

The background features a purple-tinted image of a stethoscope and a line graph. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The line graph shows a fluctuating trend. The stethoscope is positioned on the right side of the image.

Ordering, Referring, Prescribing (ORP) Enrollment

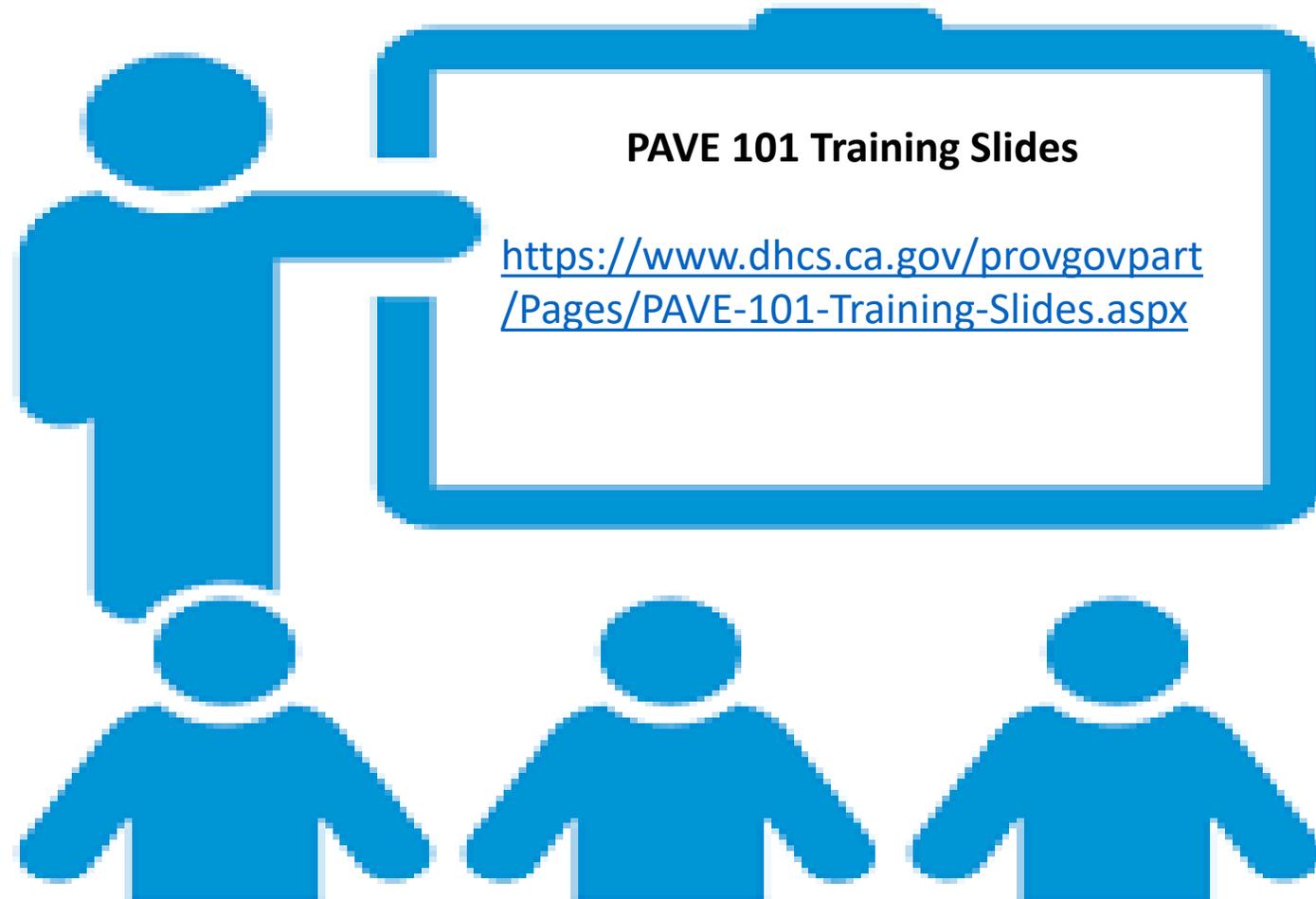
Provider Enrollment Division

February 2022

Topics Covered

- 1 Getting set up in the PAVE enrollment system: PAVE User, PAVE Profile
- 2 PAVE Questionnaire to Start an ORP Application
- 3 Relevant Medi-Cal Enrollment Requirements
- 4 DHCS Application Review
- 5 Additional Resources

