Drug Medi-Cal Enrollment (DMC) Using the Provider Application and Validation for Enrollment (PAVE) System

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

October 2024

Topics Covered

1. Getting set up in the PAVE enrollment system – new to PAVE and not enrolled
2. Accessing PAVE from an existing / enrolled account
3. PAVE questionnaire to start a DMC application
4. Medi-Cal program requirements

Enrollment Process

The Process:

Step 1: Accessing PAVE

Step 2: Questionnaire

Program Requirements

Getting set up in the PAVE enrollment system

- PAVE is the name of the online application system to submit DMC applications for Medi-Cal enrollment.
- If the Tax ID for your clinic is not currently associated with a Medi-Cal enrollment, then you must create an account in PAVE.
- If you already have a PAVE account, Click here to skip ahead to how to access PAVE through an existing account.

Enrollment Process

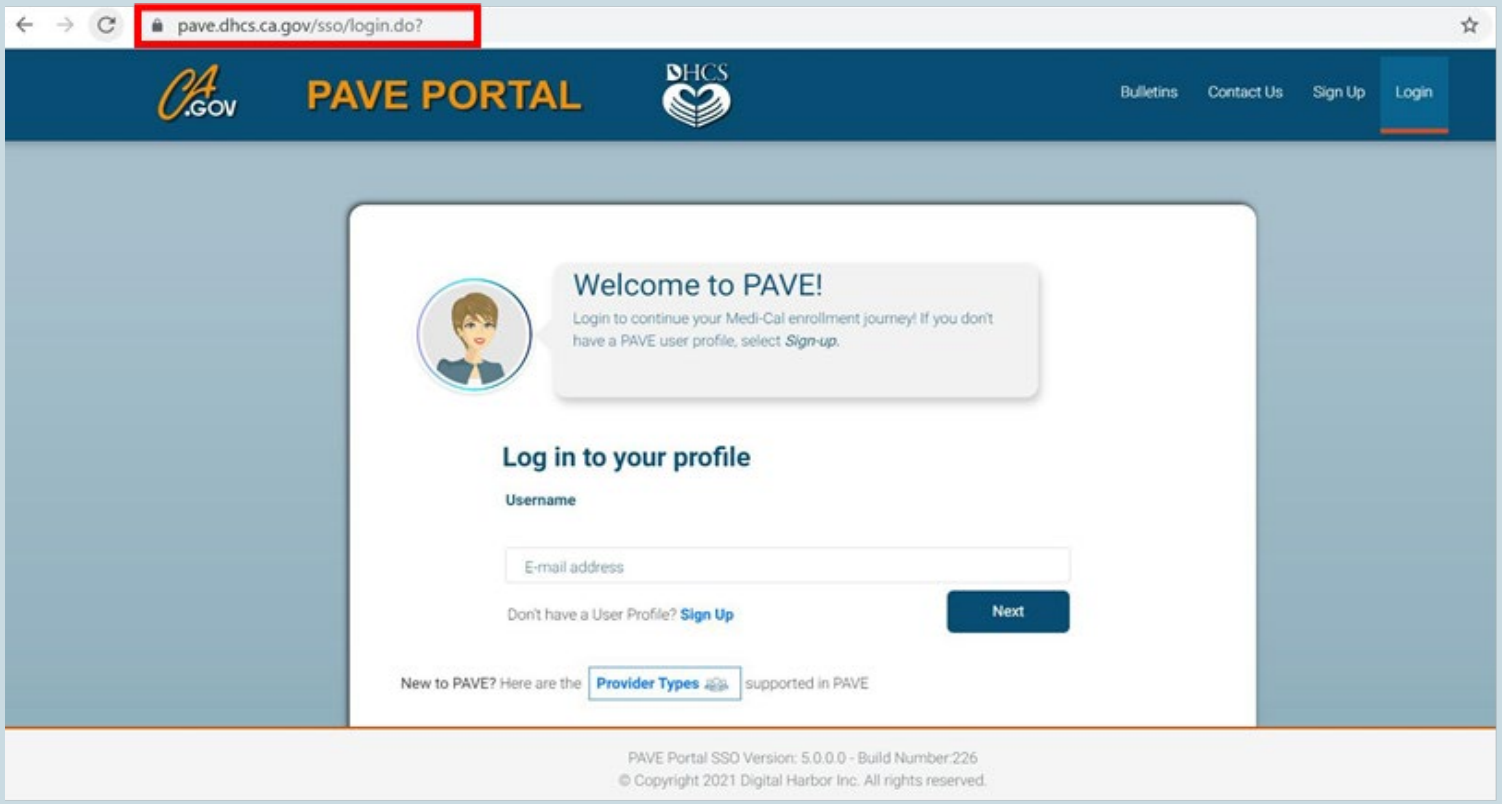
The Process

Step 1: Accessing PAVE:

