

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

# 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

# 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.

**Data and Resources**

**Enrolled Medi-Cal Fee-for-Service (FFS) Providers** 🔥  
The dataset provides enrollment and geographic data for Fee-for-Service (FFS)...

[Download all](#)  
[Download](#)

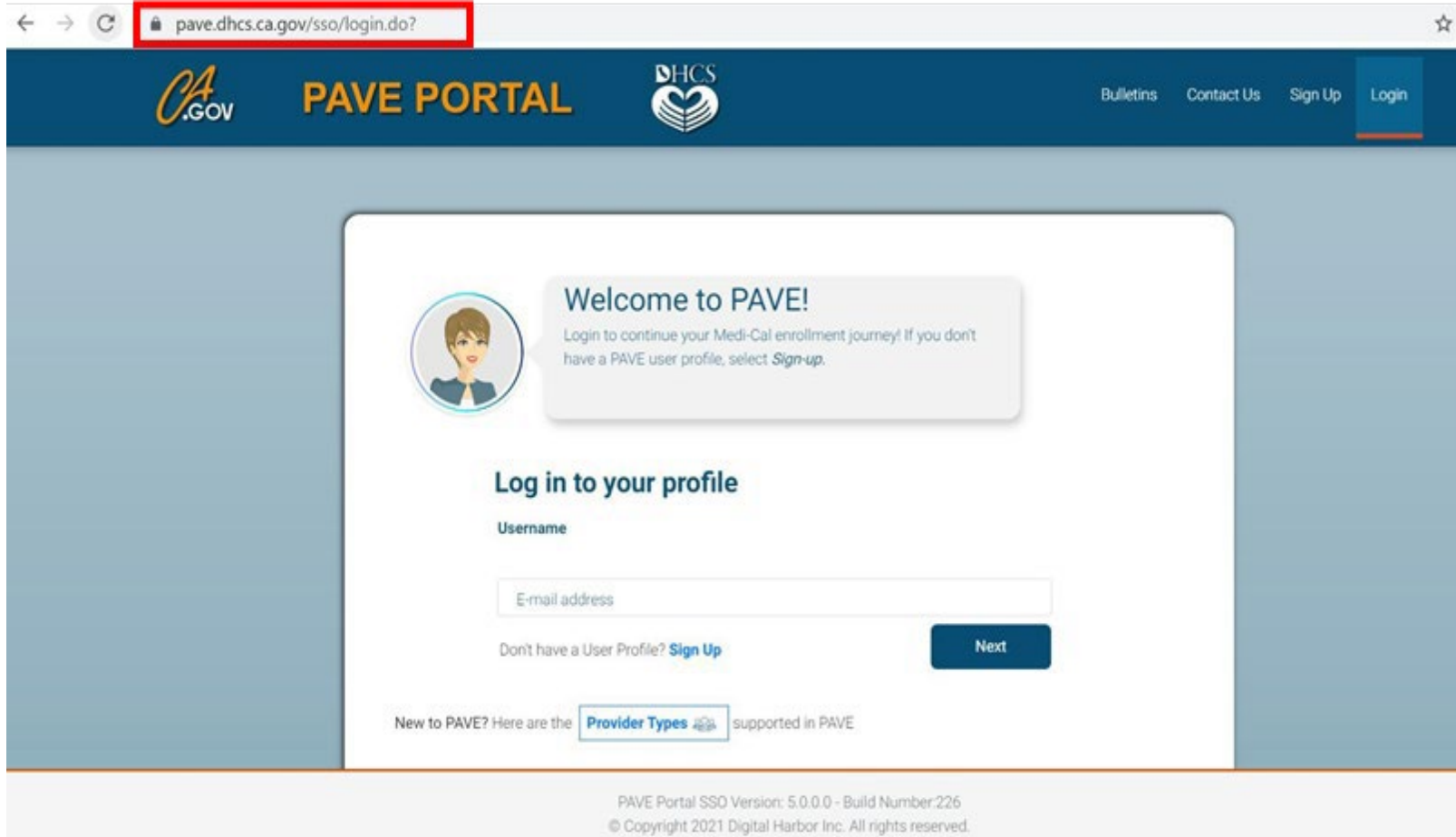
_id	OBJECTID	Provider_Source	Provider_Number	NPI	Owner_Number	Service_Location_Number	Legal_Name	Enroll_Status_Eff_DT	Provider_Taxonomy	NEMT_NMT_Provider_Type
1	1	Fee-for-Service	1285633784	1285633784	1	1	NAKAMOTO, STANLEY K MD	7/31/1982	No Taxonomy Provided	NA
2	2	Fee-for-Service	1265969497	1265969497	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](#)



The screenshot shows a web browser window with the address bar containing `pave.dhcs.ca.gov/sso/login.do?`. The page header features the **CA.GOV** logo, **PAVE PORTAL** title, and the **DHCS** logo. Navigation links include [Bulletins](#), [Contact Us](#), [Sign Up](#), and [Login](#). The main content area displays a welcome message: "Welcome to PAVE! Login to continue your Medi-Cal enrollment journey! If you don't have a PAVE user profile, select [Sign up](#)." Below this is a "Log in to your profile" section with a "Username" label, an "E-mail address" input field, a "Next" button, and a link for "Don't have a User Profile? [Sign Up](#)". At the bottom, it says "New to PAVE? Here are the [Provider Types](#) supported in PAVE". The footer contains version and copyright information: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226" and "© Copyright 2021 Digital Harbor Inc. All rights reserved."