Getting Set Up in PAVE for First Time Users



Access PAVE

← → ↻ pave.dhcs.ca.gov/ss0/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

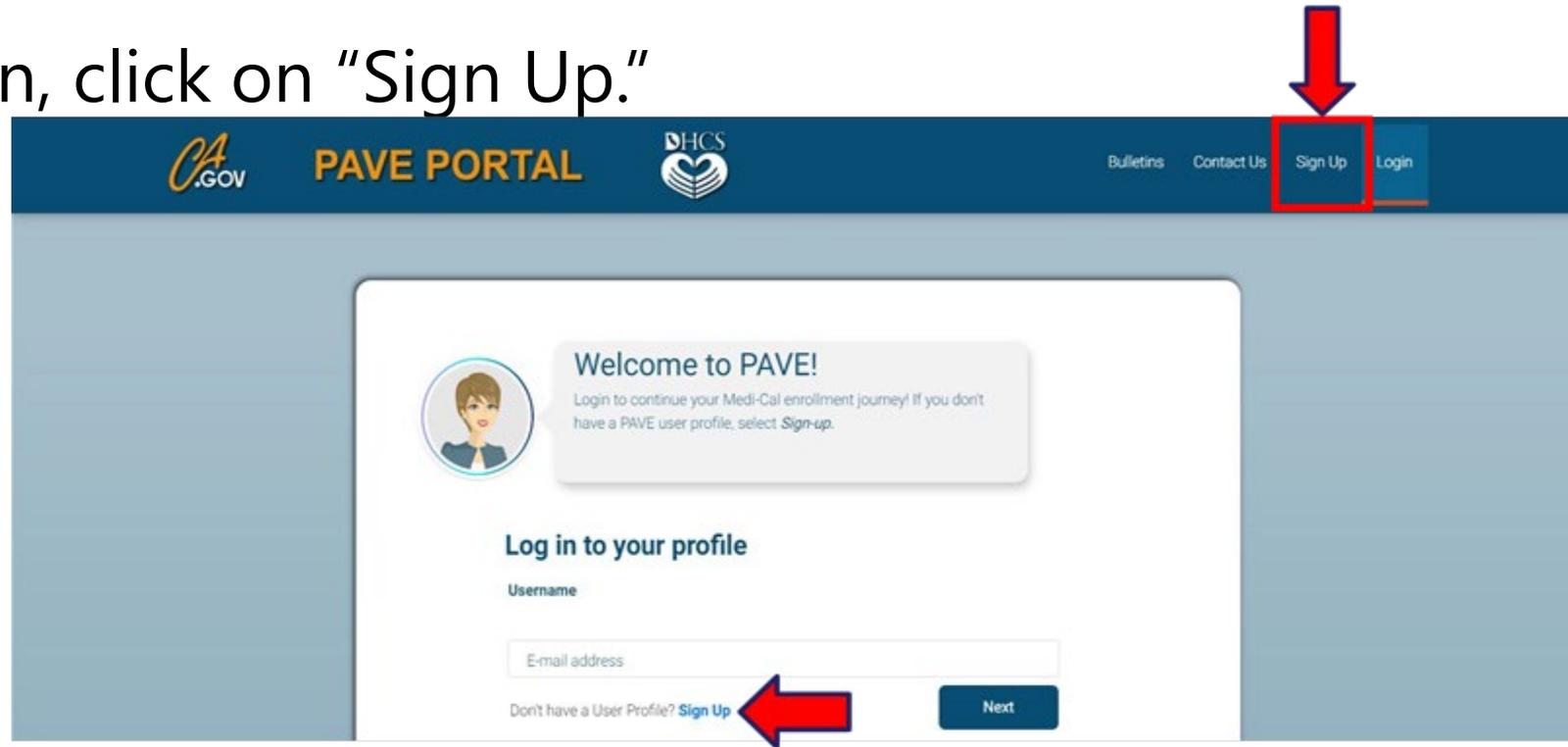
Don't have a User Profile? [Sign Up](#) **Next**

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

PAVE Portal SSD Version: 5.0.0.0 - Build Number:226
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PAVE User Sign-Up Process

➤ To begin, click on "Sign Up."