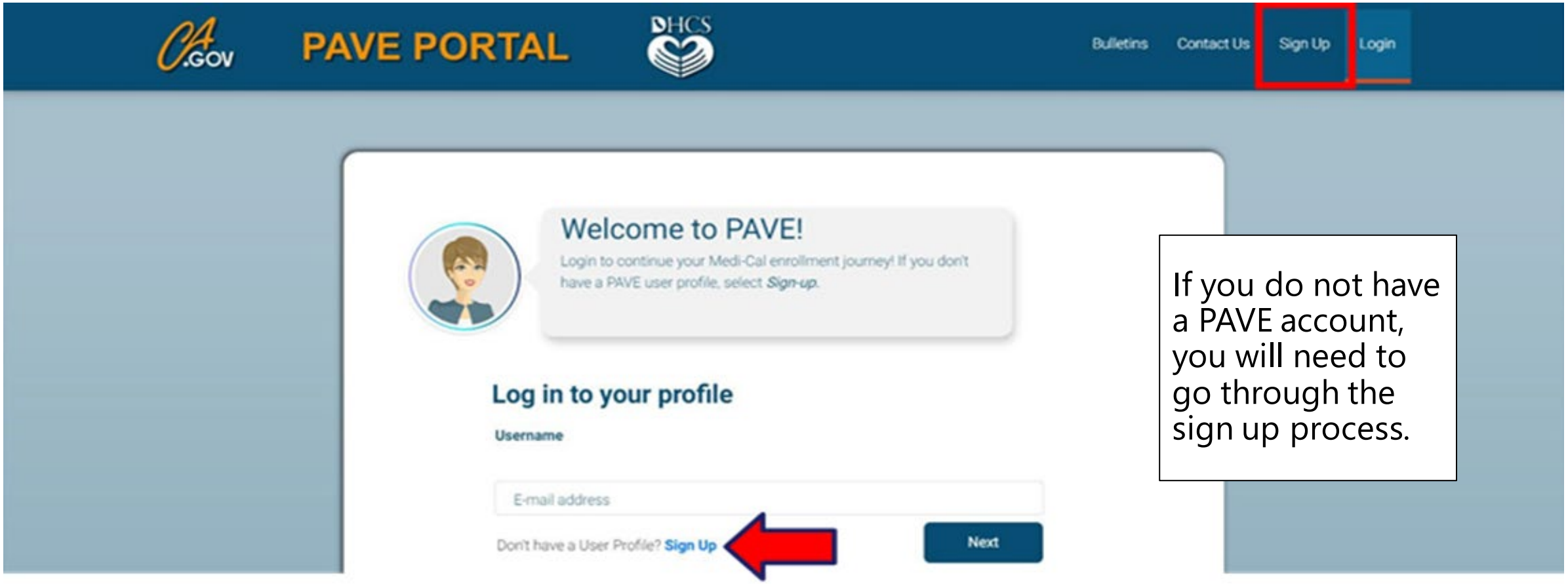
Step 2: Questionnaire

Program Requirements

Access PAVE at https://pave.dhcs.ca.gov



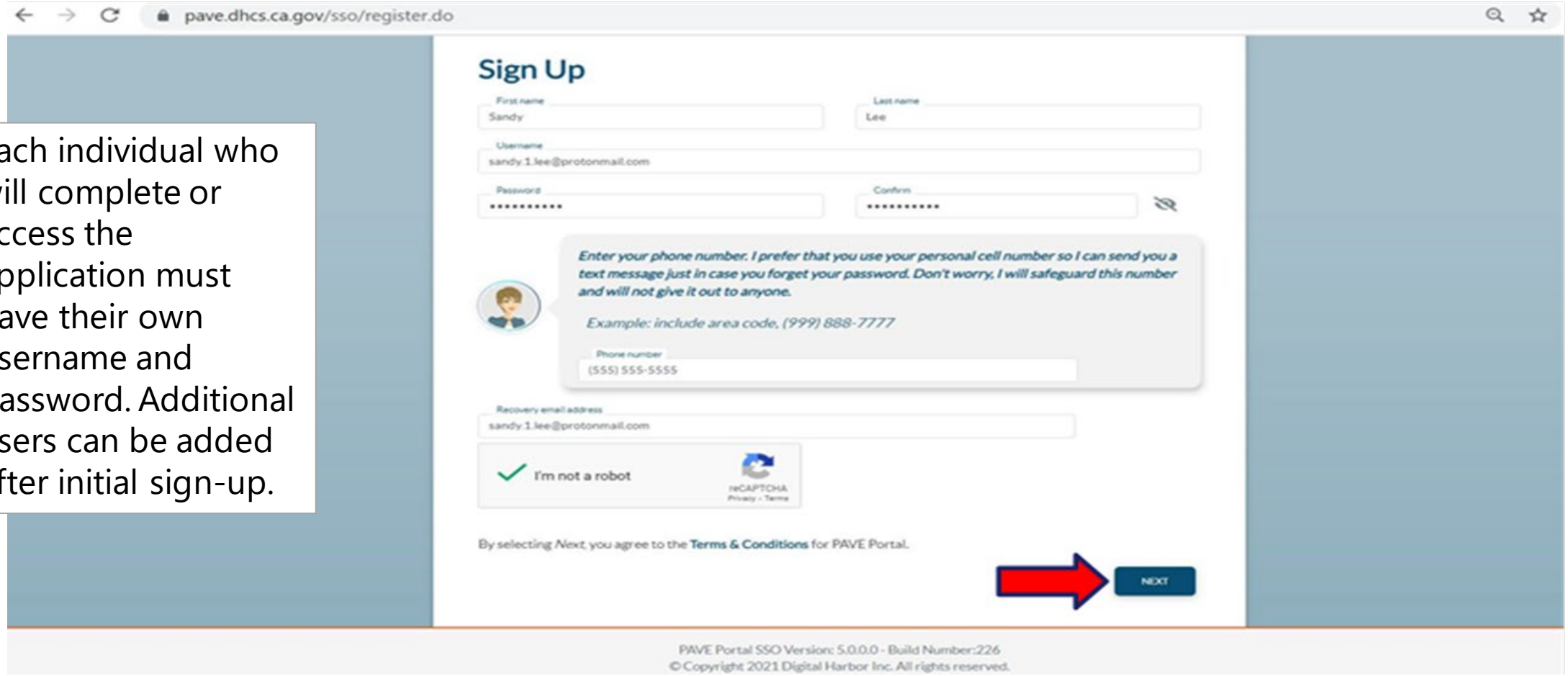
Click “Sign Up”