← → ↻ `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

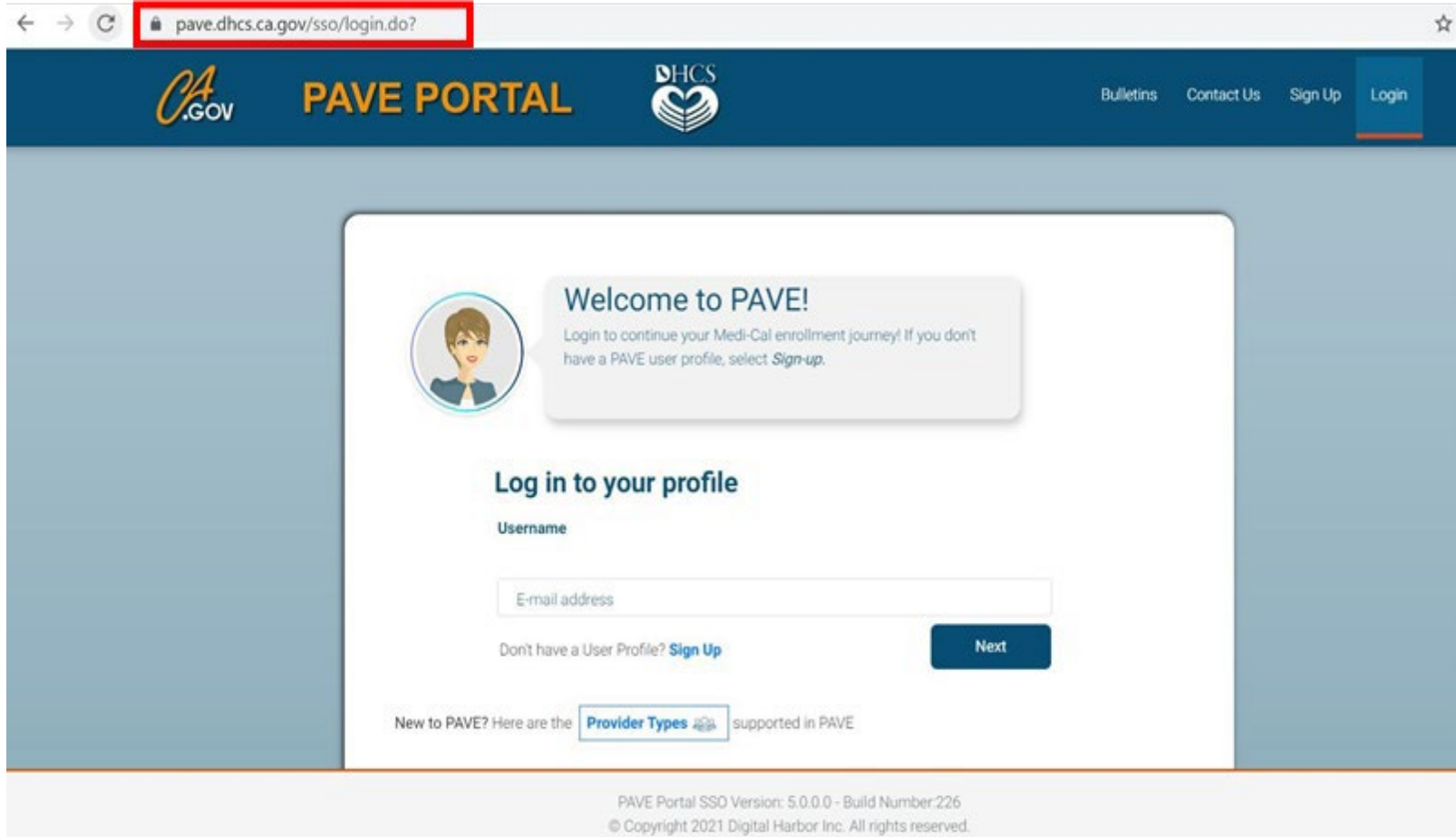
Don't have a User Profile? [Sign Up](#) **Next**

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

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# PAVE User Sign-Up Process

» To begin, click on “Sign Up.”



