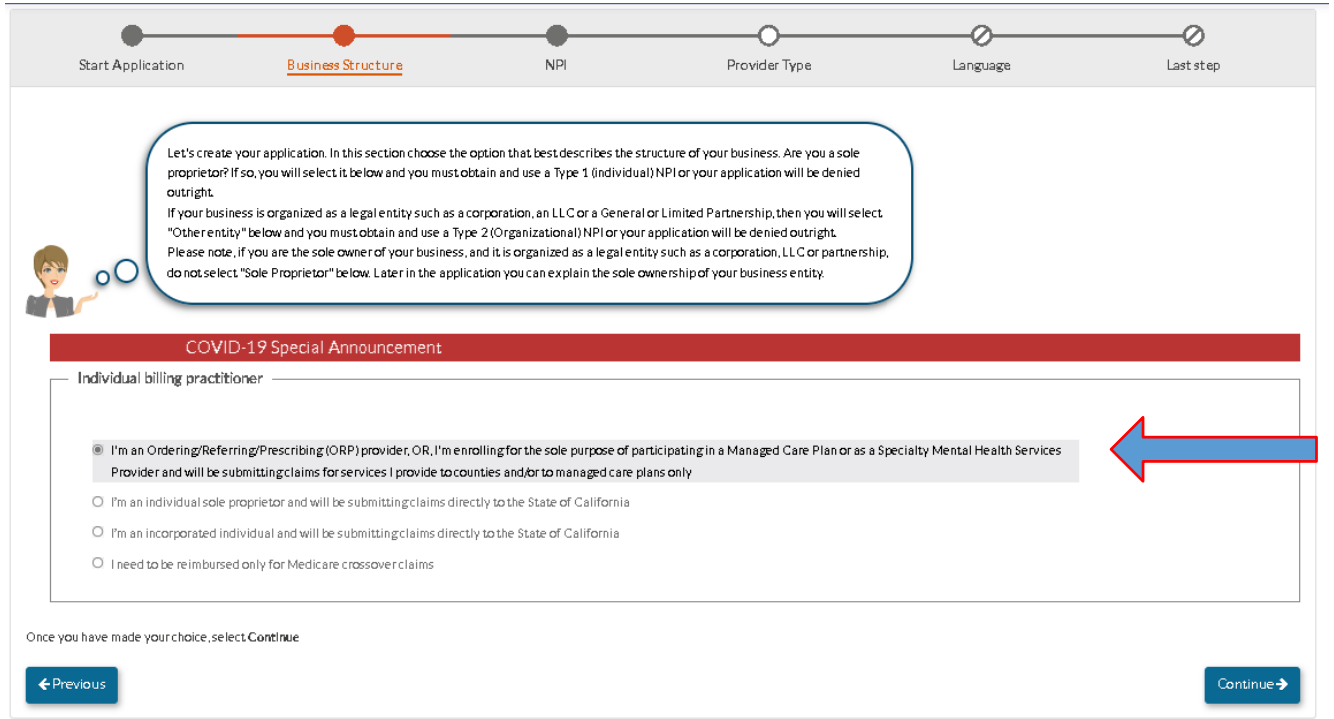
- Select the radio button, “I’m new to Medi-Cal and I want to create a new application.” From the sub-menu select, “I’m an individual licensed/certified healthcare practitioner.”



Questionnaire Page (cont.)

Your Business Structure – Read Lucy!

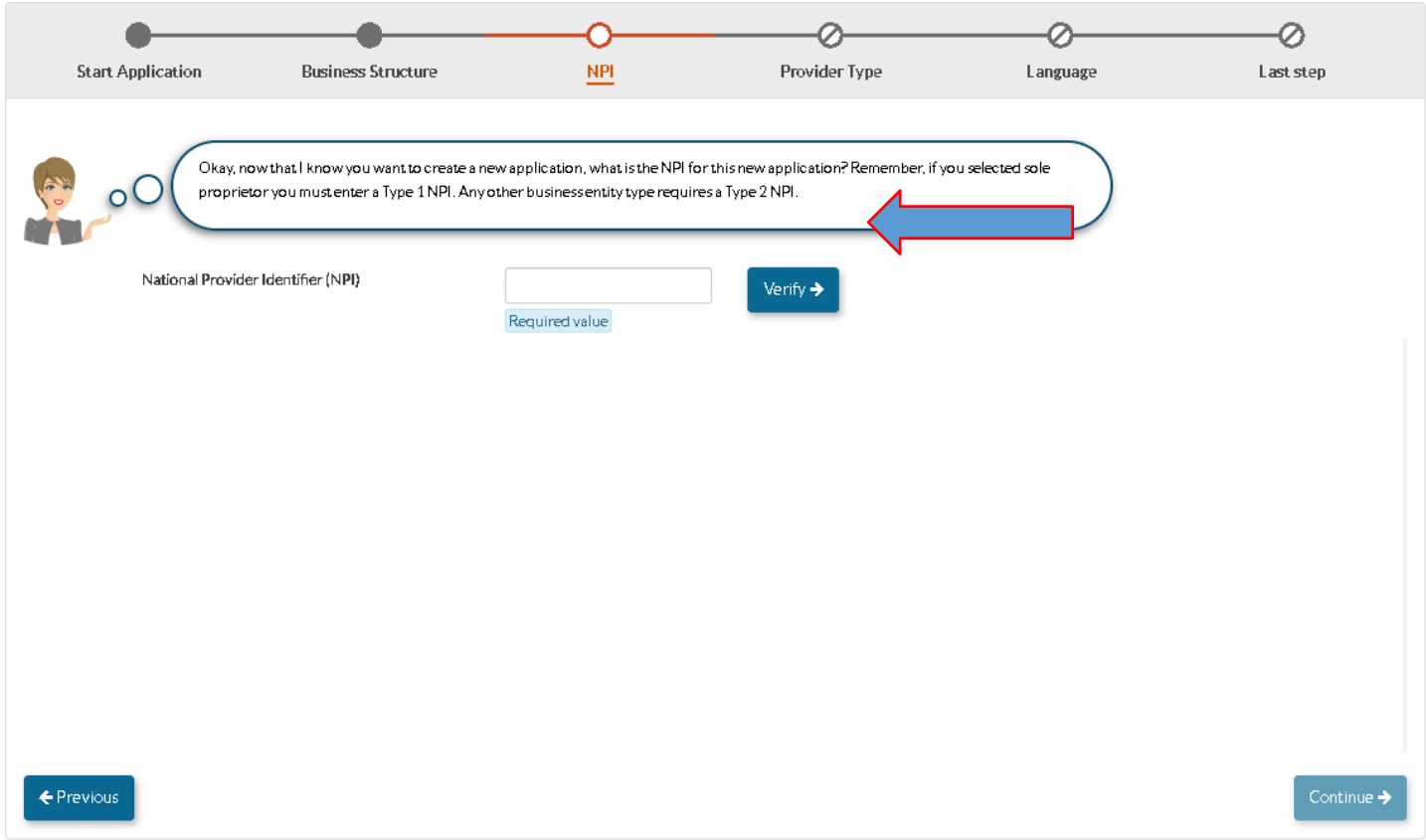
- Select the radio button, “I’m an Ordering/Referring/Prescribing (ORP) provider, OR, I'm enrolling for the sole purpose of participating in a Managed Care Plan or as a Specialty Mental Health Services Provider and will be submitting claims for services I provide to counties and/or to managed care plans only.



