

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](#)

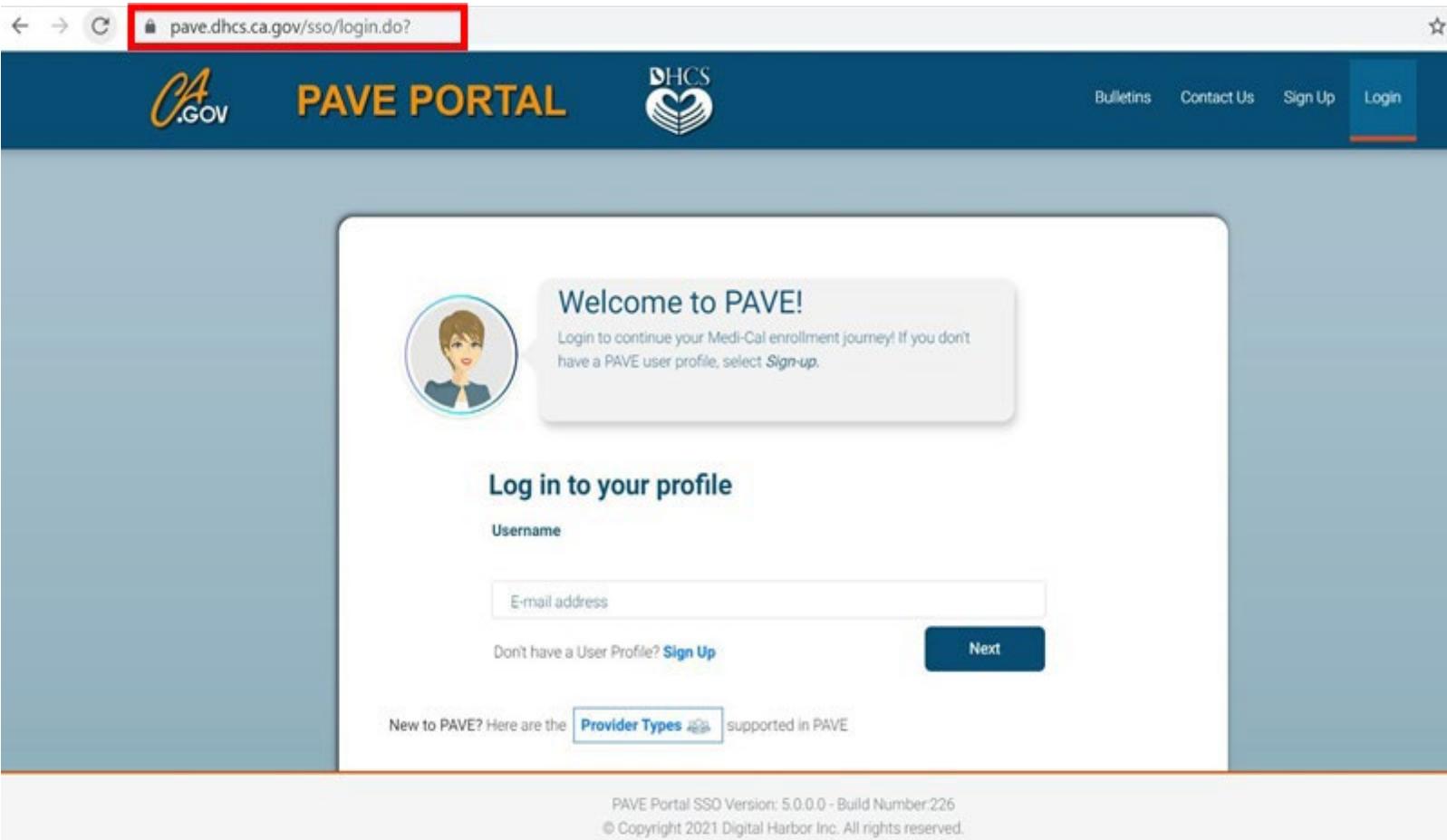
_id	OBJECTID	Provider_Source	Provider_Number	NPI	Owner_Number	Service_Location_Number	Legal_Name	Enroll_Status_Eff_DT	Provider_Taxonomy	NEMT_NMT_Provider_Type
1	1	Fee-for-Service	1285633784	1285633784	1	1	NAKAMOTO, STANLEY K MD	7/31/1982	No Taxonomy Provided	NA
2	2	Fee-for-Service	1265969497	1265969497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