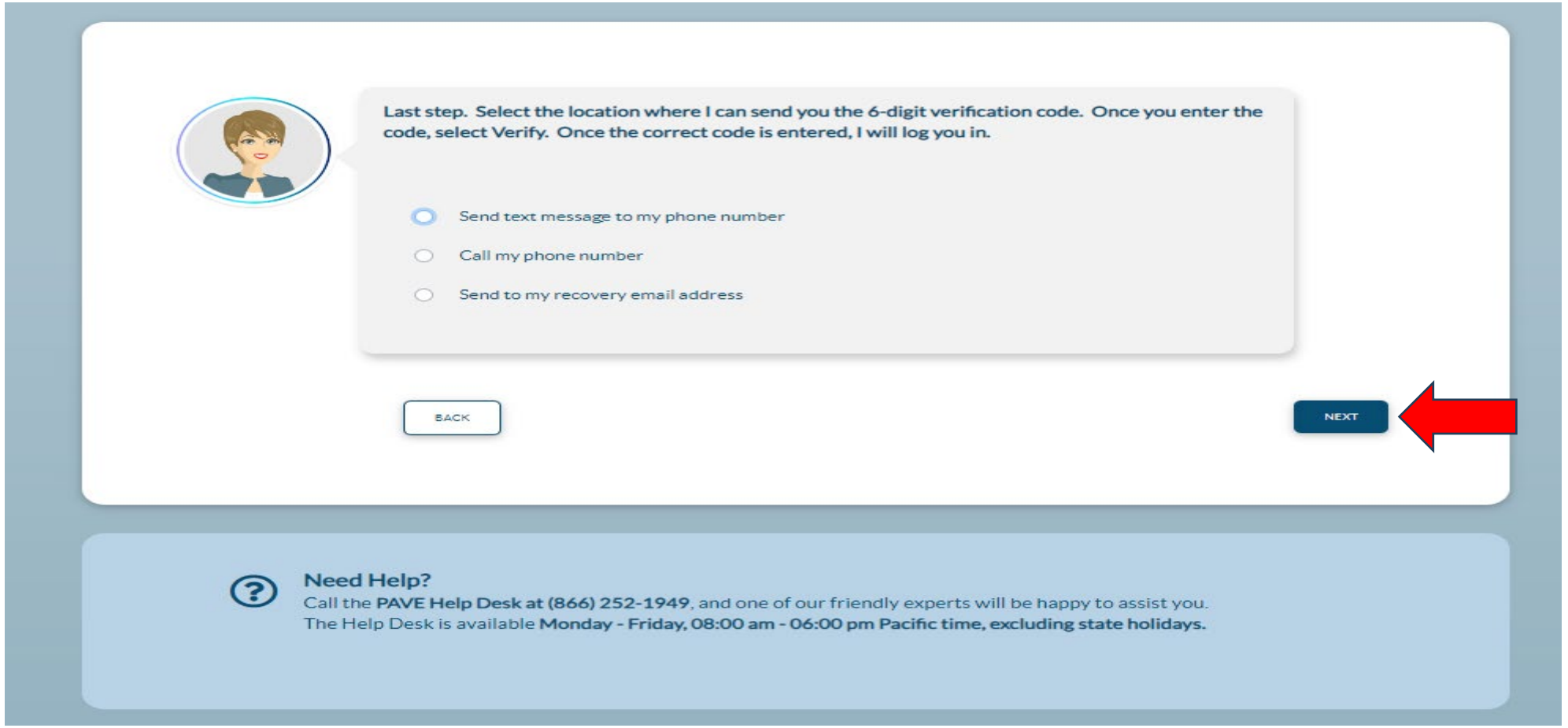
If you do not have a PAVE account, you will need to go through the sign up process.

Enter Required Information and Click “Next”

Each individual who will complete or access the application must have their own username and password. Additional users can be added after initial sign-up.



Choose Your Verification Method and Click “Next”



Verification Code is Valid for 15 minutes

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

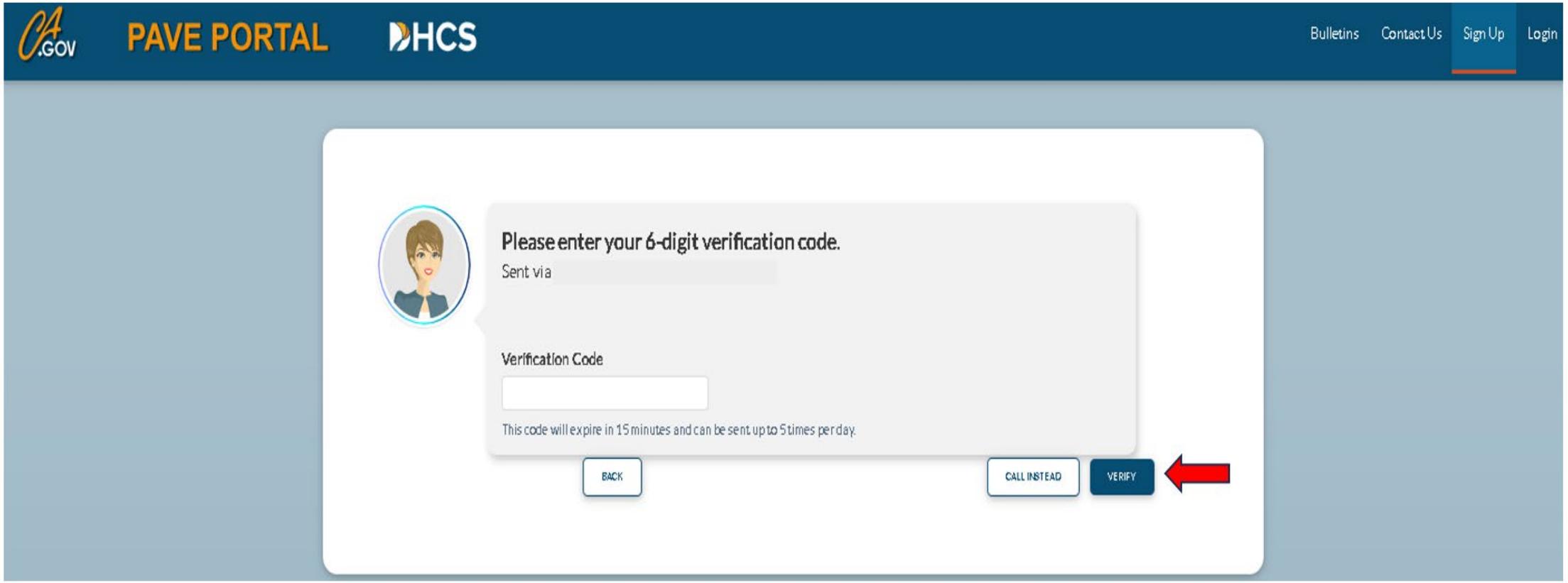
Your six digit verification code for **PAVE** is: **963803**