Questionnaire Page (cont.)

NPI

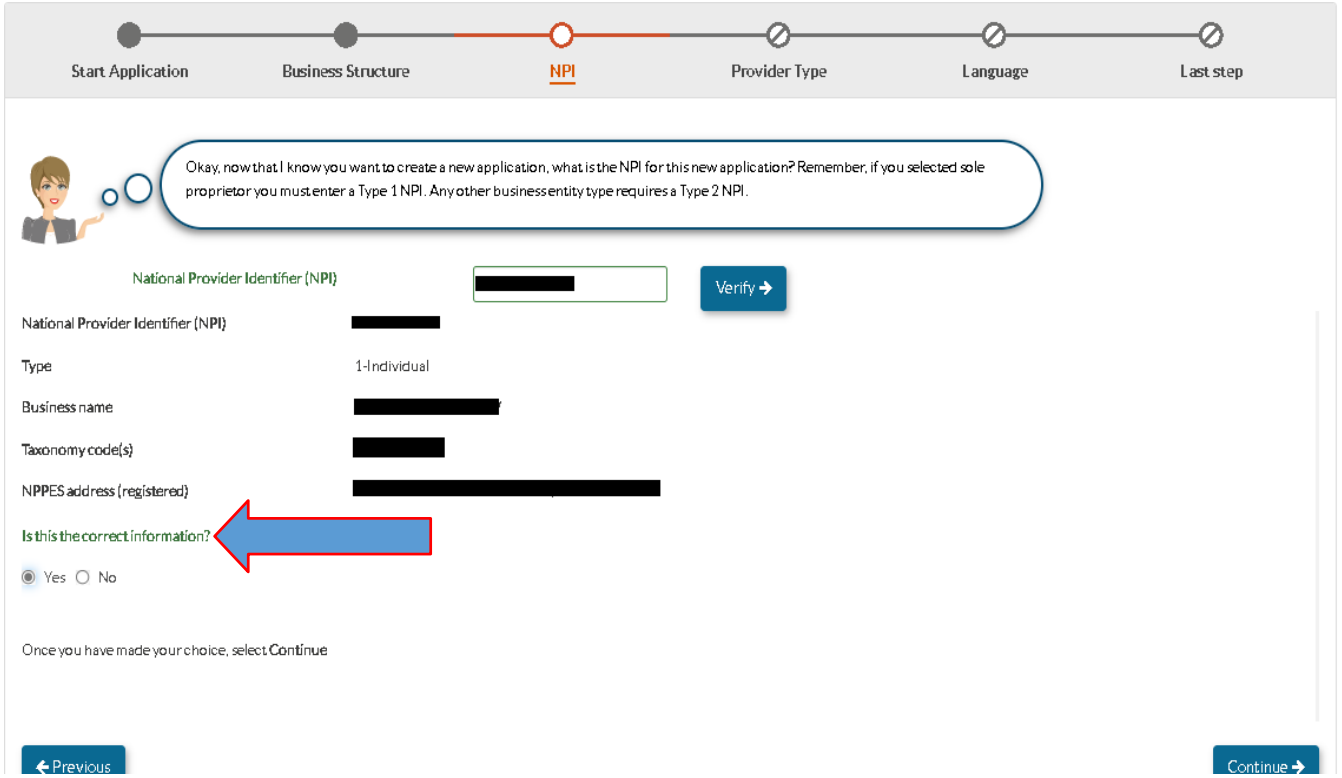
- Enter your type 1 NPI and click the “verify” button.



Questionnaire Page (cont.)

PAVE Verifies NPI with NPPES

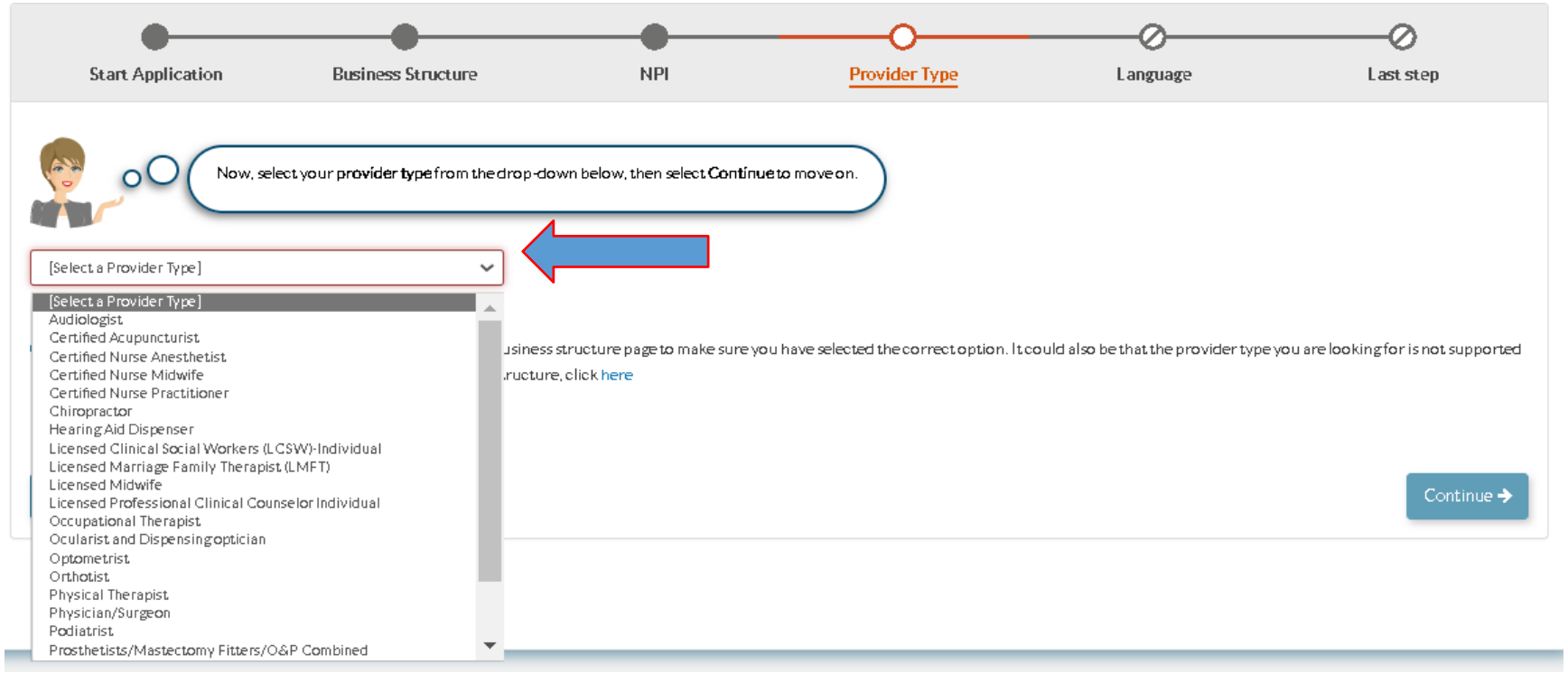
» Check that the information displayed belongs to you before continuing. If you make an error keying in your NPI, you can re-enter the NPI and click “verify.” Once confirmed, click “yes” and then “continue.”