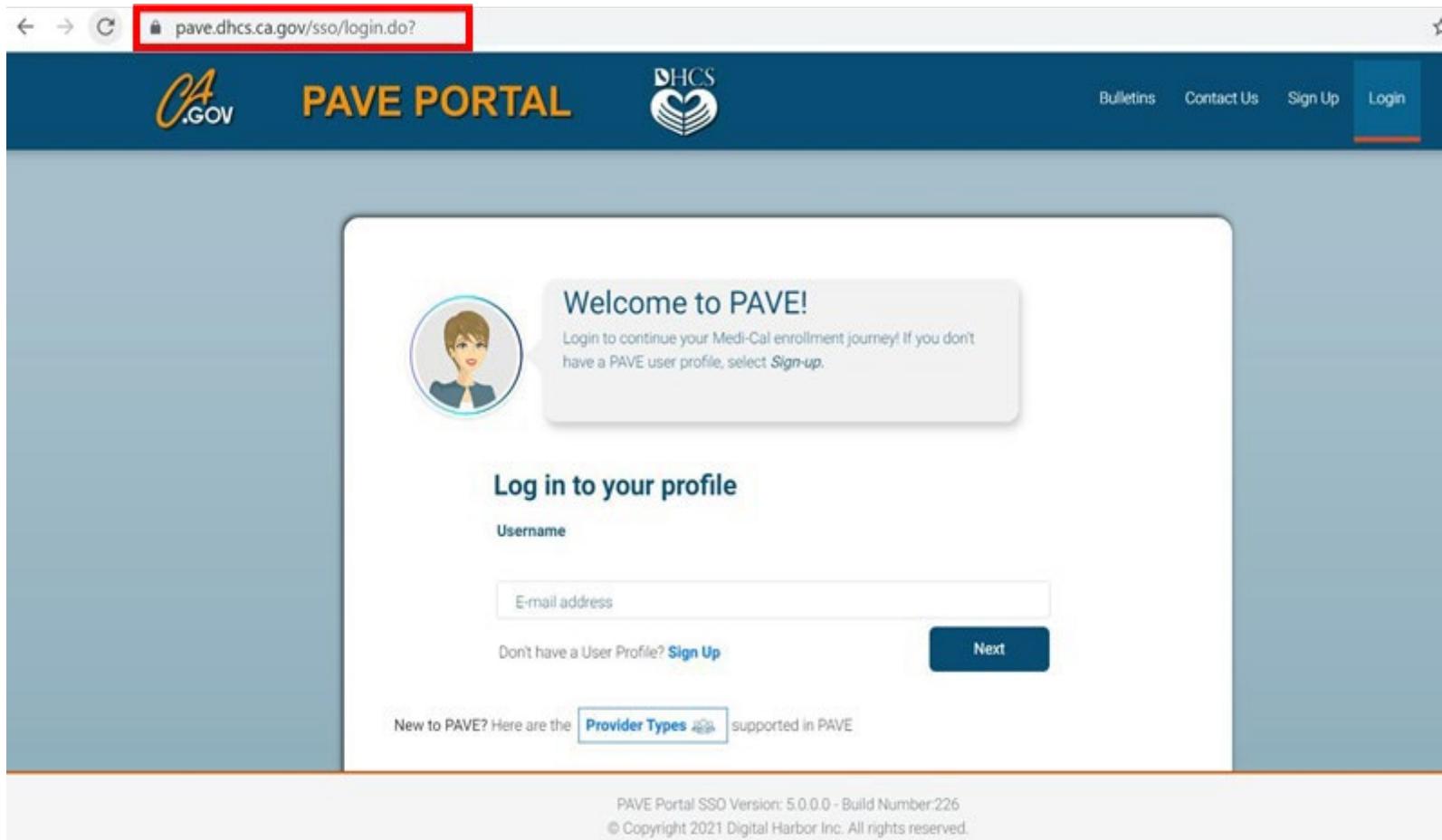
» [PiiE Platform](#)



The screenshot shows the login page of the PAVE Portal. The URL in the browser address bar is `pave.dhcs.ca.gov/sso/login.do?`. The page has a dark blue header with the ".GOV" logo, the "PAVE PORTAL" text, and the DHCS logo. The main content area features a "Welcome to PAVE!" message with a placeholder for a user profile picture. Below this, there is a "Log in to your profile" section with fields for "Username" and "E-mail address". A "Next" button is located to the right of the "E-mail address" field. Below the login form, there is a link for users who "Don't have a User Profile? [Sign Up](#)". At the bottom of the page, there is a note for new users about "Provider Types" and a copyright notice for "PAVE Portal SSD Version 5.0.0.0 - Build Number 226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