PAVE User Sign-Up Process

- Complete the required information and click "NEXT."

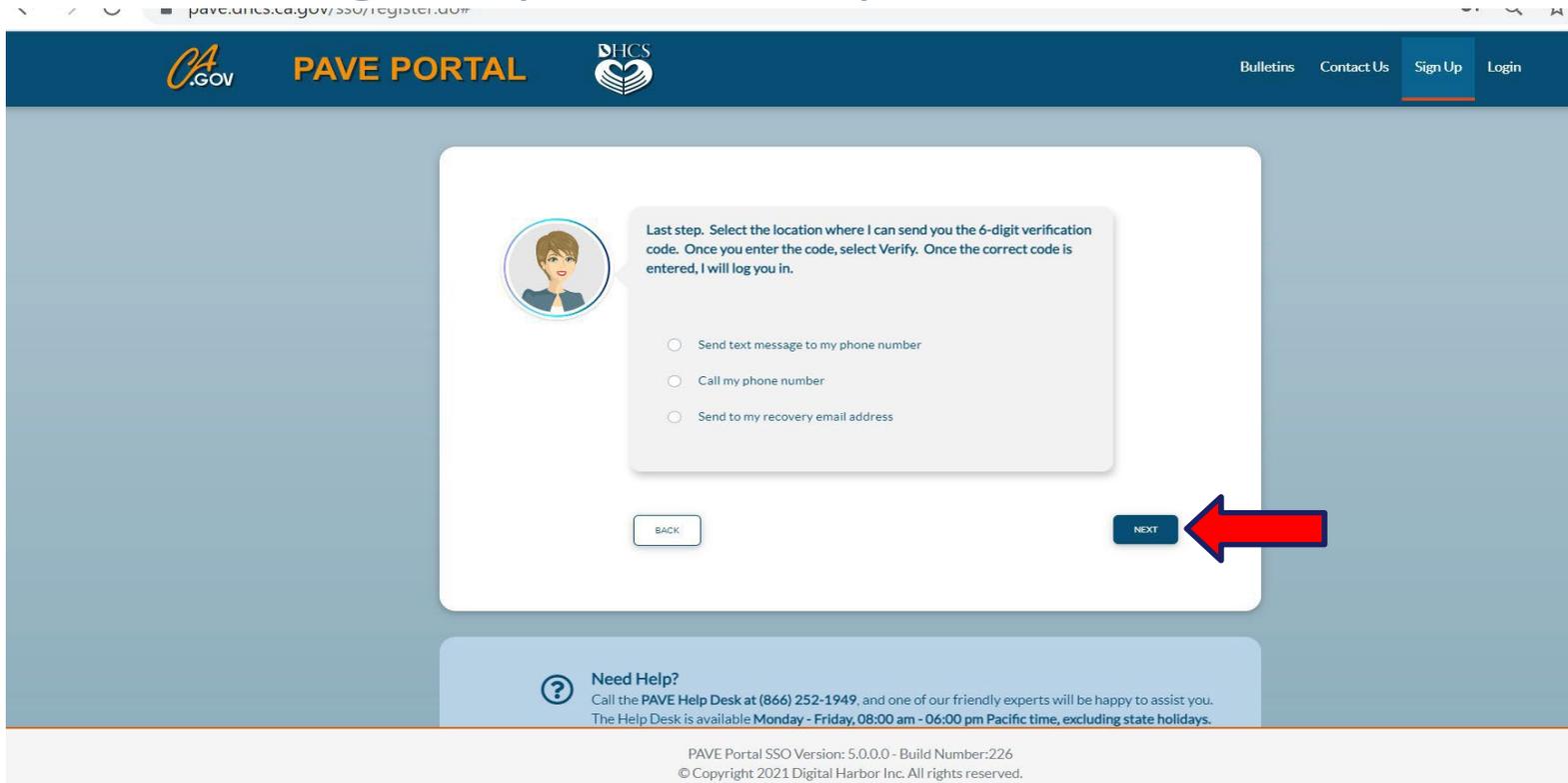
The screenshot shows a web browser window with the URL `pave.dhcs.ca.gov/sso/register.do`. The page title is "Sign Up". The form contains the following fields and elements:

- First name:** Sandy
- Last name:** Lee
- Username:** sandy.1.lee@protonmail.com
- Password:** [Redacted]
- Confirm:** [Redacted]
- Phone number:** (555) 555-5555 (with a note: "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:** "I'm not a robot" with a reCAPTCHA logo and "Privacy - Terms" link.
- Disclaimer:** "By selecting Next, you agree to the Terms & Conditions for PAVE Portal."
- Next Step:** A blue "NEXT" button with a red arrow pointing to it.

At the bottom of the page, the footer text reads: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

PAVE User Sign-Up Process

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



The screenshot shows the PAVE Portal registration process. At the top, there is a navigation bar with the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and links for "Bulletins", "Contact Us", "Sign Up", and "Login". The main content area features a white card with a female avatar icon on the left. To the right of the avatar is a text box that reads: "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 this text 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 two buttons: "BACK" on the left and "NEXT" on the right. A large red arrow points to the "NEXT" button. Below the card is a "Need Help?" section with a question mark icon and text: "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." At the very bottom, there is a footer with the text: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

PAVE User Sign Up Process

- Each of the three options provides a verification code valid for 15 minutes.

On Wednesday, August 25th, 2021 at 11:58 AM, <PAVE-DHCS@dhcs.ca.gov> wrote:

Your six digit verification code for PAVE is: 963803



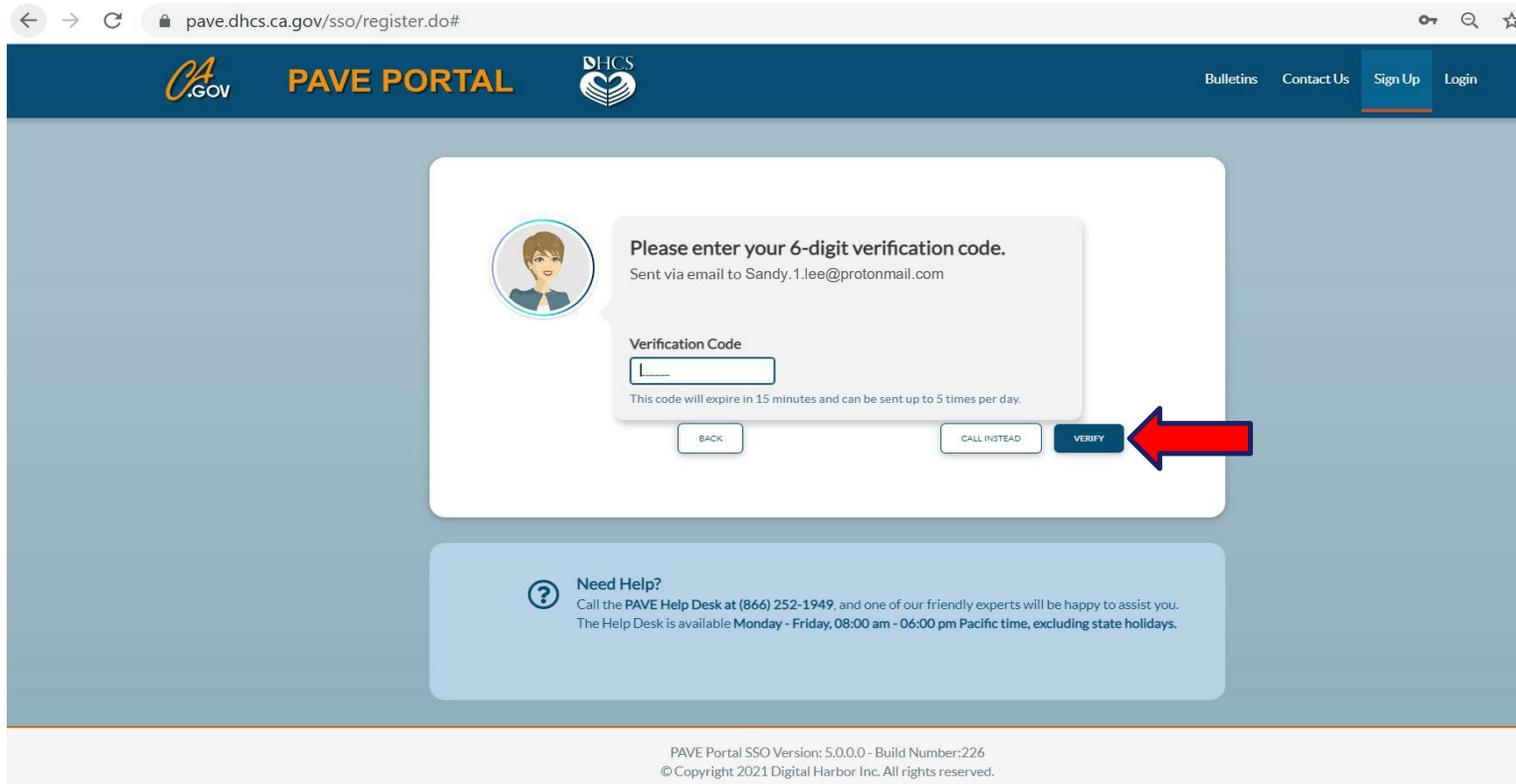
This verification code will expire in 15 minutes.