Questionnaire Page (cont.)

Select Provider Type

- Select your provider type from the drop-down list. If your provider type is listed, you must select that provider type. If your provider type is not listed, ensure that you are eligible to enroll as an ORP and then select other and type in your provider type.



Questionnaire Page (cont.)

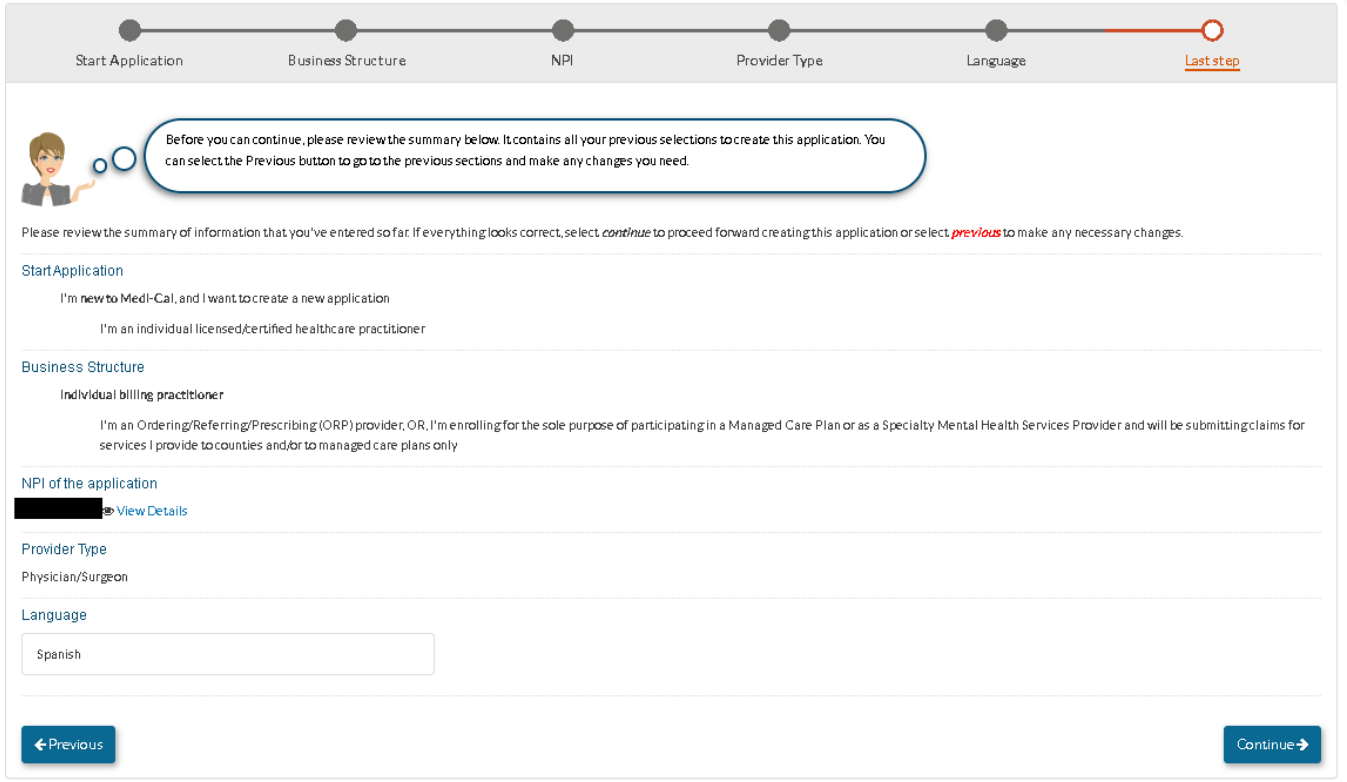
The following are the only provider types that can enroll as an ORP for a LEA through the PAVE Portal:

- Certified Nurse Practitioner
- Licensed Physician
- Licensed Physician Assistant
- Licensed Audiologist
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Psychologist
- Licensed Occupational Therapist
- Licensed Physical Therapist
- Licensed Optometrist
- Licensed Respiratory Care Practitioner
- Licensed Speech-Language Pathologist

Questionnaire Page (cont.)

Summary Page

- Review the summary page to ensure that all items selected in the questionnaire are correct. If any updates are needed, click “previous.” If the summary page is correct select “continue” to generate the application.



Medi-Cal Requirements

- The Medi-Cal Program requirements are woven into the application process.
- The next two slides show:
  - Who is authorized to sign Medi-Cal apps
  - List of required documents to attach

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 and must be signed by the provider who is applying as an ORP.