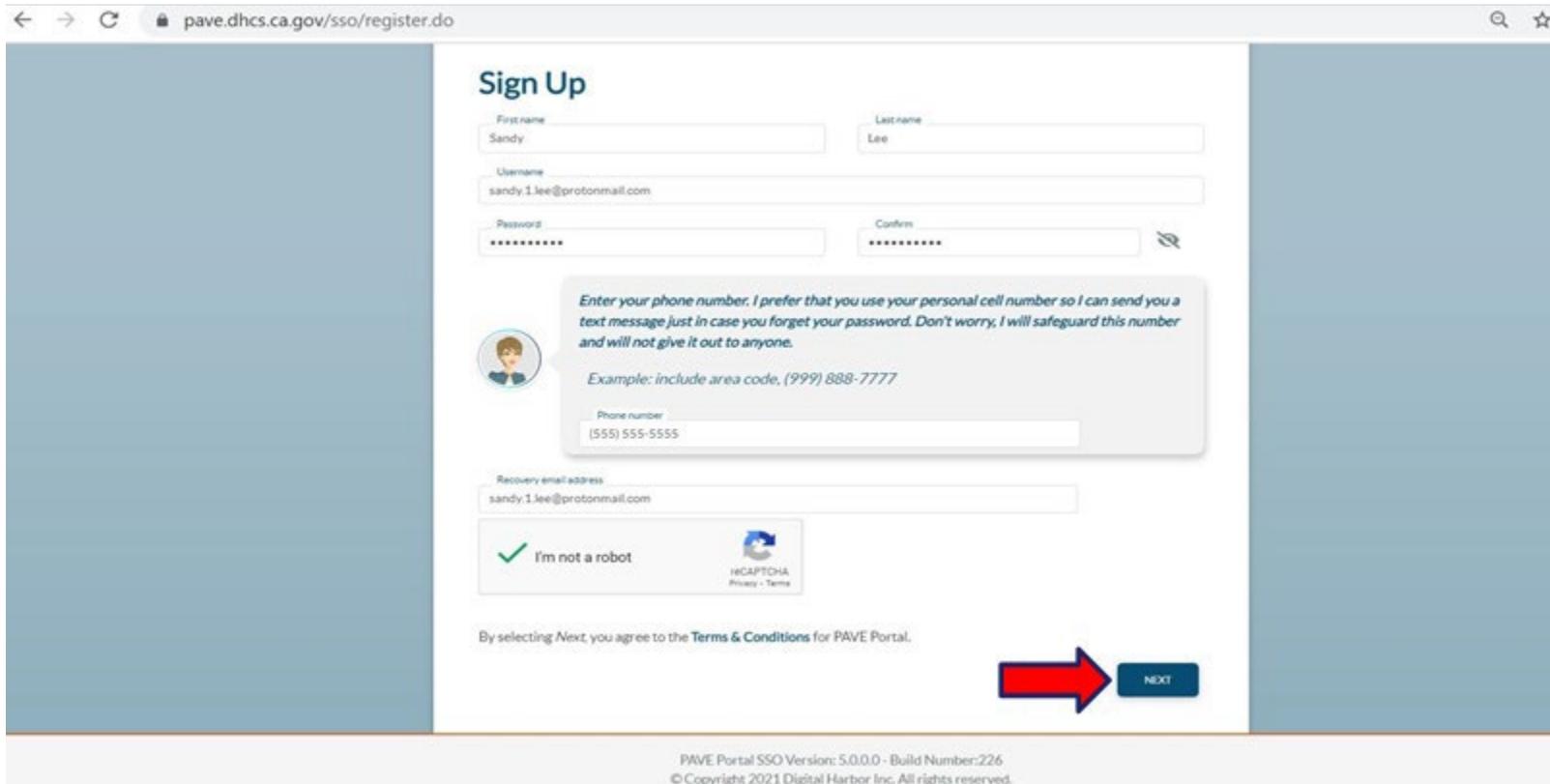
PAVE User Sign-Up Process

- » To begin, click on “Sign Up.”



PAVE User Sign-Up Process (cont.)

- » Complete the required information and click “NEXT.”



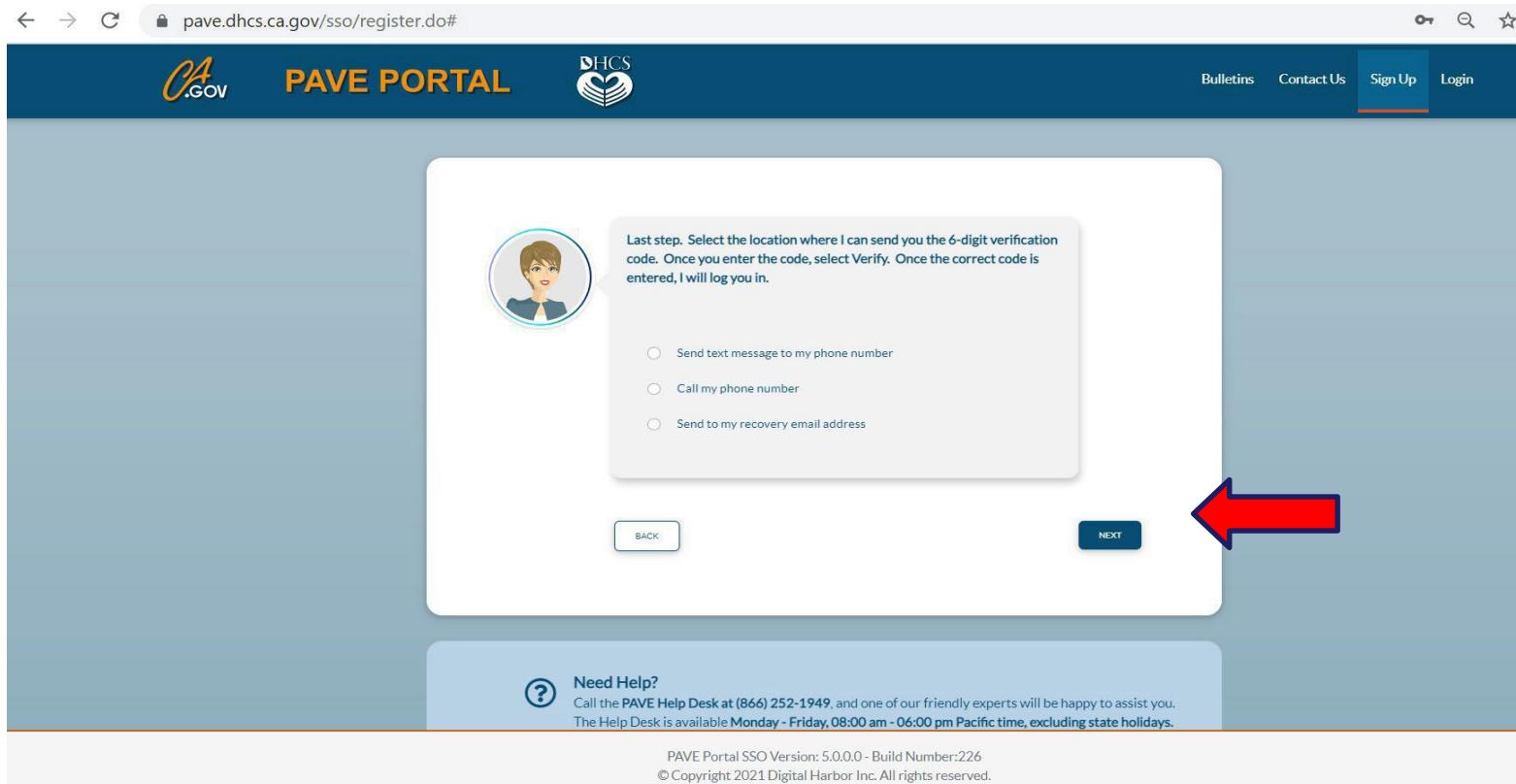
The screenshot shows the 'Sign Up' page of the PAVE Portal. The URL in the address bar is `pave.dhcs.ca.gov/sso/register.do`. The page has a light blue header and a white content area. The content area is titled 'Sign Up' and contains the following fields:

- First name: Sandy
- Last name: Lee
- Username: `sandy.1.lee@protonmail.com`
- Password and Confirm password fields (both obscured)
- A text box with a small icon of a person holding a phone. The text reads: "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." Below this is an example: "Example: include area code, (999) 888-7777".
- Phone number: `(555) 555-5555`
- Recovery email address: `sandy.1.lee@protonmail.com`
- A checkbox labeled "I'm not a robot" with a green checkmark and a CAPTCHA box below it.
- Text at the bottom: "By selecting Next, you agree to the [Terms & Conditions](#) for PAVE Portal."
- A large red arrow points to the "NEXT" button at the bottom right.

At the bottom of the page, there is a footer with the text: "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.)

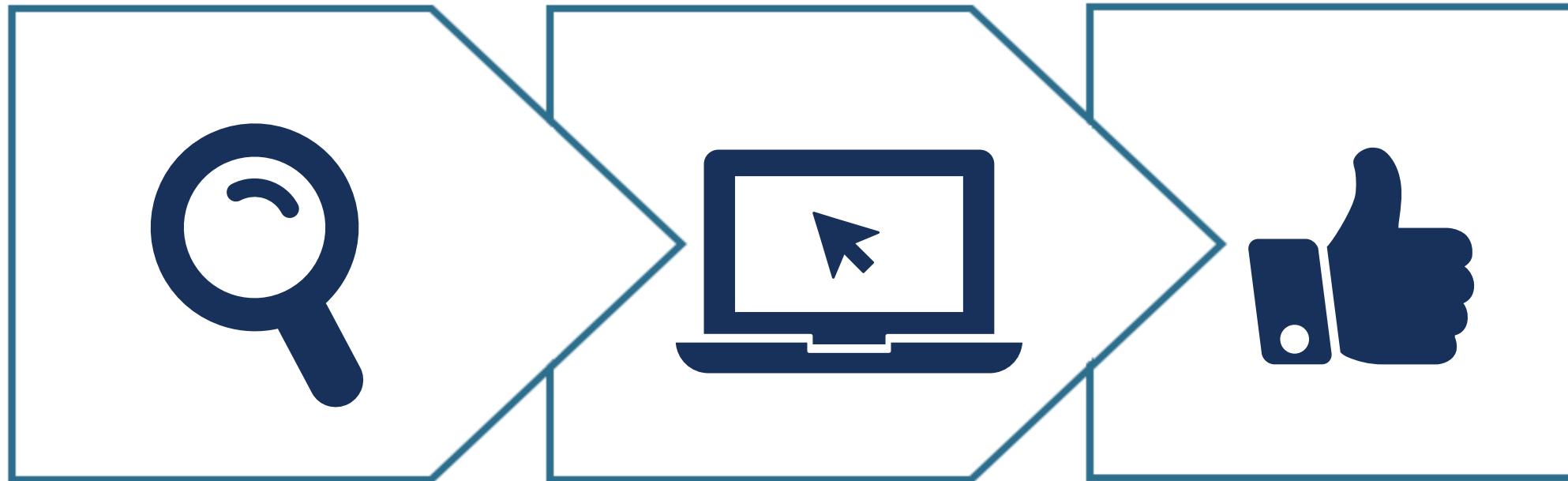
- » You will be prompted to select how you wish to receive the 6-digit verification code. After selecting the preferred option, select “Next” and follow the prompts to complete the verification process.



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."

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](#)

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."