PAVE Portal Administration

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

PAVE User Sign-Up Process

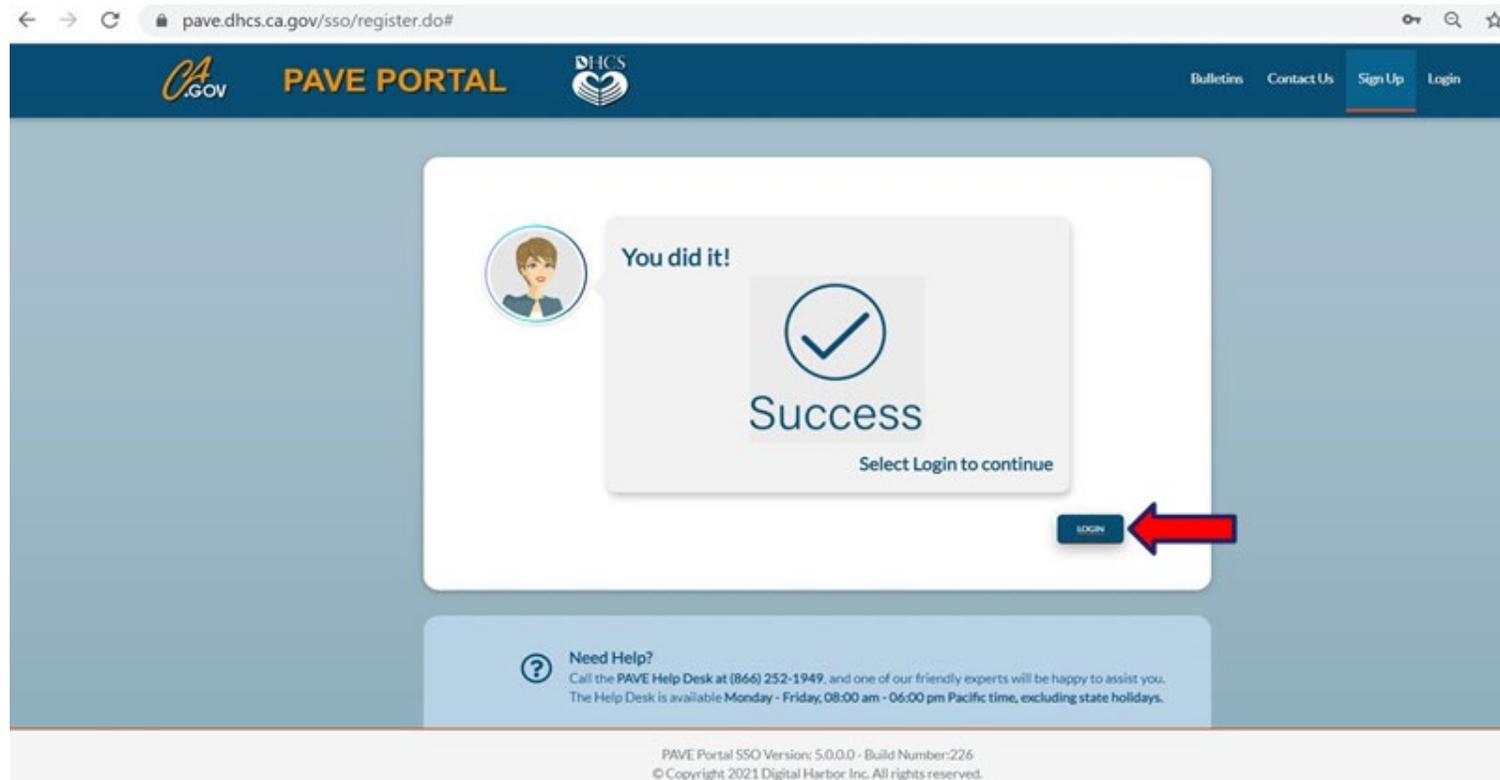
- Enter the six-digit verification code and click "VERIFY."