The screenshot shows a web browser window with the address bar highlighted in red, displaying the URL `pave.dhcs.ca.gov/sso/login.do?`. The page header features the **CA.GOV** logo, **PAVE PORTAL** text, and the **DHCS** logo. Navigation links for **Bulletins**, **Contact Us**, **Sign Up**, and **Login** are present, with **Sign Up** and **Login** highlighted in blue. The main content area includes a welcome message: "Welcome to PAVE!" with a subtext: "Login to continue your Medi-Cal enrollment journey! If you don't have a PAVE user profile, select **Sign-up**." Below this is a section titled "Log in to your profile" with input fields for "Username" and "E-mail address". A "Next" button is located to the right of the "E-mail address" field. A link for "Don't have a User Profile? **Sign Up**" is positioned below the input fields. At the bottom, a footer note states: "New to PAVE? Here are the **Provider Types** supported in PAVE". The very bottom of the page contains version and copyright information: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226" and "© Copyright 2021 Digital Harbor Inc. All rights reserved."

# PAVE User Sign-Up Process (cont.)

- » 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 is titled "Sign Up" and contains the following fields and elements:

- First name:** Sandy
- Last name:** Lee
- Username:** sandy.1.lee@protonmail.com
- Password:** [masked with asterisks]
- Confirm:** [masked with asterisks]
- Phone number:** (555) 555-5555. A message above the field states: "Enter your phone number. I prefer that you use your personal cell number so I can send you a text message just in case you forget your password. Don't worry, I will safeguard this number and will not give it out to anyone. Example: include area code, (999) 888-7777".
- Recovery email address:** sandy.1.lee@protonmail.com
- Verification:** A green checkmark and the text "I'm not a robot" are visible next to a reCAPTCHA logo.
- Next Step:** A red arrow points to a blue button labeled "NEXT".

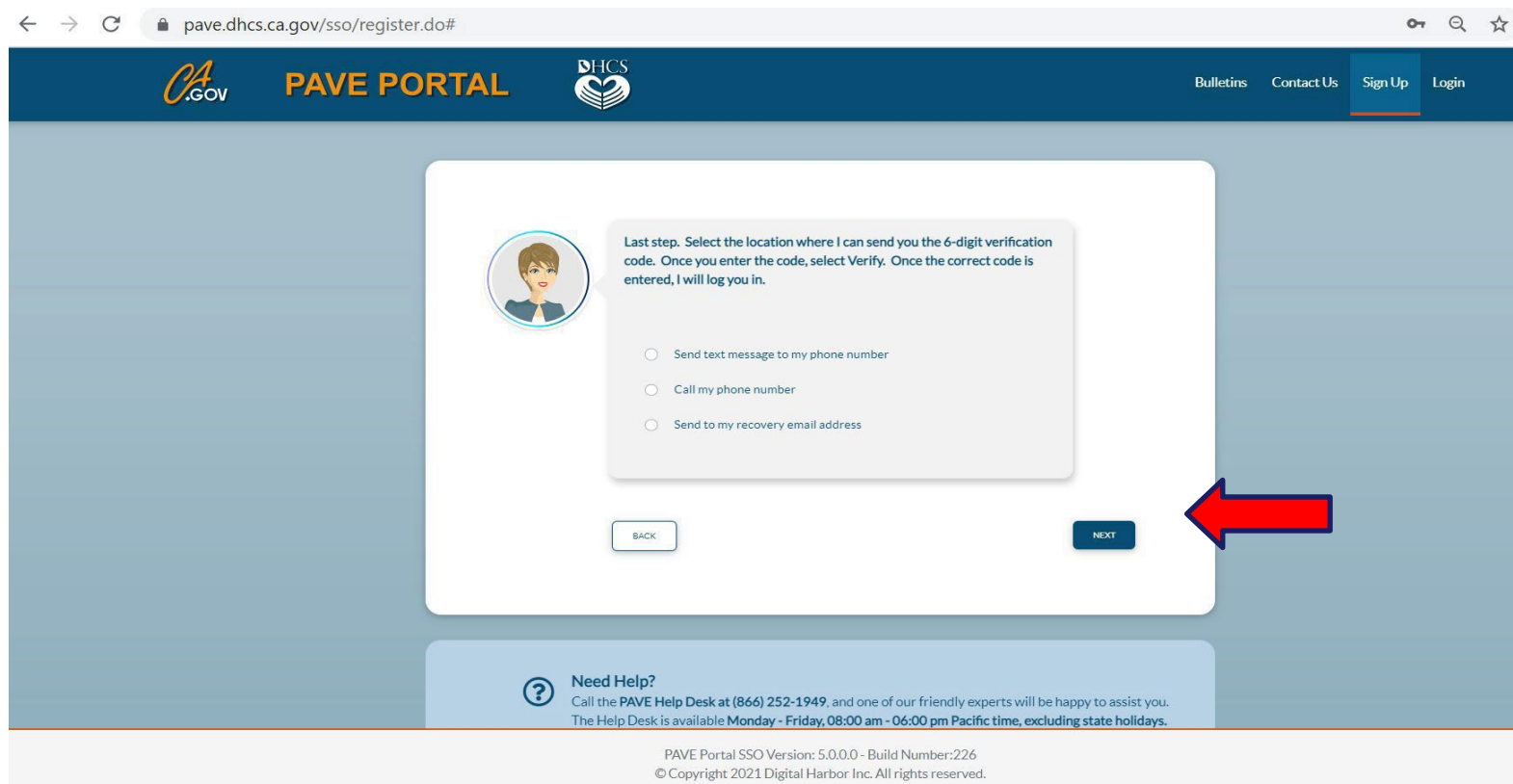
At the bottom of the page, the following text is displayed:

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# 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.



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**, the DHCS logo, and navigation links for [Bulletins](#), [Contact Us](#), [Sign Up](#) (highlighted), and [Login](#). The main content area features a white card with a female user avatar and a message: "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 the message 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 "BACK" and "NEXT" buttons. A large red arrow points to the "NEXT" button. Below the card is a "Need Help?" section with a question mark icon and contact information for the PAVE Help Desk. The footer contains version and copyright information.

← → ↻ `pave.dhcs.ca.gov/sso/register.do#` 🔑 🔍 ☆

**CA.GOV** **PAVE PORTAL** DHCS [Bulletins](#) [Contact Us](#) [Sign Up](#) [Login](#)


 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.

☐ Send text message to my phone number

☐ Call my phone number

☐ Send to my recovery email address

[BACK](#) [NEXT](#)

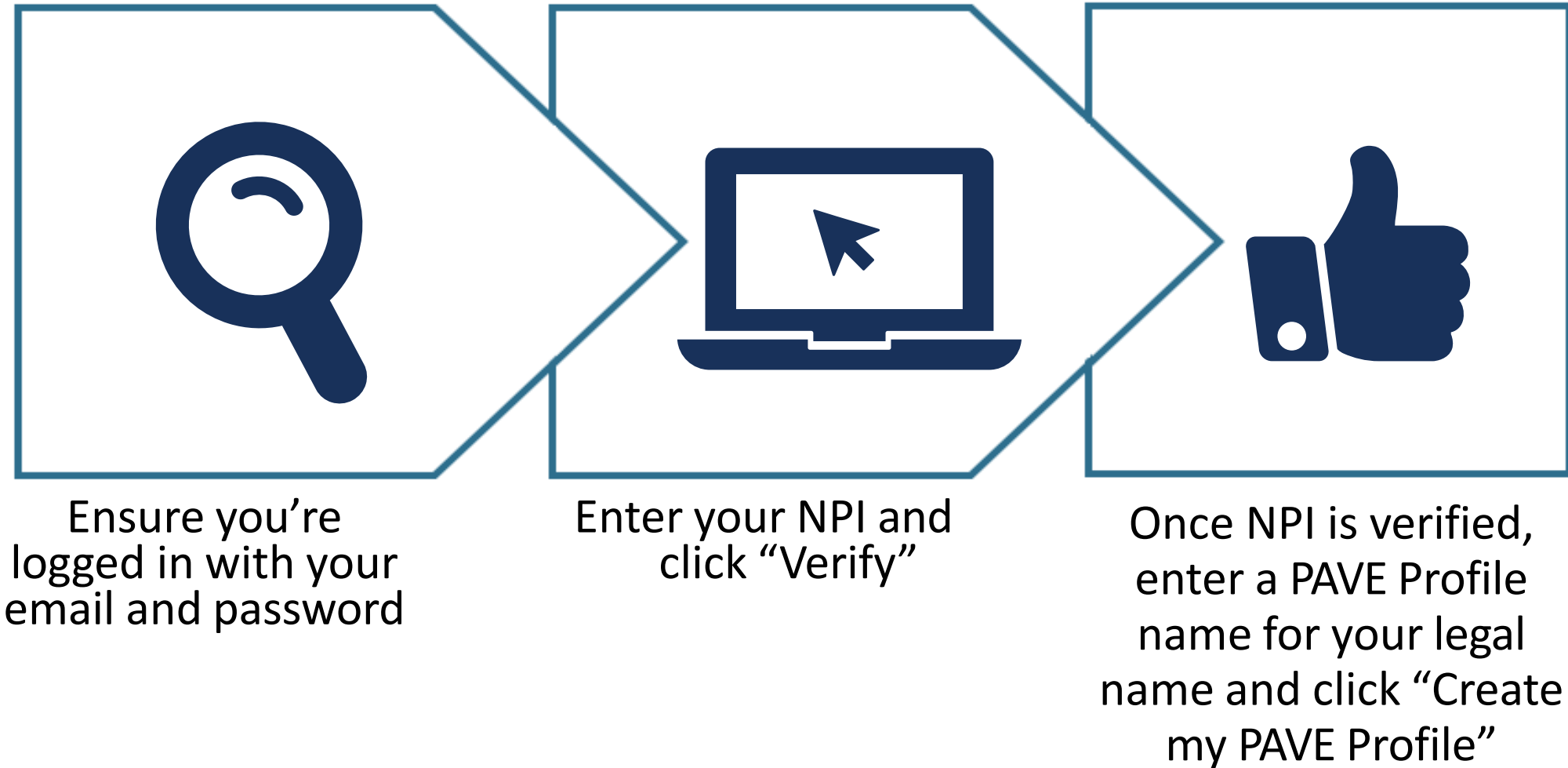
 **Need Help?**  
Call the **PAVE Help Desk at (866) 252-1949**, and one of our friendly experts will be happy to assist you.  
The Help Desk is available **Monday - Friday, 08:00 am - 06:00 pm Pacific time, excluding state holidays.**