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.

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) Verify →

Required value

← Previous 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."

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) Verify →

National Provider Identifier (NPI)

Type: 1-Individual

Business name:

Taxonomy code(s):

NPPES address (registered):

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.

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 by this structure, click [here](#)

Continue ➔

Questionnaire Page (cont.)

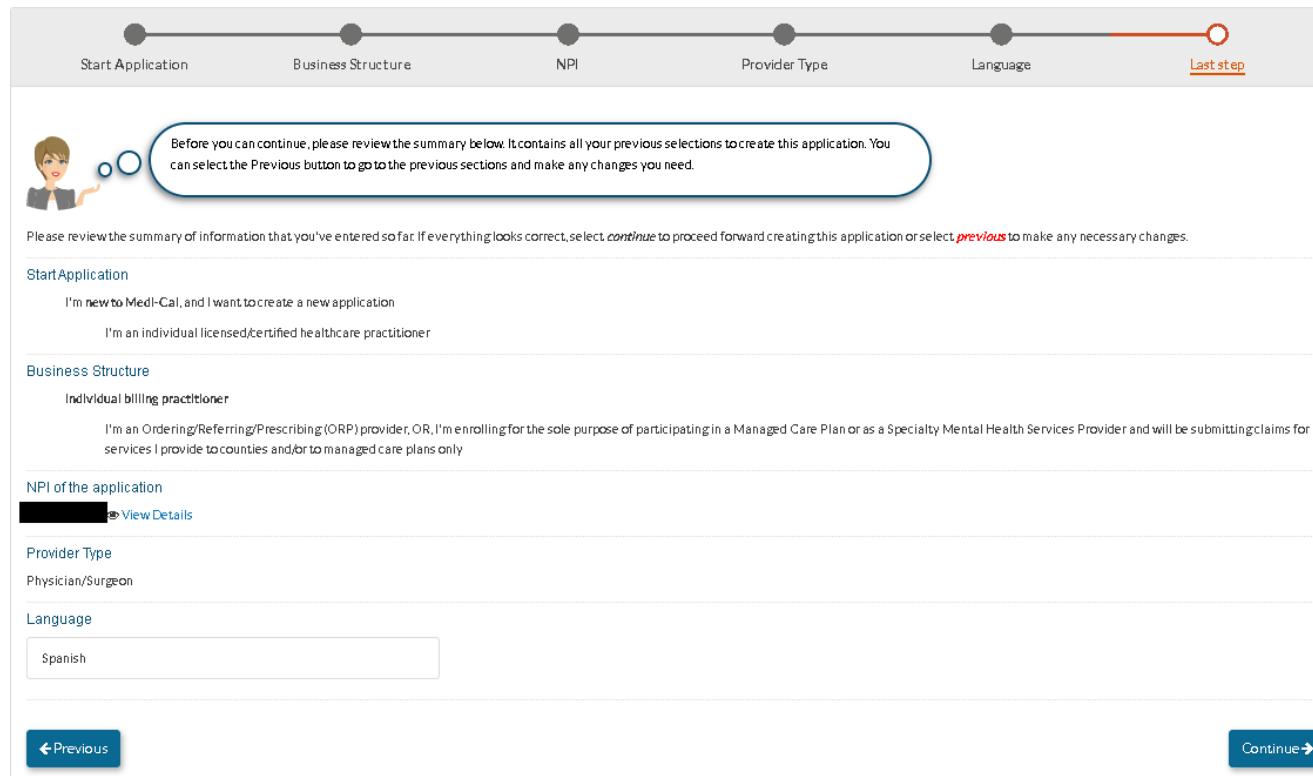
The following are the only provider types that can enroll as an ORP for a LEA through the PAVE Portal:

- » 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 shows a summary page with a horizontal progress bar at the top. The steps are: Start Application, Business Structure, NPI, Provider Type, Language, and Last step. The 'Last step' button is highlighted with a red circle. Below the progress bar, there is a cartoon character of a woman with a speech bubble. The speech bubble contains 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 the character, there is a message: "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 section contains the following information:

- 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** (Redacted text, with a [View Details](#) link)
- Provider Type**
 - Physician/Surgeon
- Language**
 - Spanish

At the bottom, there are two buttons: [← Previous](#) and [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