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, `PAVE PORTAL`, and the `DHCS` logo. Navigation links for `Bulletins`, `Contact Us`, `Sign Up`, and `Login` are visible. The main content area features a white card with a user profile icon and the text: "Please enter your 6-digit verification code. Sent via email to Sandy.1.lee@protonmail.com". Below this is a "Verification Code" input field and a note: "This code will expire in 15 minutes and can be sent up to 5 times per day." At the bottom of the card are three buttons: `BACK`, `CALL INSTEAD`, and `VERIFY`. A red arrow points to the `VERIFY` button. Below the card is a "Need Help?" section with contact information for the PAVE Help Desk. The footer contains version and copyright information: "PAVE Portal SSO Version: 5.0.0.0 - Build Number:226 © Copyright 2021 Digital Harbor Inc. All rights reserved."

PAVE User Sign Up Process

- Once PAVE confirms successful verification, click "LOGIN."



PAVE User Sign Up Process

- Now enter your email and your password and click "LOGIN."

The screenshot shows the PAVE Portal login page. The browser address bar displays `pave.dhcs.ca.gov/ss0/login.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", and "Login". The main content area features a user profile card for "Hi Sandy" with the email address "sandy.1.lee@protonmail.com". Below the profile is a password input field labeled "Enter your Password" with a red arrow pointing to it. To the right of the input field is a "Login" button, also with a red arrow pointing to it. There are also "Forgot Password?" and "Back" buttons. At the bottom, there is a "Need Help?" section with contact information for the PAVE Help Desk and a footer with version and copyright information.

PAVE 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 Profile Set Up

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 “+ New Application.”

Complete the questionnaire to start the correct application.

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

First 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 →](#)

Second Questionnaire Page

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 →

Third Questionnaire Page

NPI

➤ Enter your type 1 NPI and click the "verify" button.

The screenshot displays a questionnaire interface with a progress bar at the top. The progress bar has six steps: 'Start Application', 'Business Structure', 'NPI', 'Provider Type', 'Language', and 'Last step'. The 'NPI' step is currently active, indicated by a red circle and underline. Below the progress bar, there is a help message from a cartoon character: '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.' Below the message is a text input field labeled 'National Provider Identifier (NPI)' with a 'Required value' error message below it. To the right of the input field is a blue 'Verify' button with a right-pointing arrow. A large blue arrow with a red outline points from the 'Verify' button back towards the input field. At the bottom left is a 'Previous' button with a left-pointing arrow, and at the bottom right is a 'Continue' button with a right-pointing arrow.

Third Questionnaire Page

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 shows a progress bar at the top with six steps: Start Application, Business Structure, NPI (highlighted in red), Provider Type, Language, and Last step. Below the progress bar is a message bubble with a woman icon: "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." Below this is a form with the following fields: National Provider Identifier (NPI) (with a text input field and a "Verify" button), National Provider Identifier (NPI) (with a masked value), Type (1-Individual), Business name (with a masked value), Taxonomy code(s) (with a masked value), and NPPES address (registered) (with a masked value). Below the form is a question: "Is this the correct information?" with radio buttons for "Yes" (selected) and "No". A red arrow points to the "Yes" radio button. At the bottom are "Previous" and "Continue" buttons.