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# 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.)



# PAVE Profile



# Starting an ORP Application



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



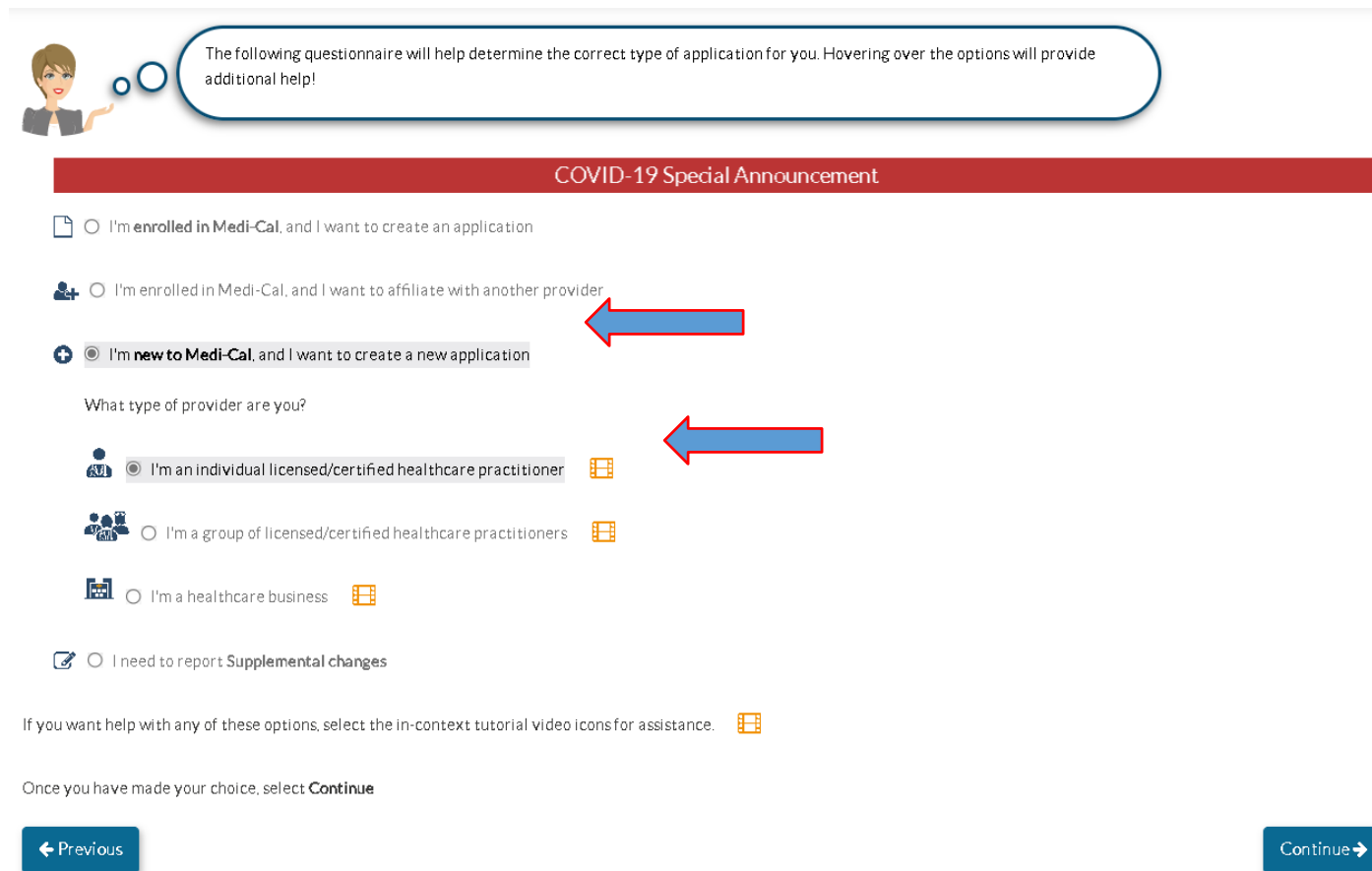
Complete the  
questionnaire to  
start the correct  
application



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."