Some Required Documents

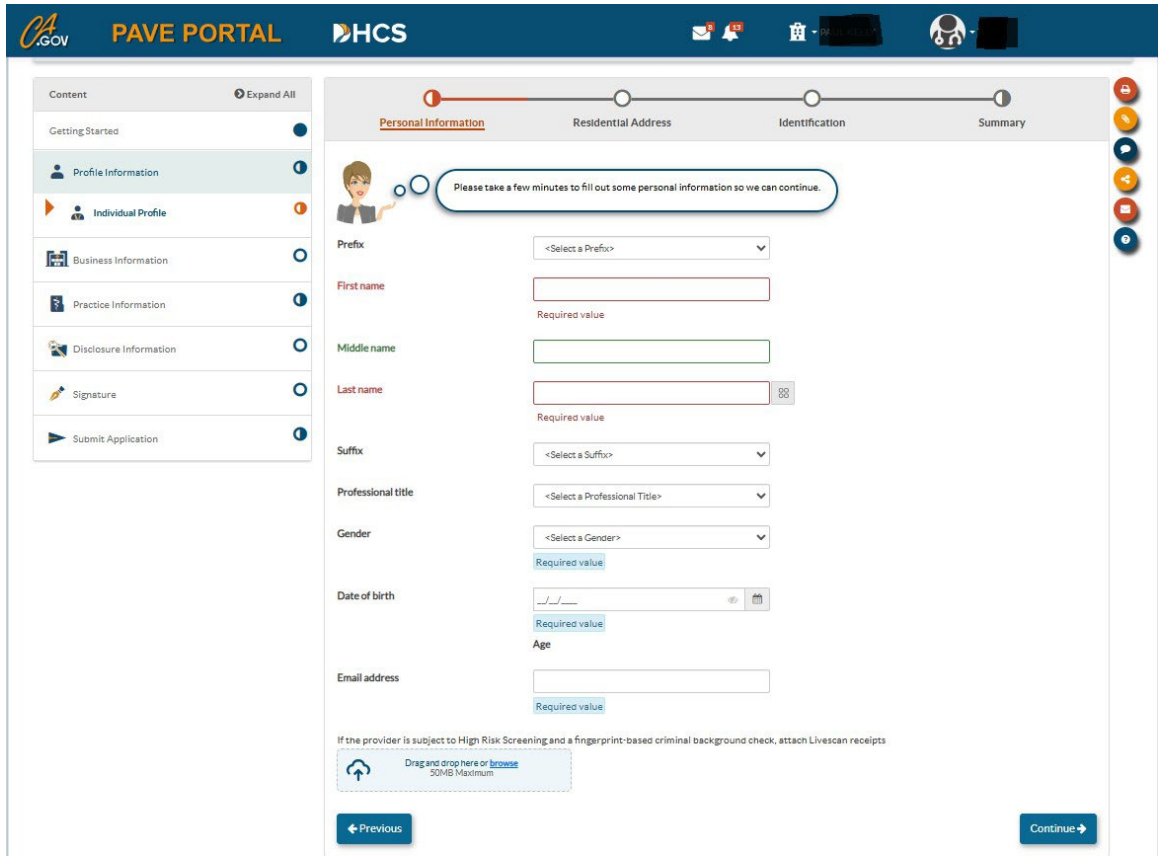
This slide lists documents that you may need to attach to the ORP application. There may be additional required documents.

- Valid state-issued identification
- Copy of pocket license or wall certificate for professional license
- If designated as high risk, Livescan receipt

Profile Information

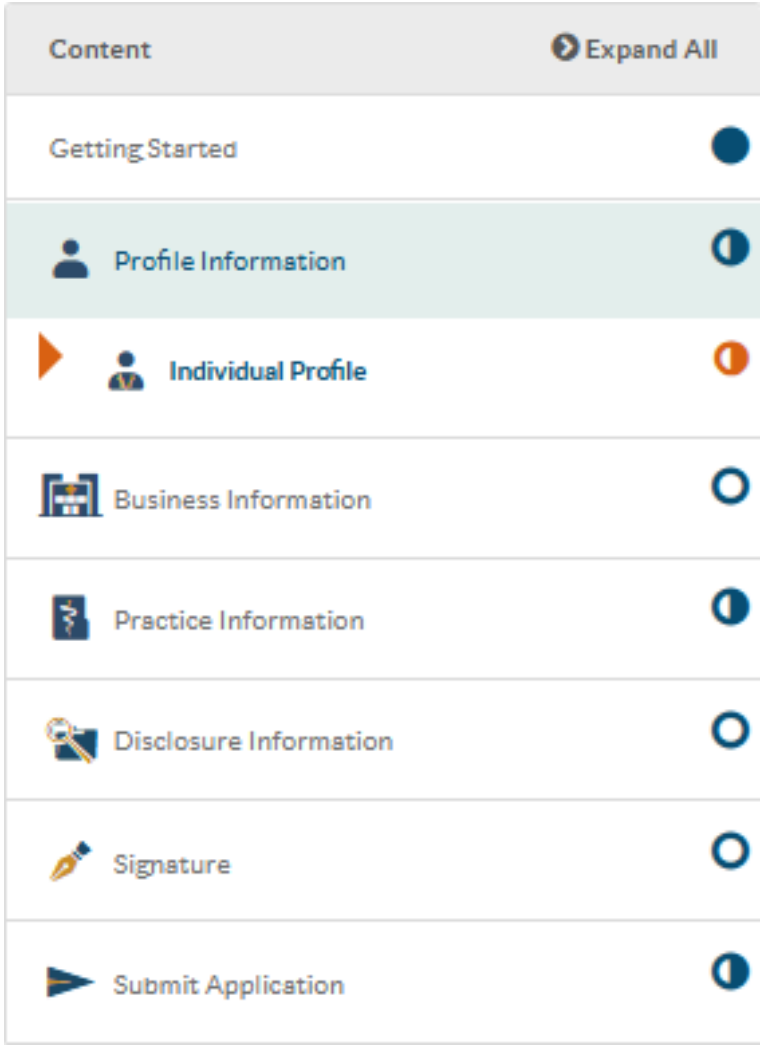
Individual Profile

- Add Legal Name, Professional Title, DOB, and Email Address. Livescan receipts should be attached for providers subject to High Risk Screening.