Fourth Questionnaire Page

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

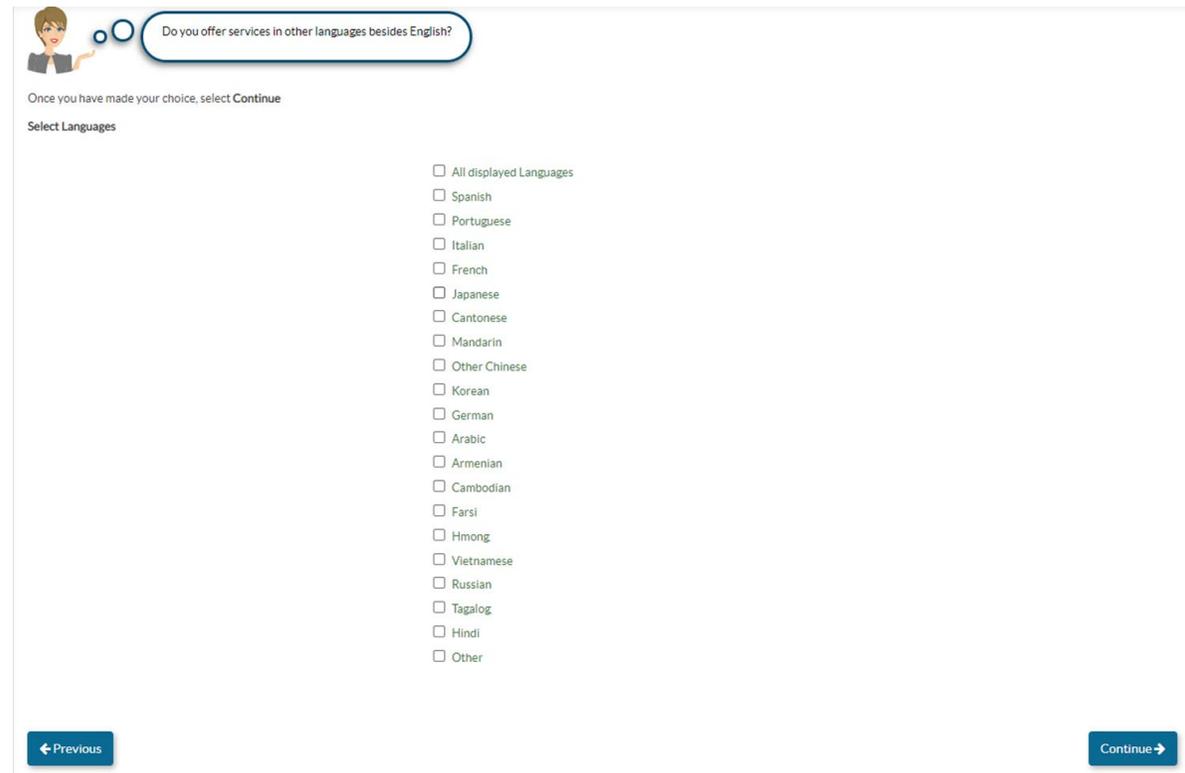
business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported
structure, click [here](#)

Continue →

Fifth Questionnaire Page

Languages Offered

- Select any additional languages offered at your service location besides English and click “continue.”



Do you offer services in other languages besides English?

Once you have made your choice, select **Continue**

Select Languages

- All displayed Languages
- Spanish
- Portuguese
- Italian
- French
- Japanese
- Cantonese
- Mandarin
- Other Chinese
- Korean
- German
- Arabic
- Armenian
- Cambodian
- Farsi
- Hmong
- Vietnamese
- Russian
- Tagalog
- Hindi
- Other

← Previous

Continue →

Sixth Questionnaire Page

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.