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 →](#)

The screenshot shows a questionnaire interface. At the top, a blue header reads "Questionnaire Page". Below it, a red banner contains the text "COVID-19 Special Announcement". The main content area has a light blue background. It starts with a help message in a rounded rectangle: "The following questionnaire will help determine the correct type of application for you. Hovering over the options will provide additional help!". Below this is a list of radio button options. The first three options are: "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", and "I'm new to Medi-Cal, and I want to create a new application". The third option is selected. Below these is a section titled "What type of provider are you?". It contains three radio button options: "I'm an individual licensed/certified healthcare practitioner" (selected), "I'm a group of licensed/certified healthcare practitioners", and "I'm a healthcare business". Each option has a small video icon to its right. At the bottom of the questionnaire is a fourth radio button option: "I need to report Supplemental changes". Below the options is a line of text: "If you want help with any of these options, select the in-context tutorial video icons for assistance." followed by a video icon. Below that is the instruction: "Once you have made your choice, select Continue". At the very bottom are two blue buttons: "← Previous" and "Continue →". Two red arrows point to the selected options: one points to the "I'm new to Medi-Cal" option, and the other points to the "I'm an individual licensed/certified healthcare practitioner" option.

# 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.

The screenshot shows a questionnaire page titled "Business Structure". At the top, a progress bar indicates the current step is "Business Structure", with other steps being "Start Application", "NPI", "Provider Type", "Language", and "Last step". Below the progress bar, a text box explains the purpose of the section: "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." Below this text box is a red banner for "COVID-19 Special Announcement". Underneath, the section "Individual billing practitioner" contains four radio button options. The first option, "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", is selected and highlighted. A blue arrow points to this option. At the bottom, there 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**

Individual billing practitioner

☒ 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

☐ I'm an individual sole proprietor and will be submitting claims directly to the State of California

☐ I'm an incorporated individual and will be submitting claims directly to the State of California

☐ I need to be reimbursed only for Medicare crossover claims

Once you have made your choice, select Continue

Previous Continue

# Questionnaire Page (cont.)

## NPI

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

The screenshot displays a questionnaire page for entering a National Provider Identifier (NPI). At the top, a progress bar shows six steps: 'Start Application', 'Business Structure', 'NPI' (the current step, highlighted with an orange circle and underline), 'Provider Type', 'Language', and 'Last step'. Below the progress bar, a cartoon character of a woman is shown next to a speech bubble containing the text: '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.' A large blue arrow with a red outline points from the speech bubble towards the input field. The input field is labeled 'National Provider Identifier (NPI)' and has a 'Required value' error message below it. To the right of the input field is a blue button labeled 'Verify →'. At the bottom left is a blue button labeled '← Previous' and at the bottom right is a blue button labeled 'Continue →'.



# 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.”

The screenshot displays a multi-step questionnaire interface. At the top, a progress bar shows six steps: 'Start Application', 'Business Structure', 'NPI' (highlighted with an orange circle), 'Provider Type', 'Language', and 'Last step'. Below the progress bar, a speech bubble from a cartoon character provides instructions: '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.' The form fields include: 'National Provider Identifier (NPI)' with a text input box and a 'Verify' button; 'National Provider Identifier (NPI)' with a masked input field; 'Type' with a dropdown menu showing '1-Individual'; 'Business name' with a masked input field; 'Taxonomy code(s)' with a masked input field; 'NPPES address (registered)' with a masked input field; and 'Is this the correct information?' with radio buttons for 'Yes' (selected) and 'No'. A large blue arrow with a red outline points to the 'Yes' radio button. At the bottom, there are 'Previous' and 'Continue' buttons.

Start Application Business Structure **NPI** Provider Type Language Last step

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.

National Provider Identifier (NPI) [input box] Verify

National Provider Identifier (NPI) [masked]

Type 1-Individual

Business name [masked]

Taxonomy code(s) [masked]

NPPES address (registered) [masked]

Is this the correct information?

☒ Yes ☐ No

Once you have made your choice, select Continue

Previous 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.

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.