Status Bubbles

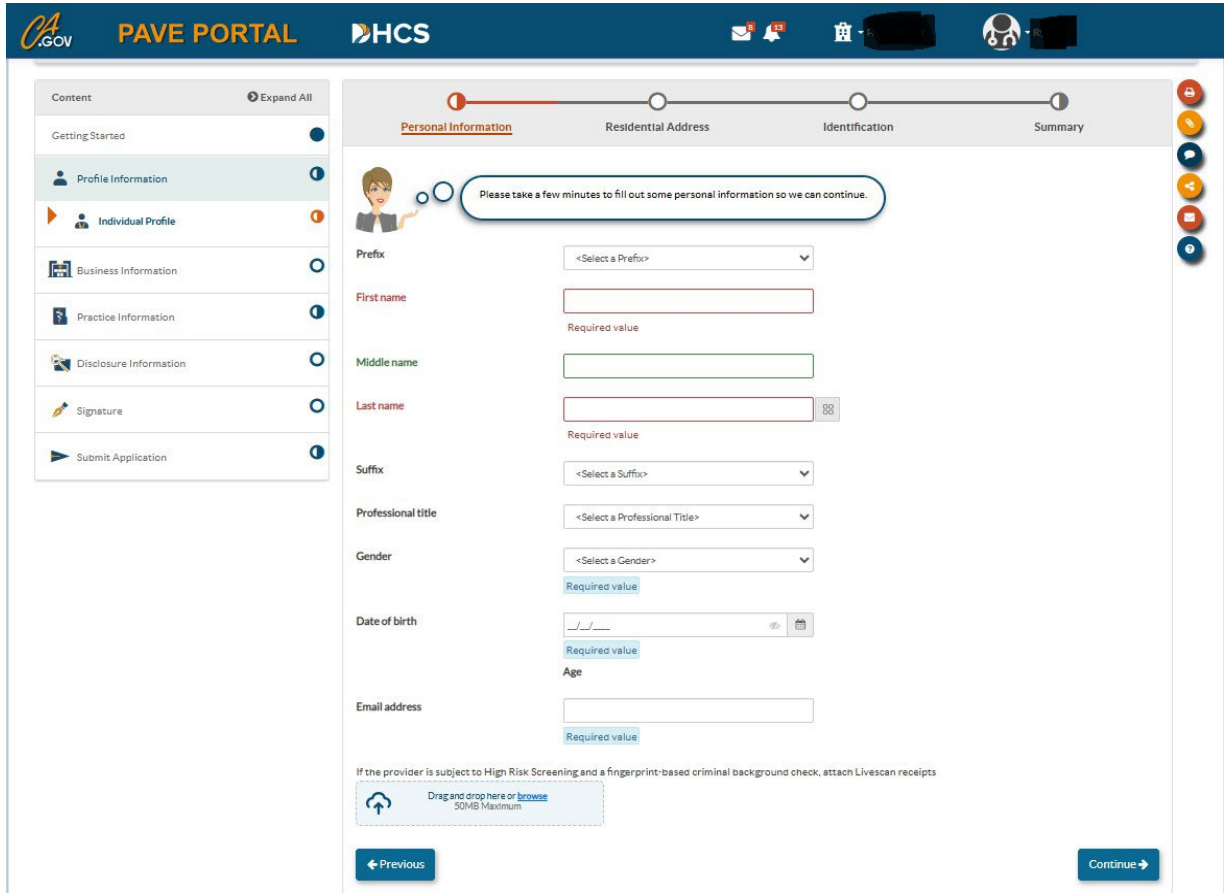
Become Filled-In When Sections are Completed



Profile Information

Individual Profile Continued

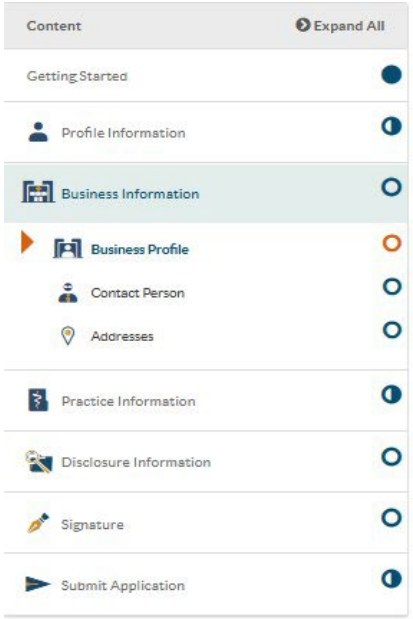
» Add SSN, Government Issued ID, ID number, and State of Issuance. Provide any aliases including a maiden name.

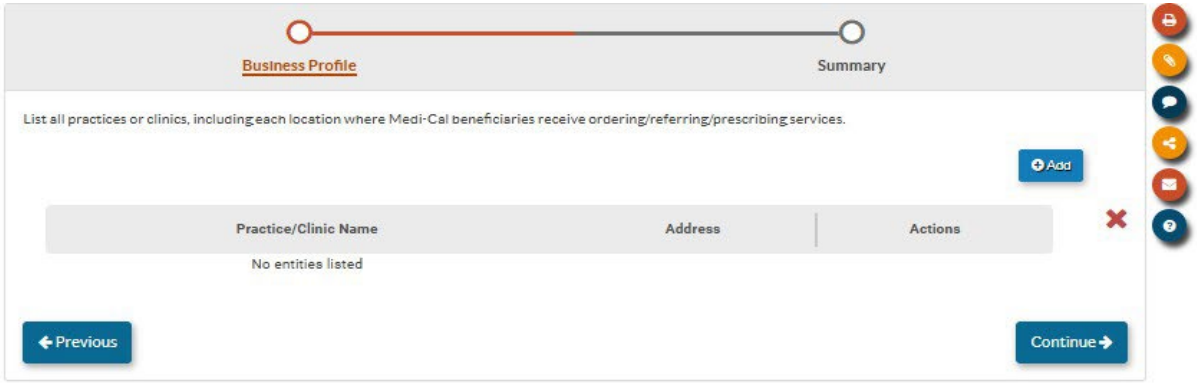


Business Information

Business Profile

- List all LEA locations where Medi-Cal beneficiaries receive ordering/referring/prescribing services.
- Note:
  - The address does not need to match the school address.
  - There is no process to “link” or “affiliate” the Type 1 NPI to a specific location or LEA program.