This verification code will expire in **15** minutes.

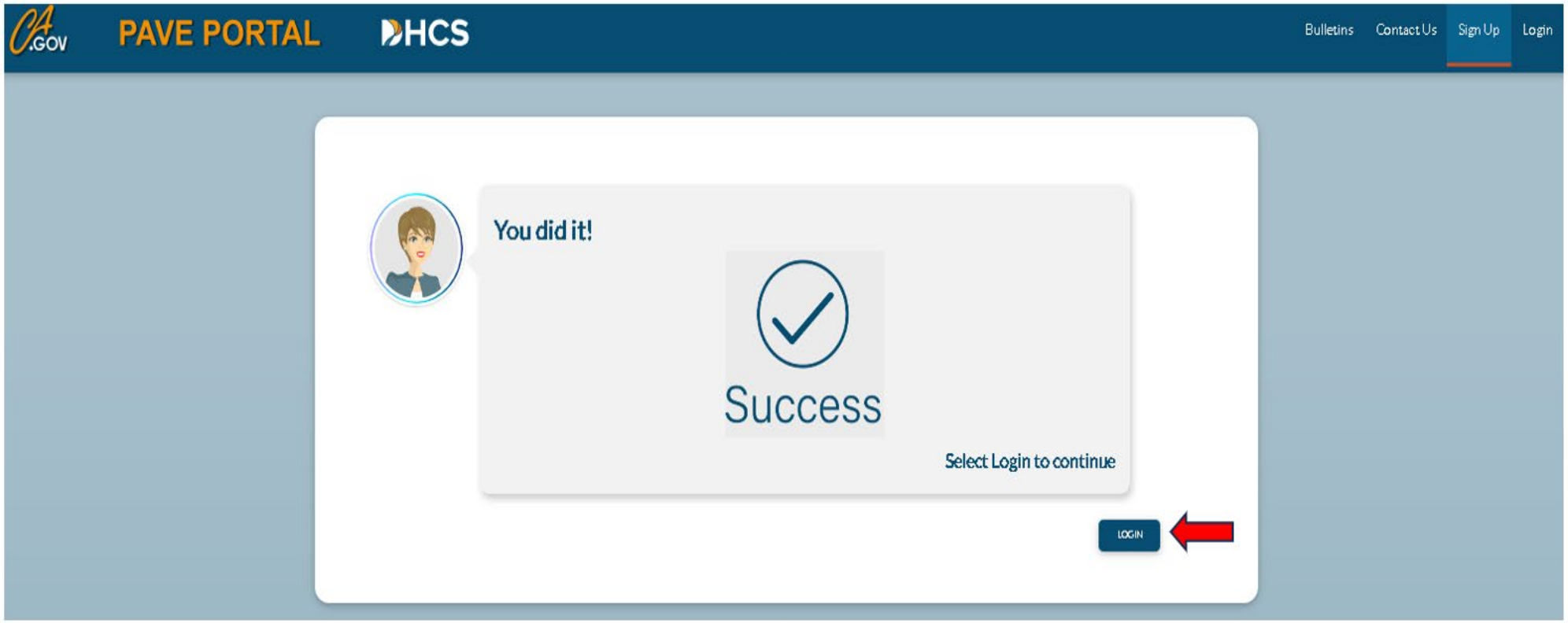
PAVE Portal Administration

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