[Select a Provider Type]

- [Select a Provider Type]
- Audiologist
- Certified Acupuncturist
- Certified Nurse Anesthetist
- Certified Nurse Midwife
- Certified Nurse Practitioner
- Chiropractor
- Hearing Aid Dispenser
- Licensed Clinical Social Workers (LCSW)-Individual
- Licensed Marriage Family Therapist (LMFT)
- Licensed Midwife
- Licensed Professional Clinical Counselor Individual
- Occupational Therapist
- Ocularist and Dispensing Optician
- Optometrist
- Orthotist
- Physical Therapist
- Physician/Surgeon
- Podiatrist
- Prosthetists/Mastectomy Fitters/O&P Combined

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  
structure, click [here](#)

Continue →

# 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.

The screenshot displays a summary page for a questionnaire application. At the top, a progress bar shows six steps: Start Application, Business Structure, NPI, Provider Type, Language, and Last step (highlighted in red). Below the progress bar, a callout box with a cartoon character icon contains the text: "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." Below this, a paragraph states: "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." The summary is organized into sections: "Start Application" with two radio button options ("I'm new to Medi-Cal, and I want to create a new application" and "I'm an individual licensed/certified healthcare practitioner"); "Business Structure" with two radio button options ("Individual billing practitioner" and "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"); "NPI of the application" with a redacted NPI number and a "View Details" link; "Provider Type" with the text "Physician/Surgeon"; and "Language" with a text box containing "Spanish". At the bottom, there are two buttons: "← Previous" and "Continue →".

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 an individual licensed/certified healthcare practitioner

**Business Structure**

☐ Individual billing practitioner

☐ 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

**NPI of the application**

 [View Details](#)

**Provider Type**

Physician/Surgeon

**Language**

Spanish

[← Previous](#) [Continue →](#)

# 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.

The screenshot displays the 'PAVE PORTAL HCS' interface for creating an 'Individual Profile'. The left sidebar shows a navigation menu with options: 'Getting Started', 'Profile Information' (selected), 'Individual Profile', 'Business Information', 'Practice Information', 'Disclosure Information', 'Signature', and 'Submit Application'. The main content area features a progress bar with four steps: 'Personal Information' (active), 'Residential Address', 'Identification', and 'Summary'. A message bubble states: 'Please take a few minutes to fill out some personal information so we can continue.' The form fields include: 'Prefix' (dropdown), 'First name' (text input, required), 'Middle name' (text input), 'Last name' (text input, required), 'Suffix' (dropdown), 'Professional title' (dropdown), 'Gender' (dropdown, required), 'Date of birth' (date picker, required), 'Age' (text input), and 'Email address' (text input, required). A note at the bottom indicates that providers subject to High Risk Screening must attach Livescan receipts. A file upload area is provided with the instruction: 'Drag and drop here or browse 50MB Maximum'. Navigation buttons for 'Previous' and 'Continue' are at the bottom.



# Status Bubbles

**Become Filled-In When Sections are Completed**

Content	 Expand All
Getting Started	
 Profile Information	
  Individual Profile	
 Business Information	
 Practice Information	
 Disclosure Information	
 Signature	
 Submit Application	

# Profile Information

## Individual Profile Continued

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

The screenshot displays the 'PAVE PORTAL' interface for the 'Individual Profile Continued' section. The top navigation bar includes the 'CA.GOV' logo, 'PAVE PORTAL' text, and 'HCS' logo. A progress bar at the top indicates the current step is 'Personal Information', with other steps being 'Residential Address', 'Identification', and 'Summary'. A sidebar on the left lists various sections: 'Getting Started', 'Profile Information' (selected), 'Individual Profile', 'Business Information', 'Practice Information', 'Disclosure Information', 'Signature', and 'Submit Application'. The main content area features a message: 'Please take a few minutes to fill out some personal information so we can continue.' Below this, there are several form fields: 'Prefix' (dropdown), 'First name' (text input, required), 'Middle name' (text input), 'Last name' (text input, required), 'Suffix' (dropdown), 'Professional title' (dropdown), 'Gender' (dropdown, required), 'Date of birth' (date picker, required), 'Age' (text input), and 'Email address' (text input, required). At the bottom, there is a note about High Risk Screening and a file upload area for 'Livescan receipts' (50MB Maximum). Navigation buttons for 'Previous' and 'Continue' are located at the bottom right.

# 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.

The screenshot displays a web application interface for a 'Business Profile'. On the left is a sidebar menu with the following items: 'Getting Started', 'Profile Information', 'Business Information' (highlighted), 'Business Profile' (with a right-pointing triangle icon), 'Contact Person', 'Addresses', 'Practice Information', 'Disclosure Information', 'Signature', and 'Submit Application'. The main content area features a progress bar at the top with 'Business Profile' as the active step and 'Summary' as the next step. Below the progress bar, a text instruction reads: 'List all practices or clinics, including each location where Medi-Cal beneficiaries receive ordering/referring/prescribing services.' An 'Add' button is positioned to the right of this text. A table with three columns—'Practice/Clinic Name', 'Address', and 'Actions'—is shown, containing the text 'No entities listed'. At the bottom of the main area are 'Previous' and 'Continue' buttons. A vertical toolbar on the far right contains icons for lock, phone, chat, share, email, and help.