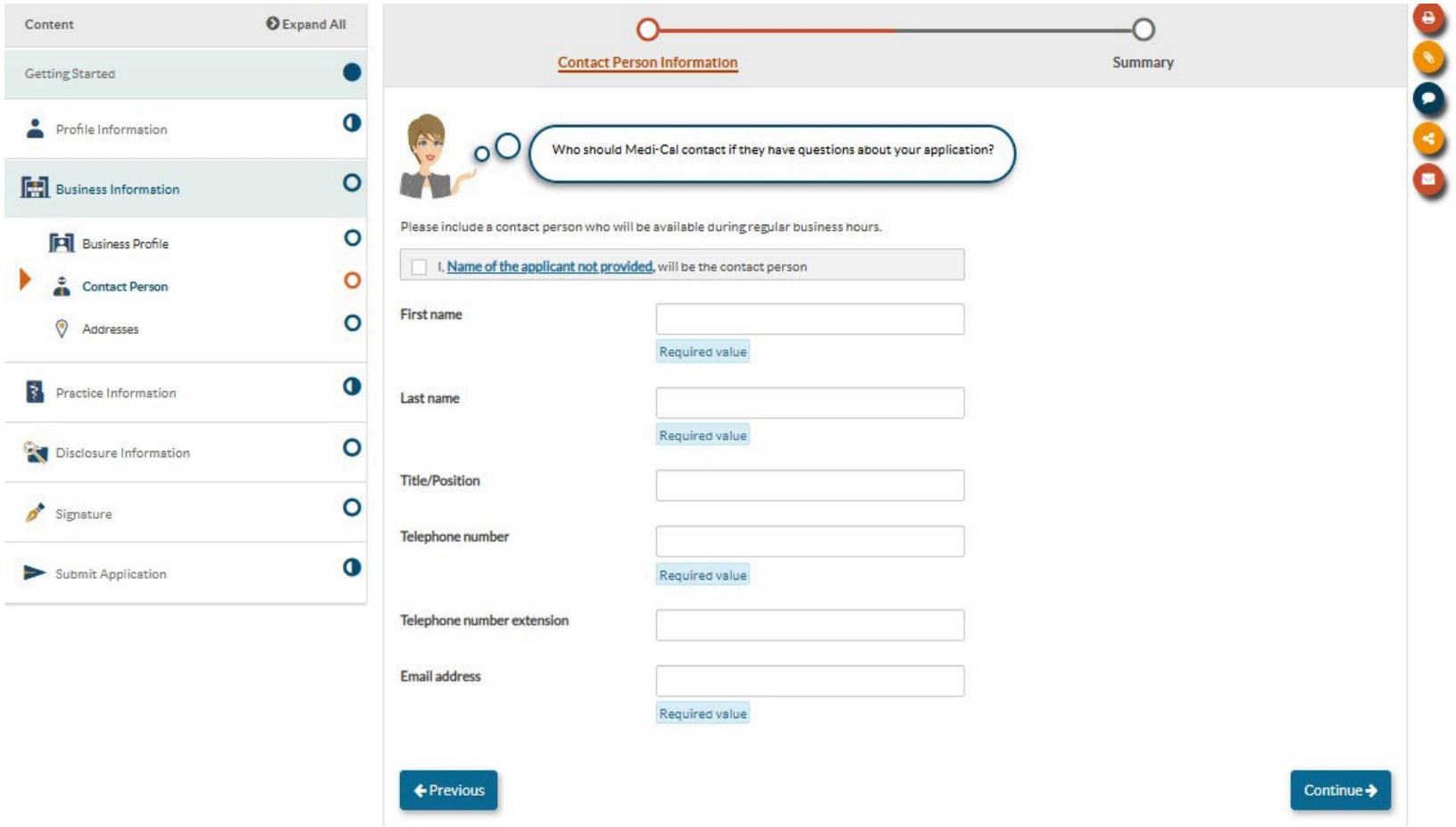




Business Information (cont.)

Contact Person

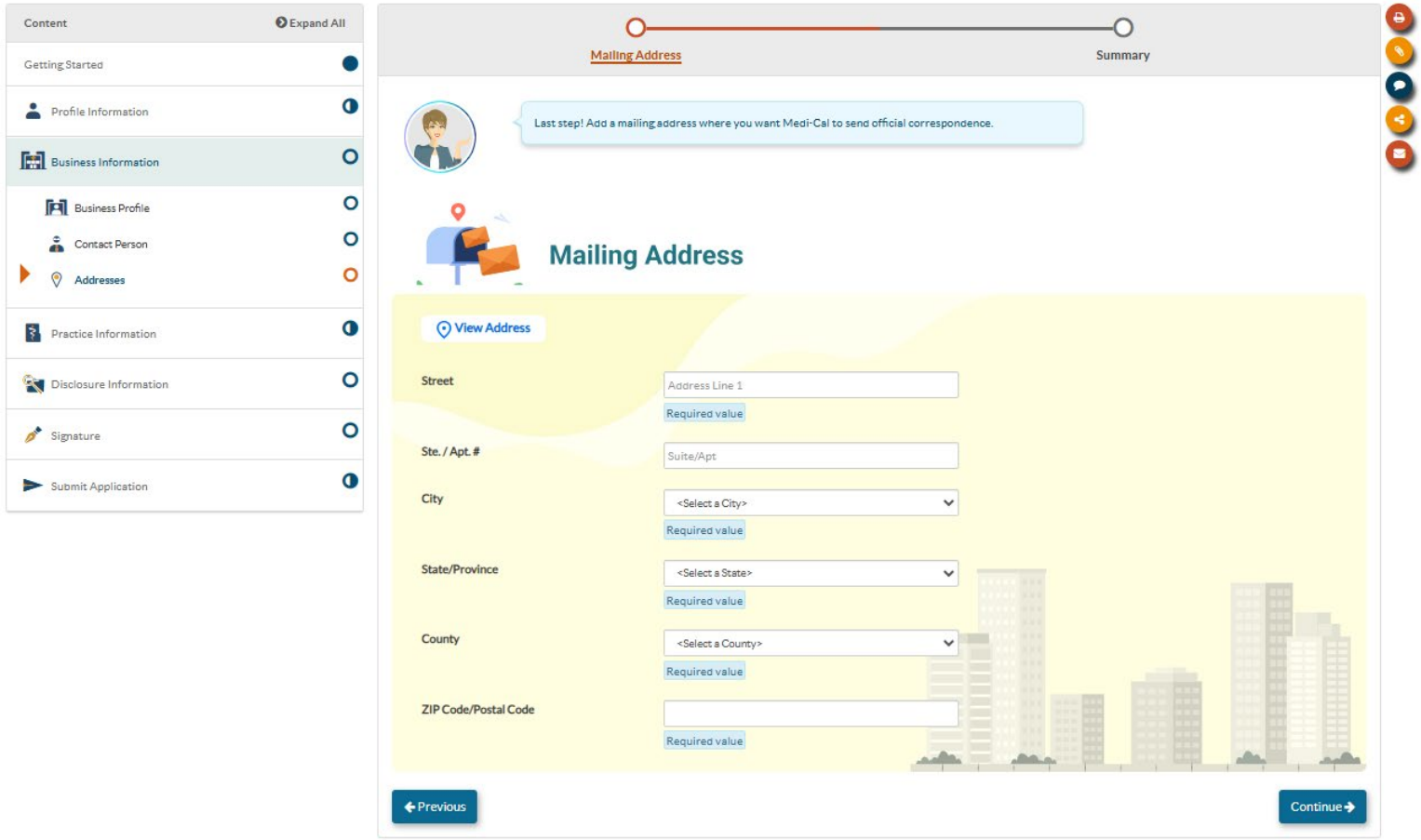
» List the contact person available to answer questions during business hours.