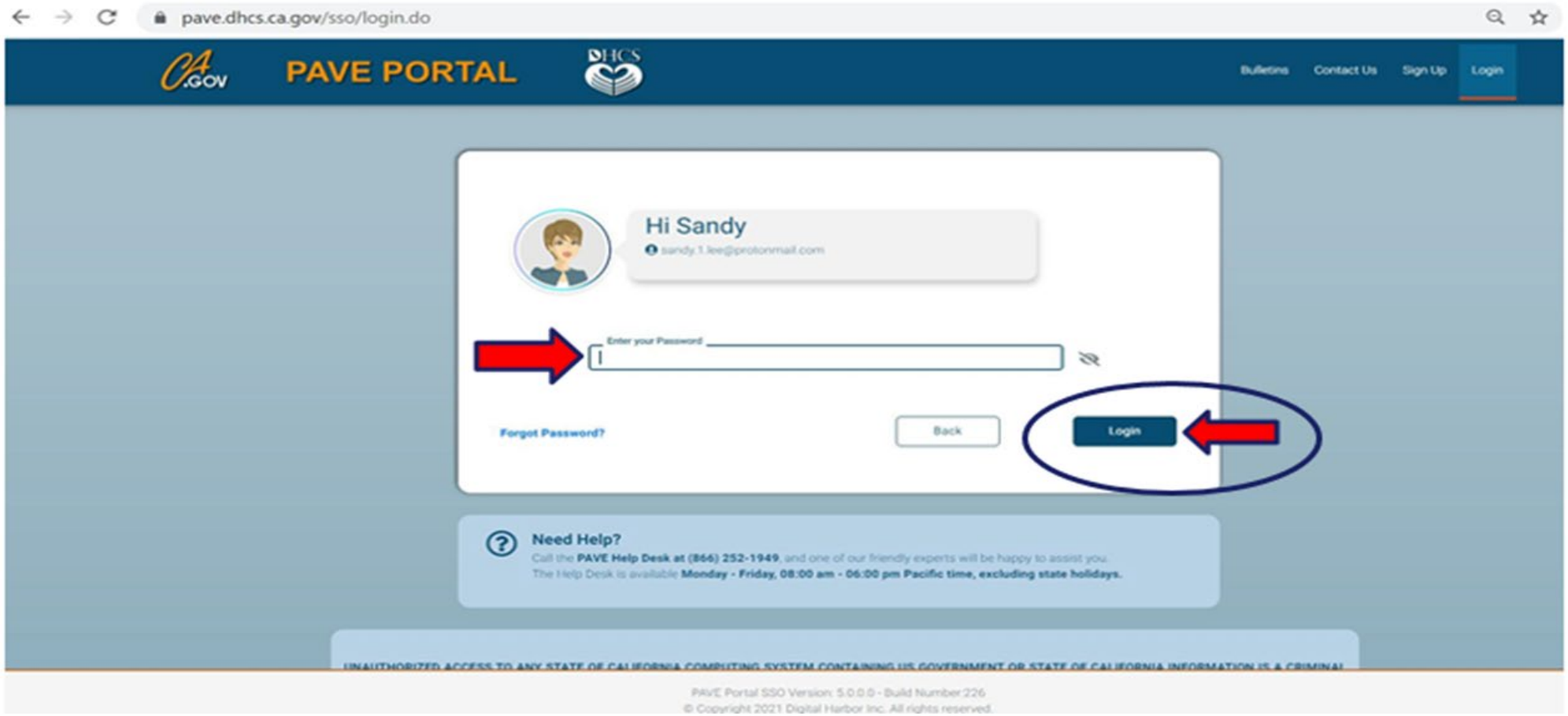
Enter Code and Click “Verify”



Login Once PAVE Confirms Successful Verification



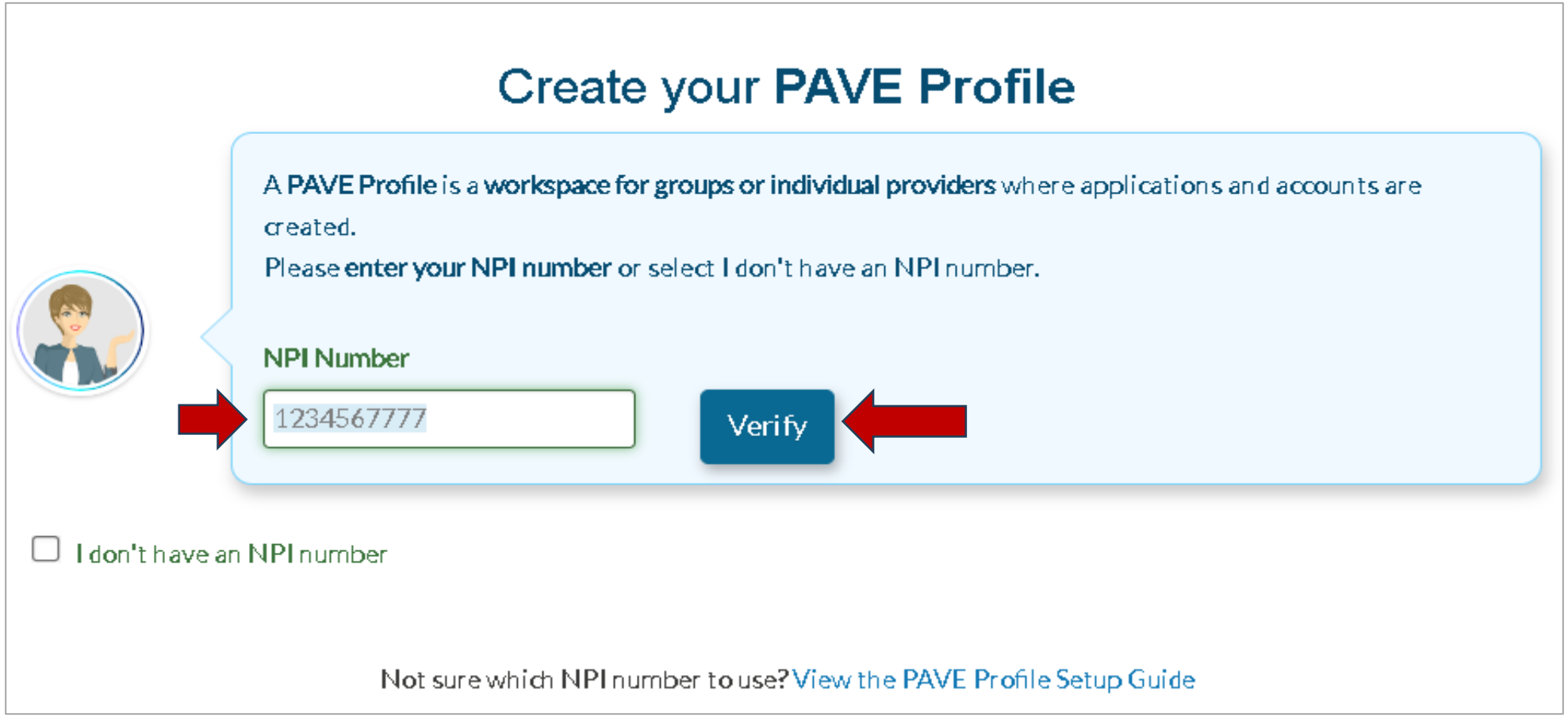
Login With Your Email Address and Password