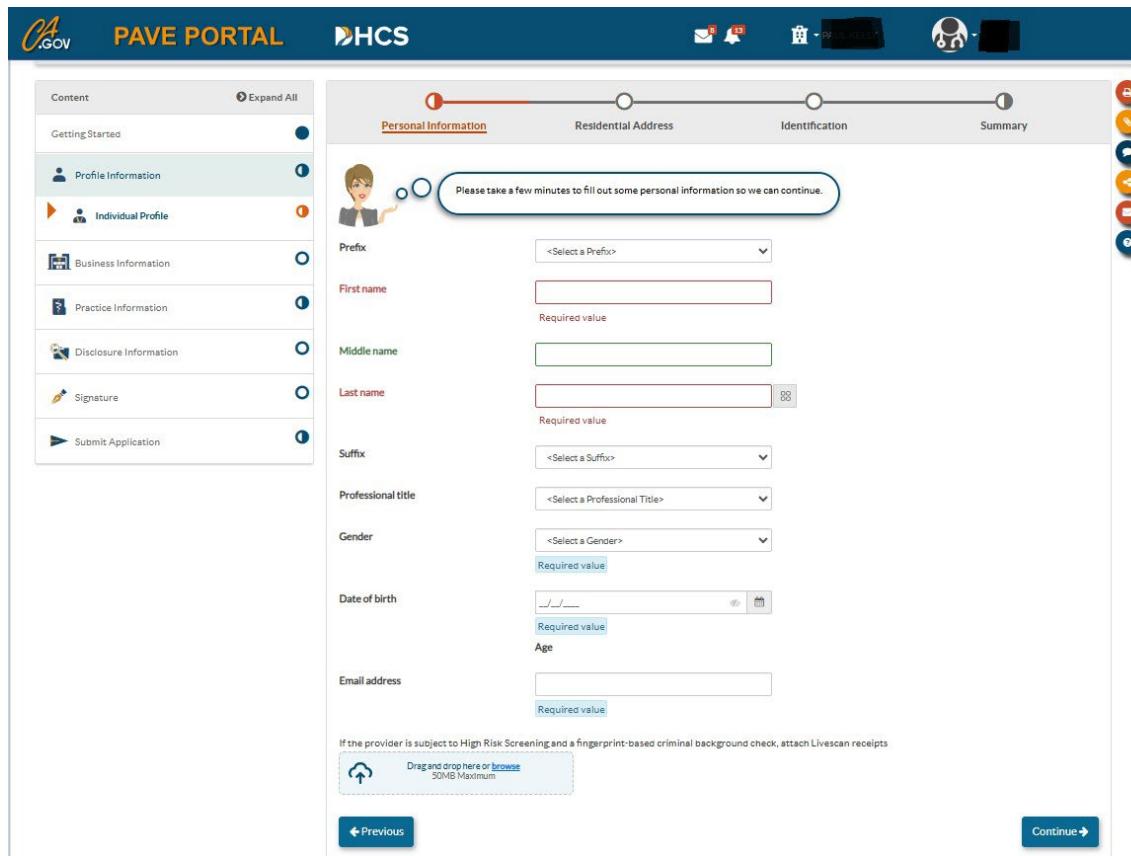
This slide lists documents that you may need to attach to the ORP application. There may be additional required documents.

- » 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

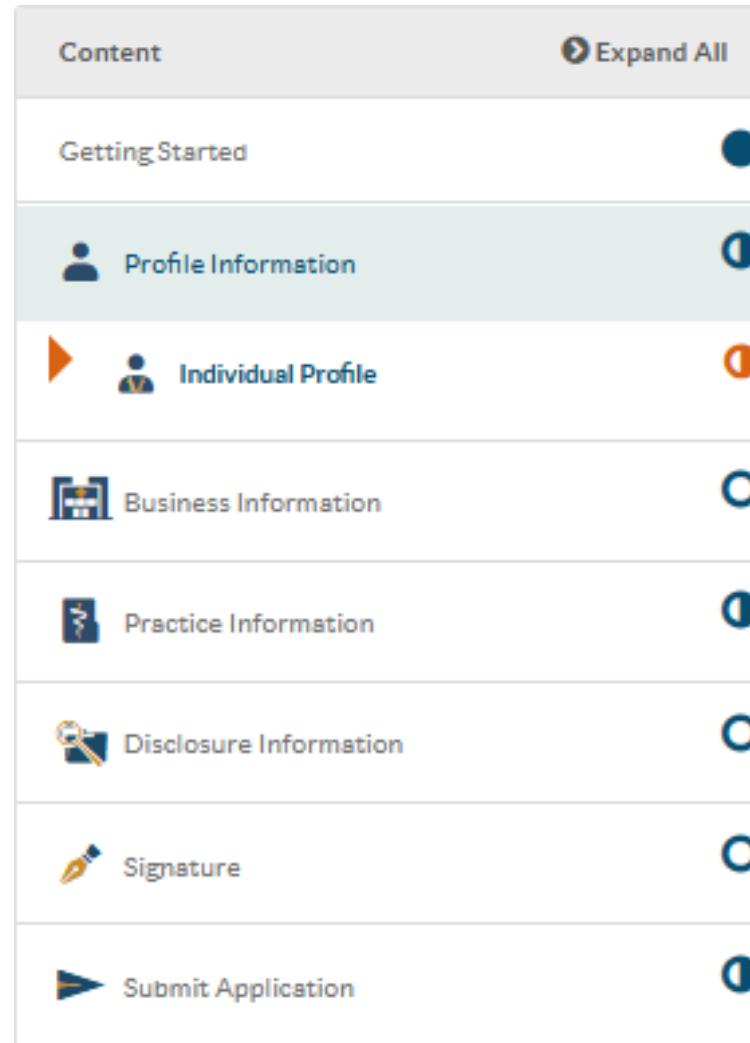
- » Add Legal Name, Professional Title, DOB, and Email Address. Livescan receipts should be attached for providers subject to High Risk Screening.