Business Information (cont.)

Addresses

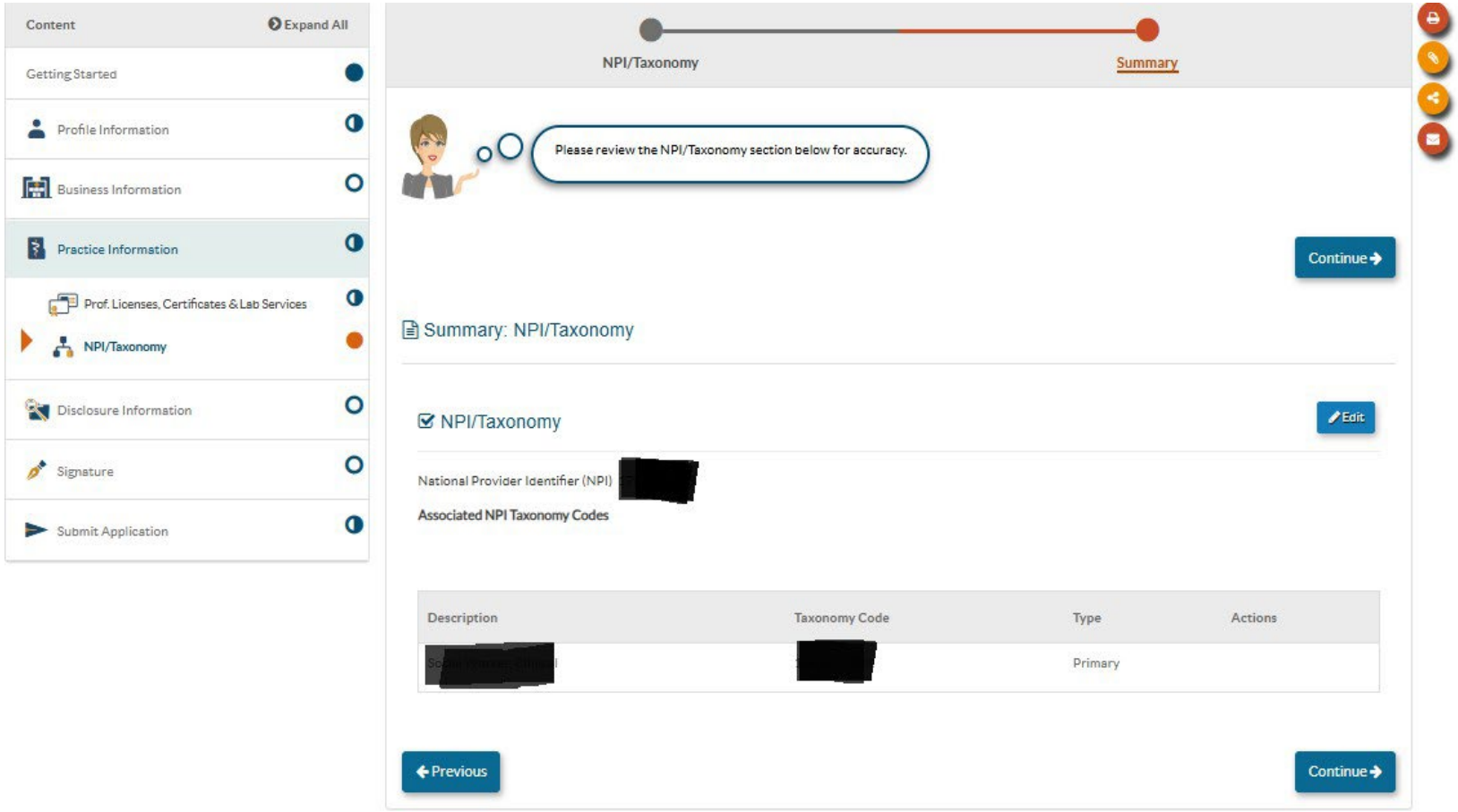
» Add a mailing address where Medi-Cal send official correspondence.



Business Information (cont.)