# Business Information (cont.)

## Contact Person

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

The screenshot displays a web-based application form for Medi-Cal. On the left is a vertical sidebar with a 'Content' header and an 'Expand All' button. The sidebar lists several sections: 'Getting Started', 'Profile Information', 'Business Information' (which is highlighted with a blue background), 'Business Profile', 'Contact Person' (indicated by an orange arrow), 'Addresses', 'Practice Information', 'Disclosure Information', 'Signature', and 'Submit Application'. Each item has a circular progress indicator. The main content area features a progress bar at the top with two markers; the first marker is active and labeled 'Contact Person Information', while the second is labeled 'Summary'. Below the progress bar is a question in a speech bubble: 'Who should Medi-Cal contact if they have questions about your application?'. A note states: 'Please include a contact person who will be available during regular business hours.' Below this is a checkbox labeled 'I, Name of the applicant not provided, will be the contact person'. The form contains several input fields: 'First name', 'Last name', 'Title/Position', 'Telephone number', 'Telephone number extension', and 'Email address'. Each of these fields has a blue 'Required value' label below it. At the bottom of the form are two buttons: 'Previous' with a left arrow and 'Continue' with a right arrow. On the far right edge of the screen, there is a vertical stack of five circular icons: a red one with a white padlock, an orange one with a white telephone handset, a blue one with a white speech bubble, an orange one with a white group of people icon, and a red one with a white envelope icon.

# Business Information (cont.)

## Addresses

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

The screenshot displays the 'Mailing Address' section of a Medi-Cal business information form. On the left is a sidebar menu with the following items: 'Getting Started', 'Profile Information', 'Business Information' (highlighted), 'Business Profile', 'Contact Person', 'Addresses', 'Practice Information', 'Disclosure Information', 'Signature', and 'Submit Application'. The main content area features a progress bar at the top with 'Mailing Address' selected and 'Summary' next to it. A blue callout box with a person icon states: 'Last step! Add a mailing address where you want Medi-Cal to send official correspondence.' Below this is the 'Mailing Address' heading and a 'View Address' button. The form fields include: 'Street' (Address Line 1, Required value), 'Ste. / Apt. #' (Suite/Apt), 'City' (<Select a City>, Required value), 'State/Province' (<Select a State>, Required value), 'County' (<Select a County>, Required value), and 'ZIP Code/Postal Code' (Required value). A city skyline illustration is at the bottom right. Navigation buttons 'Previous' and 'Continue' are at the bottom.

# Business Information (cont.)

## Summary: NPI/Taxonomy

- » This information will be pre-populated from NPPEs.

Content

Expand All

Getting Started

Profile Information

Business Information

Practice Information

Prof. Licenses, Certificates & Lab Services

NPI/Taxonomy

Disclosure Information

Signature

Submit Application

NPI/Taxonomy

Summary

Please review the NPI/Taxonomy section below for accuracy.

Continue

Summary: NPI/Taxonomy

☒ NPI/Taxonomy

Edit

National Provider Identifier (NPI)

Associated NPI Taxonomy Codes

Description	Taxonomy Code	Type	Actions
		Primary	

Previous

Continue

# Disclosure Information

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

Content

Expand All

Getting Started

Profile Information

Business Information

Practice Information

Disclosure Information

Program Participation

Adverse Actions

Fines/Debts (Gov.)

Signature

Submit Application

Medicaid/Medicare Participation

Summary

You are doing great **Name of the applicant not provided**! In this section you need to include all providers that have Ownership or control interest in any healthcare program, whether they are participating in Medi-Cal or not.

List the name and address of all health care providers, participating or not participating in Medi-Cal, in which **Name of the applicant not provided** also has ownership or control interest.

List all that apply or select **Not Applicable** if this does not apply to you.

☐ Not Applicable

Add

Legal Name	Street	Actions
No Provider listed		

Do you, **Name of the applicant not provided**, currently participate or have you ever participated as a provider in the Medi-Cal program or in another States' Medicaid program?

☐ Yes ☐ No

Required value

39

# 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.

Content Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Signature**
- Electronic Signature
- Submit Application

Declarations E-Signature Summary

### E-signature Alert

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 you need help with this section, please watch the In-Context Tutorial help video about e-signing an application.

### Applicant E-Signature Restriction

To e-sign this application, the signing individual must:

- Be the applicant, or a person with the authority to legally bind the applicant, who has completed the Personal Information section
- And have the exact spelling of the legal name listed in the User Settings

If you are not this person, please send a message to the individual authorized to sign and make sure they have administrator privileges.

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



# 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\(ca.gov\)](https://www.dhcs.ca.gov/OrderingReferringPrescribingProviders/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!**