The screenshot shows the PAVE PORTAL Individual Profile page. The left sidebar lists sections: Getting Started, Profile Information (selected), Individual Profile, Business Information, Practice Information, Disclosure Information, Signature, and Submit Application. The main content area is titled "Personal Information" and includes a progress bar with four steps: Personal Information (red), Residential Address, Identification, and Summary. A callout box with a woman icon says: "Please take a few minutes to fill out some personal information so we can continue." The form fields are: 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 (text input, required), and Email address (text input, required). At the bottom, there's a note: "If the provider is subject to High Risk Screening and a fingerprint-based criminal background check, attach Livescan receipts" with a "Drag and drop here or browse" button (50MB Maximum). Navigation buttons "Previous" and "Continue" are at the bottom.

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.

The screenshot shows the 'Profile Information' step of the PAVE PORTAL application. The progress bar indicates the user is on the first step. The form contains fields for personal information, with 'First name' and 'Last name' marked as required. A note at the top right encourages users to fill out personal information. At the bottom, there is a file upload field for Livescan receipts with a 50MB maximum limit.

Content Expand All

- Getting Started
- Profile Information
- Individual Profile
- Business Information
- Practice Information
- Disclosure Information
- Signature
- Submit Application

Personal Information

Please take a few minutes to fill out some personal information so we can continue.

Prefix: <Select a Prefix>

First name: Required value

Middle name:

Last name: Required value

Suffix: <Select a Suffix>

Professional title: <Select a Professional Title>

Gender: <Select a Gender>

Date of birth: Required value

Email address: Required value

If the provider is subject to High Risk Screening and a fingerprint-based criminal background check, attach Livescan receipts

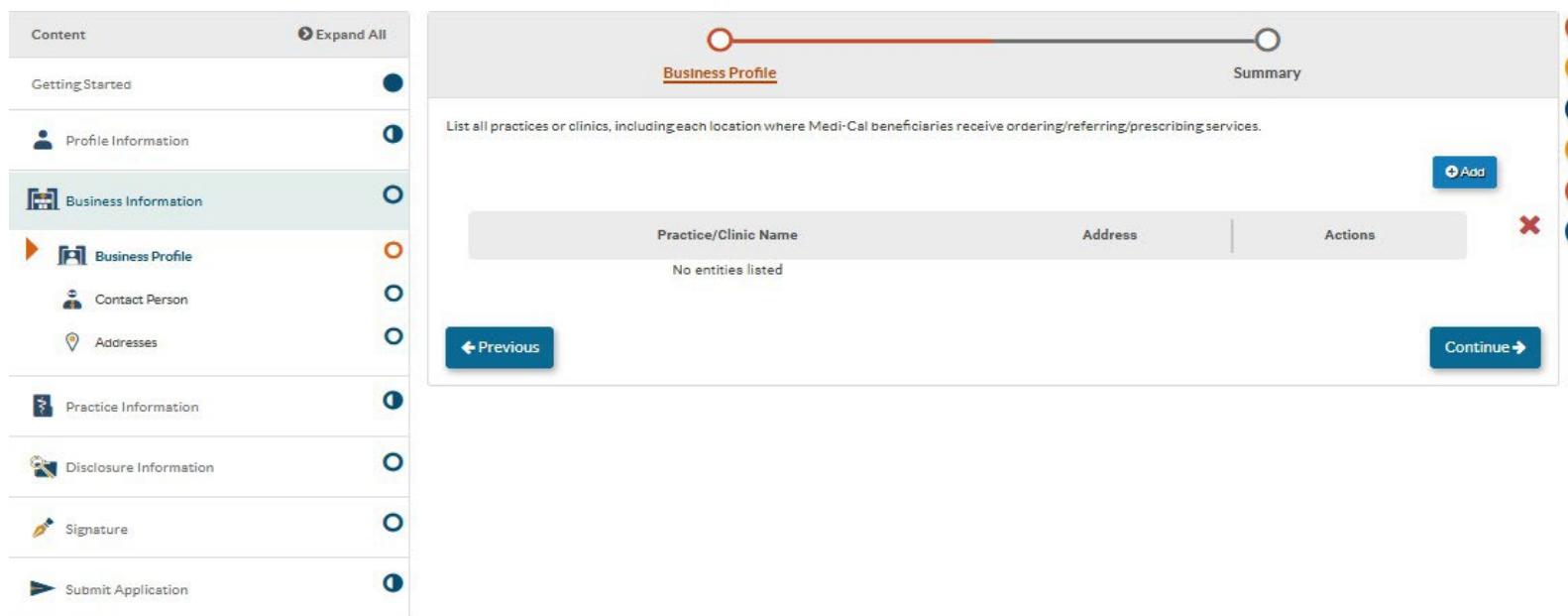
Drag and drop here or browse 50MB Maximum

← Previous Continue →

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.



Content Expand All

Getting Started

Profile Information

Business Information

Business Profile Add X

Contact Person

Addresses

Practice Information

Disclosure Information

Signature

Submit Application

Business Profile Summary

List all practices or clinics, including each location where Medi-Cal beneficiaries receive ordering/referring/prescribing services.

Practice/Clinic Name	Address	Actions
No entities listed		

← Previous Continue →

Business Information (cont.)