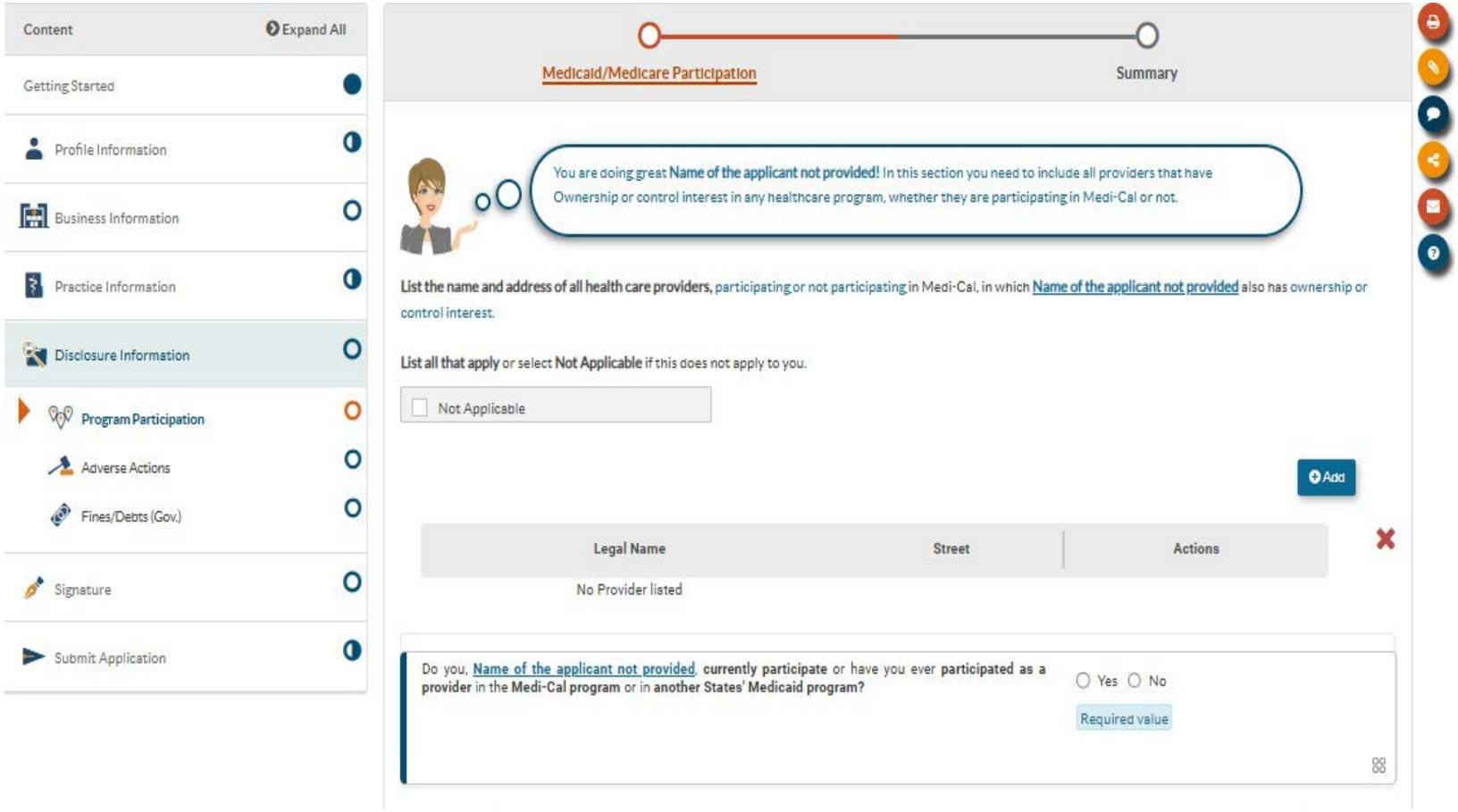
Summary: NPI/Taxonomy

- This information will be pre-populated from NPPES.



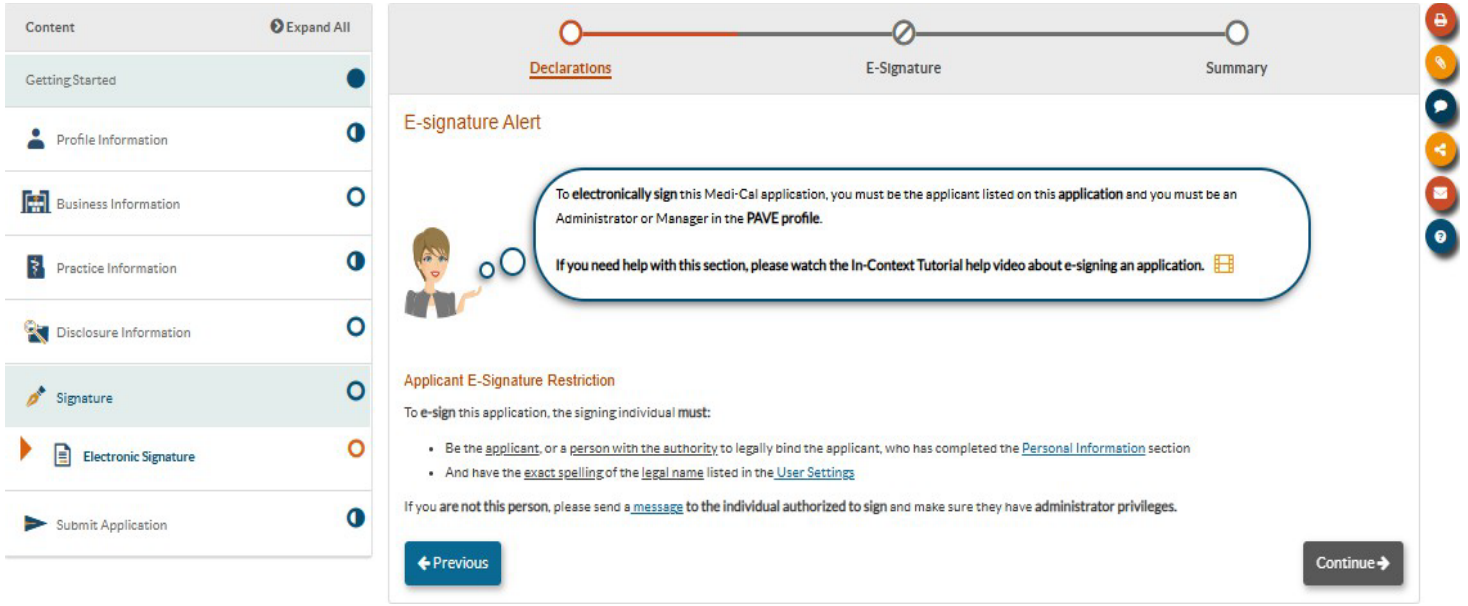
Disclosure Information

» Please read each section of the disclosure information and complete as appropriate.



Signature

- To electronically sign this Medi-Cal application, you must be the applicant listed on this application and you must be an Administrator or Manager in the PAVE profile.
- If everything has been completed, and you are authorized to sign the application, then the application can be submitted.
- Signatures cannot be delegated and must be signed by the provider who is applying as an ORP and must be under their individual email address.



Enrollment Process Review

1. Confirm that you are a provider type required to submit an application
2. Use the Open Data Portal to confirm any existing enrollment
3. Complete your application in the PAVE portal
4. Submit your application
5. DHCS will review by date received.

Note: The legal allowance for the initial review period is 90 days for physicians and 180 days for all other provider types. However, 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 will need to go into the application and make the corrections, then resubmit your application to PED within 60 days.
- Common deficiencies:
  - Documents are illegible.
  - Driver's license or state-issued identification has expired.

The Enrollment Process Approval, Referral or Denial

- If approved, referred, or denied you will be notified via email to log into the PAVE system. Click on the “my messages” tab to view any letters and/or messages.
- If your application is approved your message in PAVE will include an attached approval letter. Additionally, your enrollment record can be found in PAVE by clicking on the "accounts" tab.
- If your application is referred for comprehensive review, your message in PAVE will include an attached letter.
- If your application is denied your message in PAVE will include an attached letter with the denial reason(s) and your appeal rights.

Additional Resources

- The Medi-Cal requirements specific for ORP enrollment is published on the DHCS website: Ordering_Referring__Prescribing_Providers(ca.gov)
- 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
  - PAVE 101 Training Slides
- For technical assistance with the PAVE system, please direct questions to the PAVE Help Desk at 1(866) 252-1949.

Thank You!

DHCS