PAVE User Sign Up is Complete

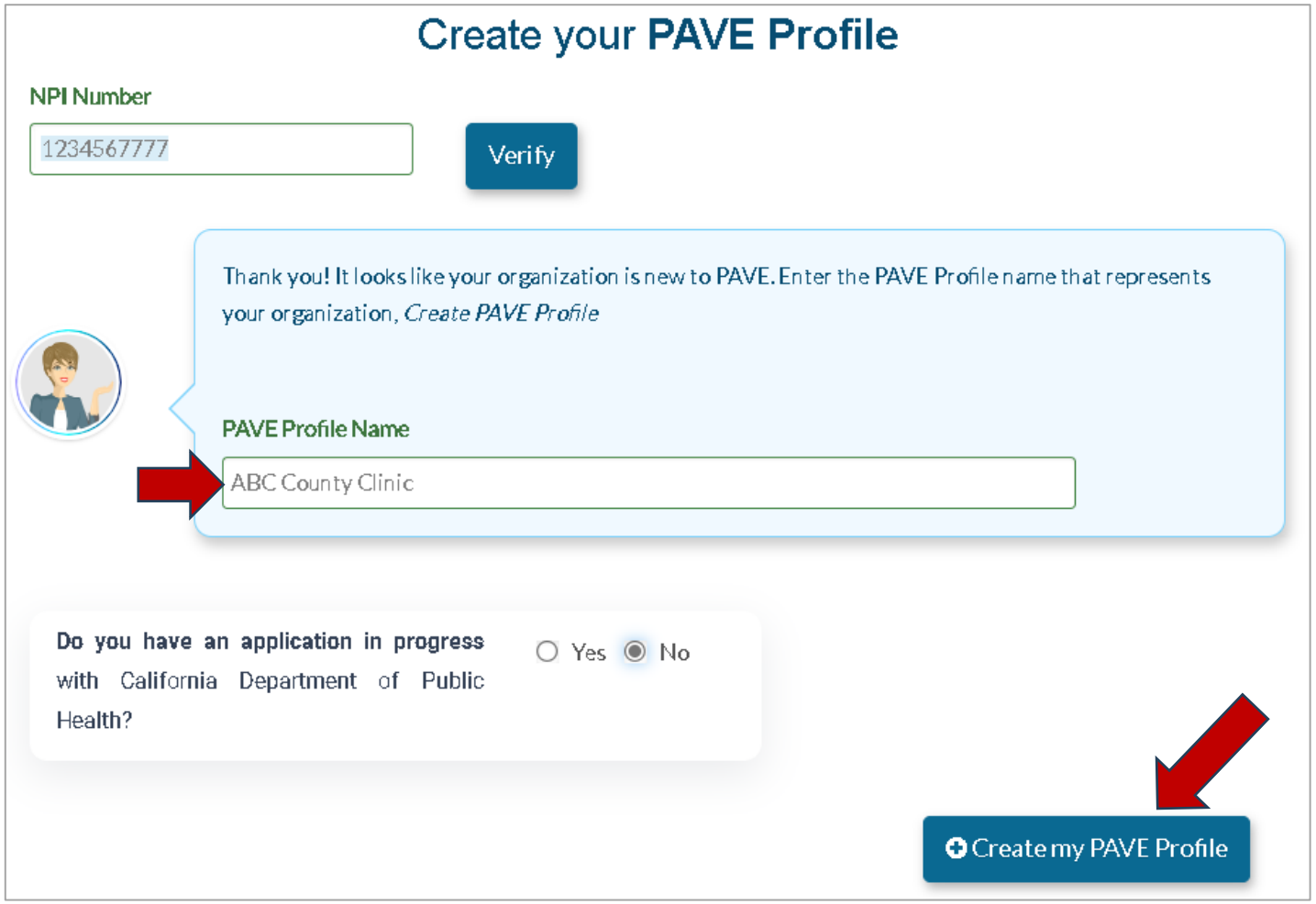
- Now that you are set up as a PAVE user, you must create your PAVE profile, which is a workspace where you and others in your organization can work to create applications for your organization and manage accounts.

Enter the National Provider Identifier (NPI) for the Clinic and Click “Verify”



Enter the Profile Name

Profile name is typically the legal name of the clinic. If you are unable to create a PAVE profile, click here to go to existing accounts.



PAVE Profile Set Up

- Make sure you are logged in with your own user email and password. Each person who accesses PAVE must use a unique log-in credential. Usernames and passwords cannot be shared.
- If the clinic is an entity, enter the Type 2 NPI for the clinic and click "Verify." If the clinic is a sole proprietorship, enter the Type 1 NPI. Additional information on obtaining an NPI can be found in the Appendix.
- There can only be one PAVE profile per Tax ID. However, multiple NPIs, provider types, and/or locations must be in the same PAVE profile if all are associated with the same Tax ID.
- Once the NPI is verified, you will enter your organization's PAVE Profile (e.g., substance use disorder clinic). Next, click "Create my PAVE Profile."

PAVE Profile

Click here to go to how to start a new application.