Contact Person

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

Content Expand All

Getting Started

Profile Information

Business Information

Business Profile

Contact Person

Addresses

Practice Information

Disclosure Information

Signature

Submit Application

Contact Person Information

Who should Medi-Cal contact if they have questions about your application?

Please include a contact person who will be available during regular business hours.

I. Name of the applicant not provided, will be the contact person

First name Required value

Last name Required value

Title/Position

Telephone number Required value

Telephone number extension

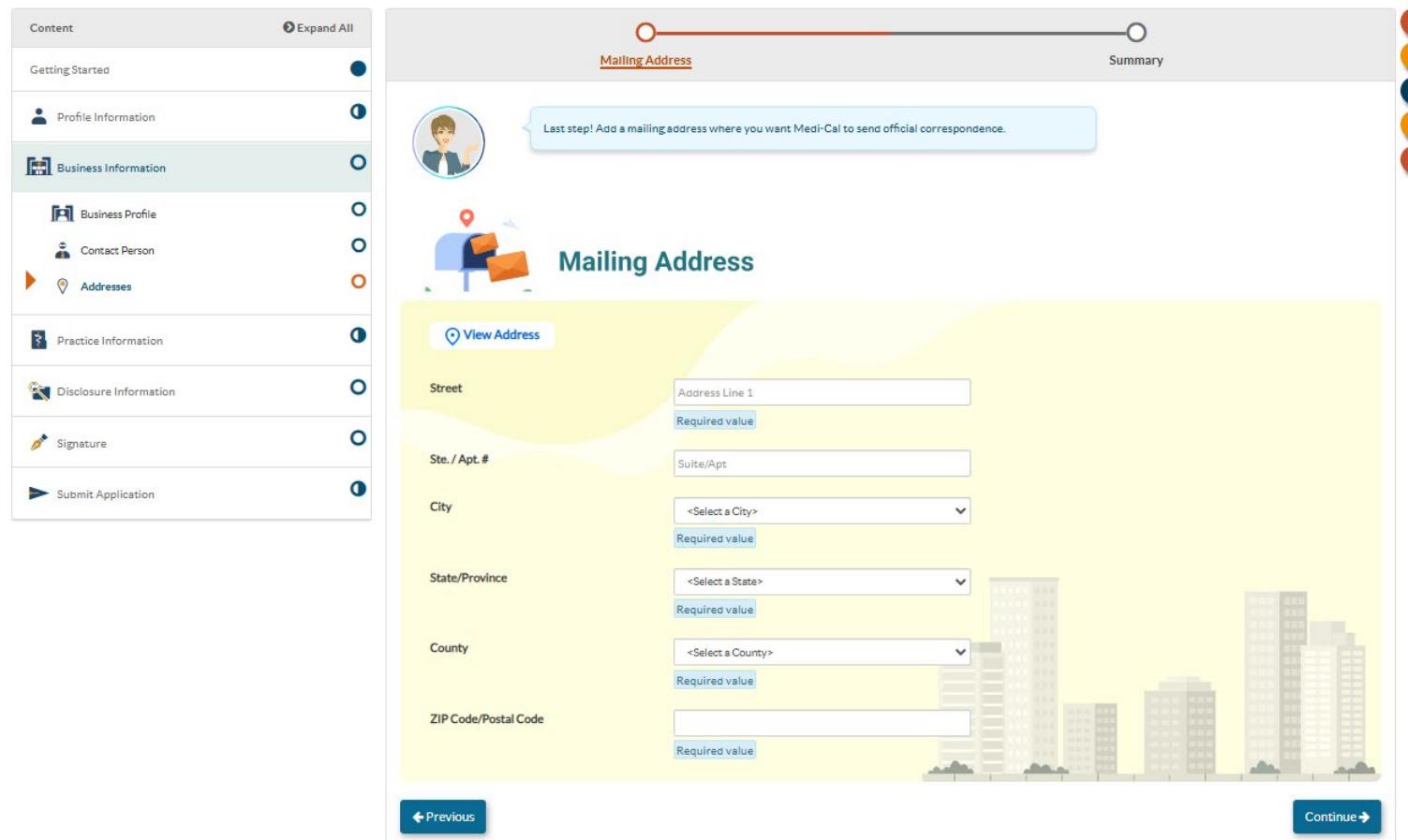
Email address Required value

Previous Continue

Business Information (cont.)

Addresses

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



The screenshot shows a web-based application for adding business information. On the left, a sidebar menu lists various sections: Getting Started, Profile Information, Business Information (selected), Business Profile, Contact Person, Addresses (selected), Practice Information, Disclosure Information, Signature, and Submit Application. The main content area is titled "Mailing Address" and contains a sub-section titled "View Address". It includes fields for Street, Ste./Apt. #, City, State/Province, County, and ZIP Code/Postal Code. Each field is marked with a "Required value" label. A blue callout box on the left says, "Last step! Add a mailing address where you want Medi-Cal to send official correspondence." At the bottom are "Previous" and "Continue" buttons, and a vertical toolbar on the right with icons for back, forward, and other application functions.

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

Description	Taxonomy Code	Type	Actions
Some description	██████████	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 X		

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

Required value

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

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\(ca.gov\)](#)
- » 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!