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
[Redacted] [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)

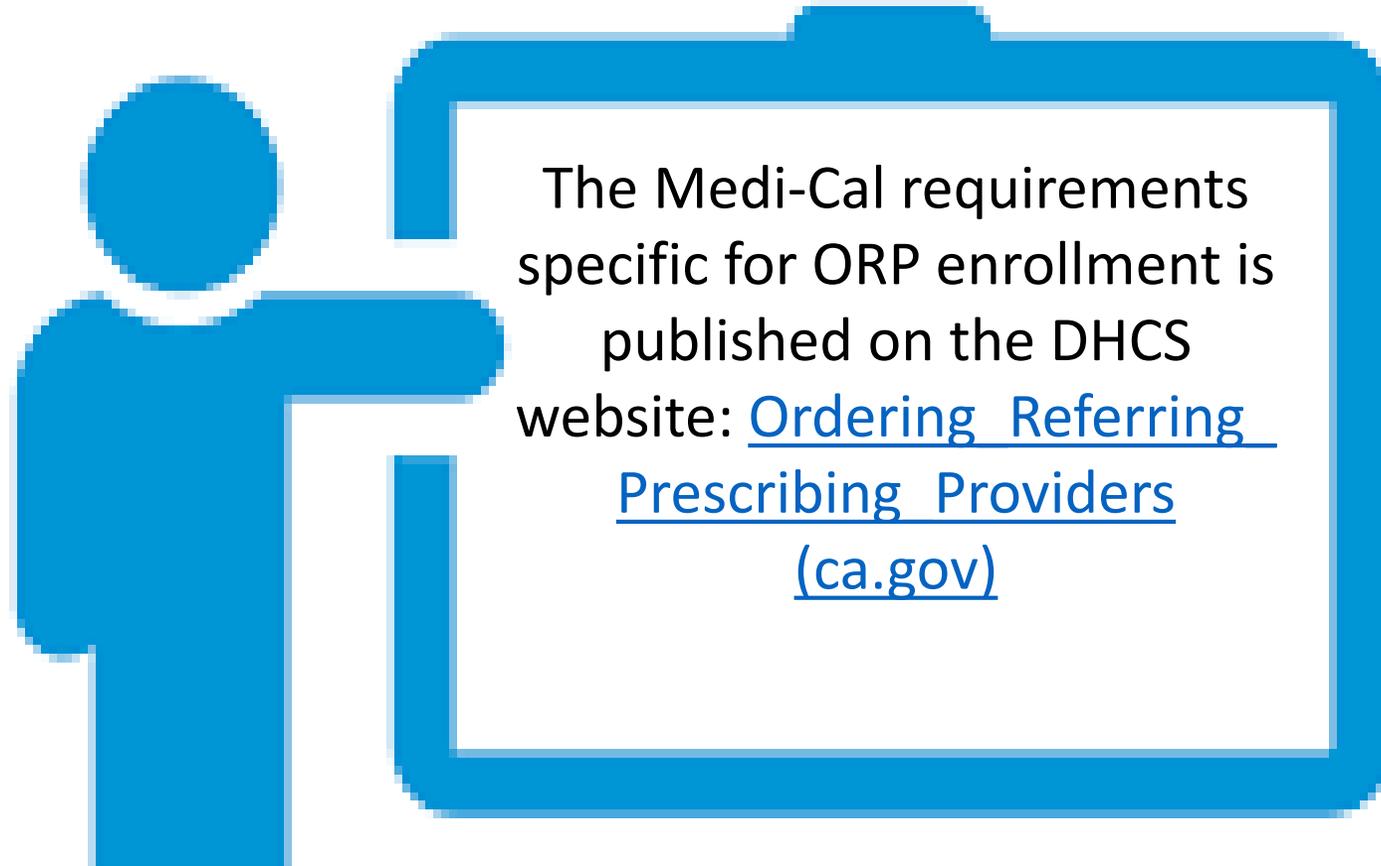
- » Applications shall... “Be signed under penalty of perjury by an individual who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity or non-profit organization, who has the authority to legally bind the applicant seeking enrollment, or the provider 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

Online Resources



Enrollment Process Initial Review

1. Complete your application in the PAVE portal



2. Submit your application



3. DHCS reviews in 'date order received'.



4. 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 need to go into the application and make the corrections and then resubmit your application to PED within 60 days.

Common Deficiencies

- » Documents not being readable.
- » Including a screenshot from Breeze. (A copy of the license, full-size or pocket-size, must be submitted.)
- » Driver's license or state issued identification being 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

- » For technical assistance with the PAVE system, please direct questions to the PAVE Help Desk at 1.866.252.1949.
- » For Medi-Cal enrollment questions, please email Intranet - AutoForms (ca.gov) or call 1.916.323.1945.
- » 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>