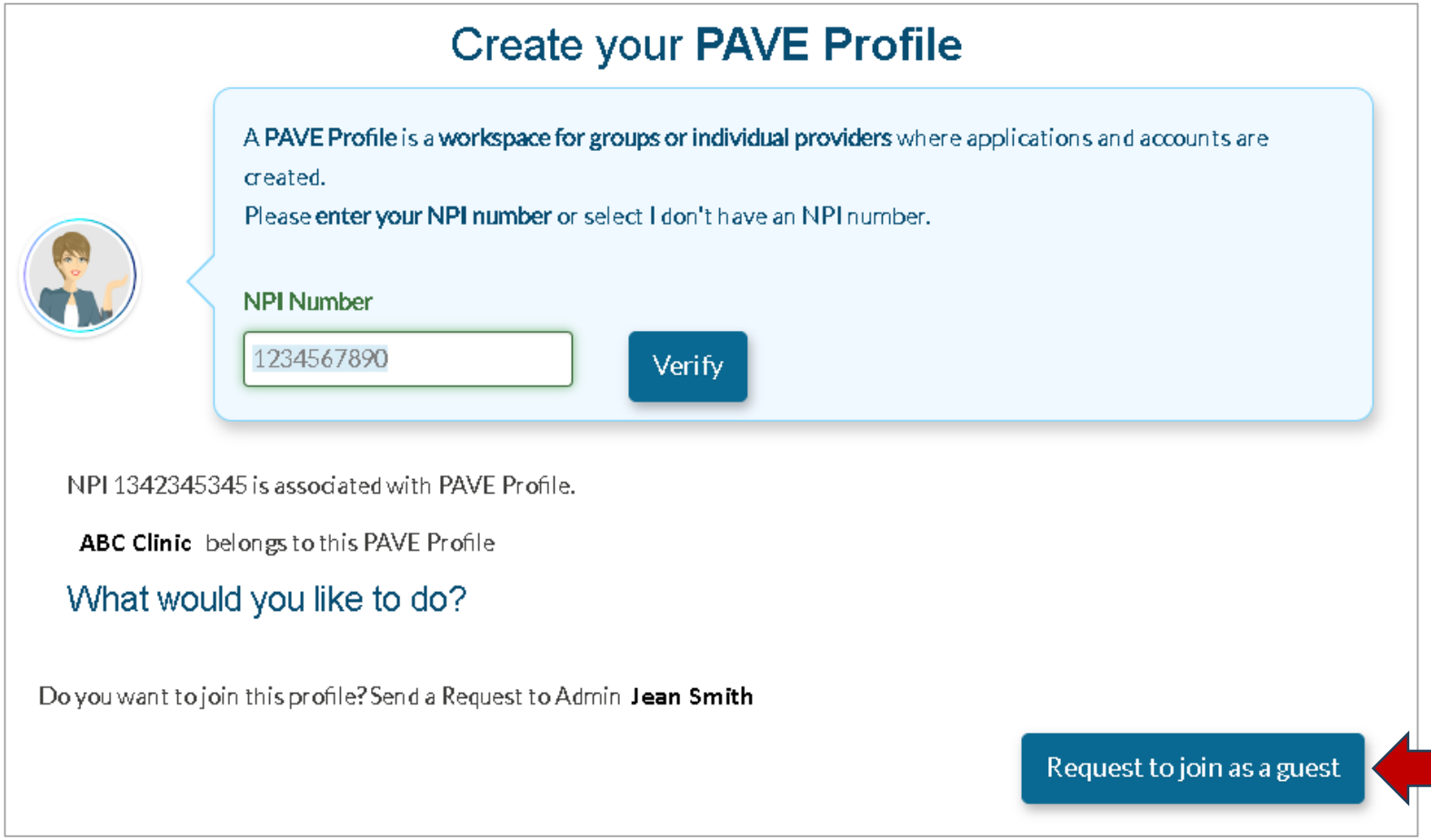
The arrow points to the name of the sample profile.

Accessing PAVE from an Existing/Enrolled Account

- If you are using a Tax ID already associated with a Medi-Cal enrollment, but do not have access rights to the existing account, you must request permission from an authorized person within your organization.
- Do not create separate PAVE profiles for the same Tax ID.

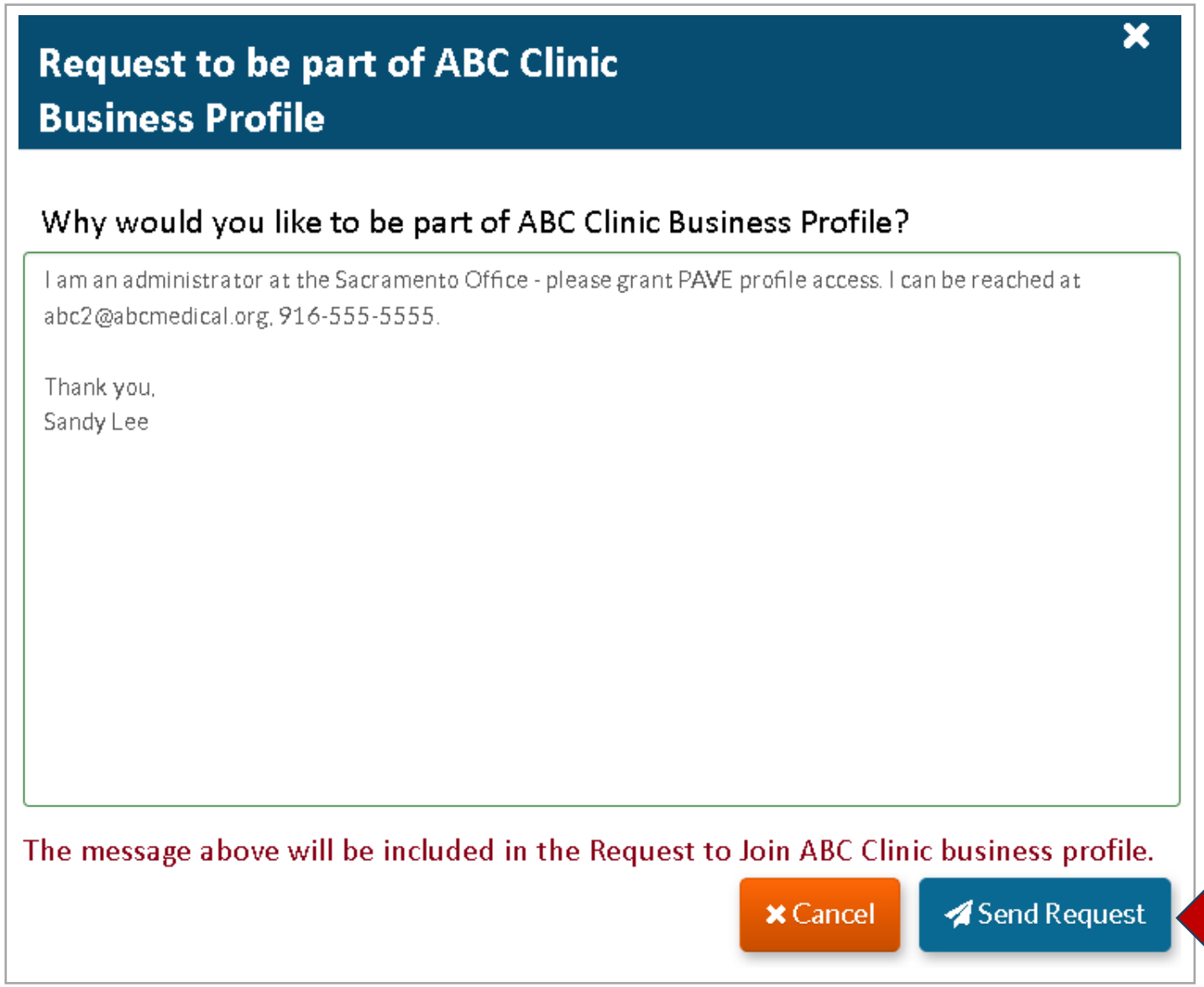
PAVE Profile

If account already exists, request to join.



PAVE Profile

Enter why you require access to a PAVE profile and send the request. You will not gain access until the administrator within your organization grants your rights.



Enrollment Process

The Process

Step 1: Accessing PAVE

Step 2: Questionnaire:

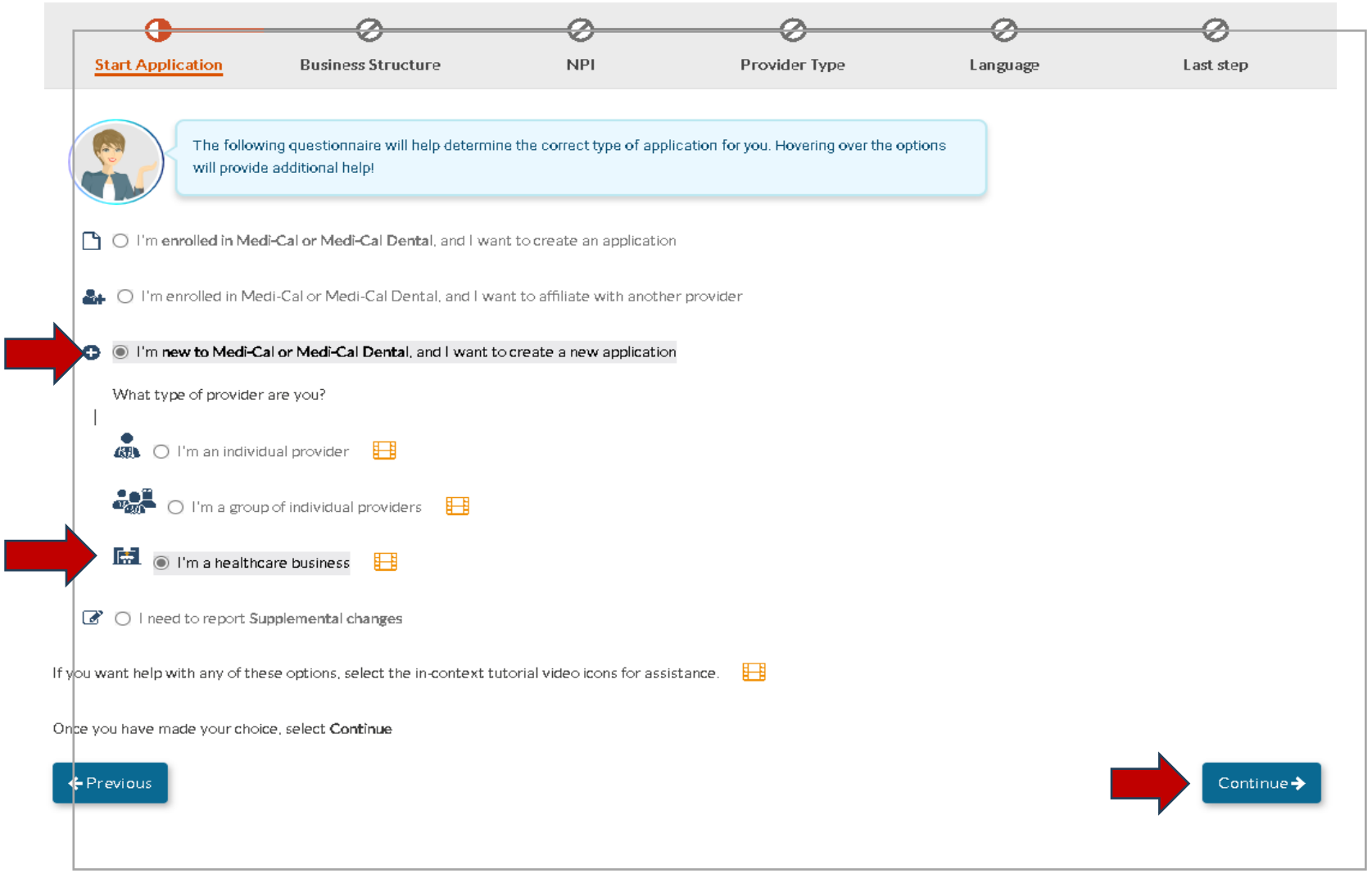
Program Requirements

The PAVE questionnaire is the initial path to start a DMC Clinic application

- In your organization's PAVE profile, click on "Applications" and then "+ New Application".
- You will complete a questionnaire to start the correct application.
- The following slides will guide you through the questionnaire to start a DMC clinic application.

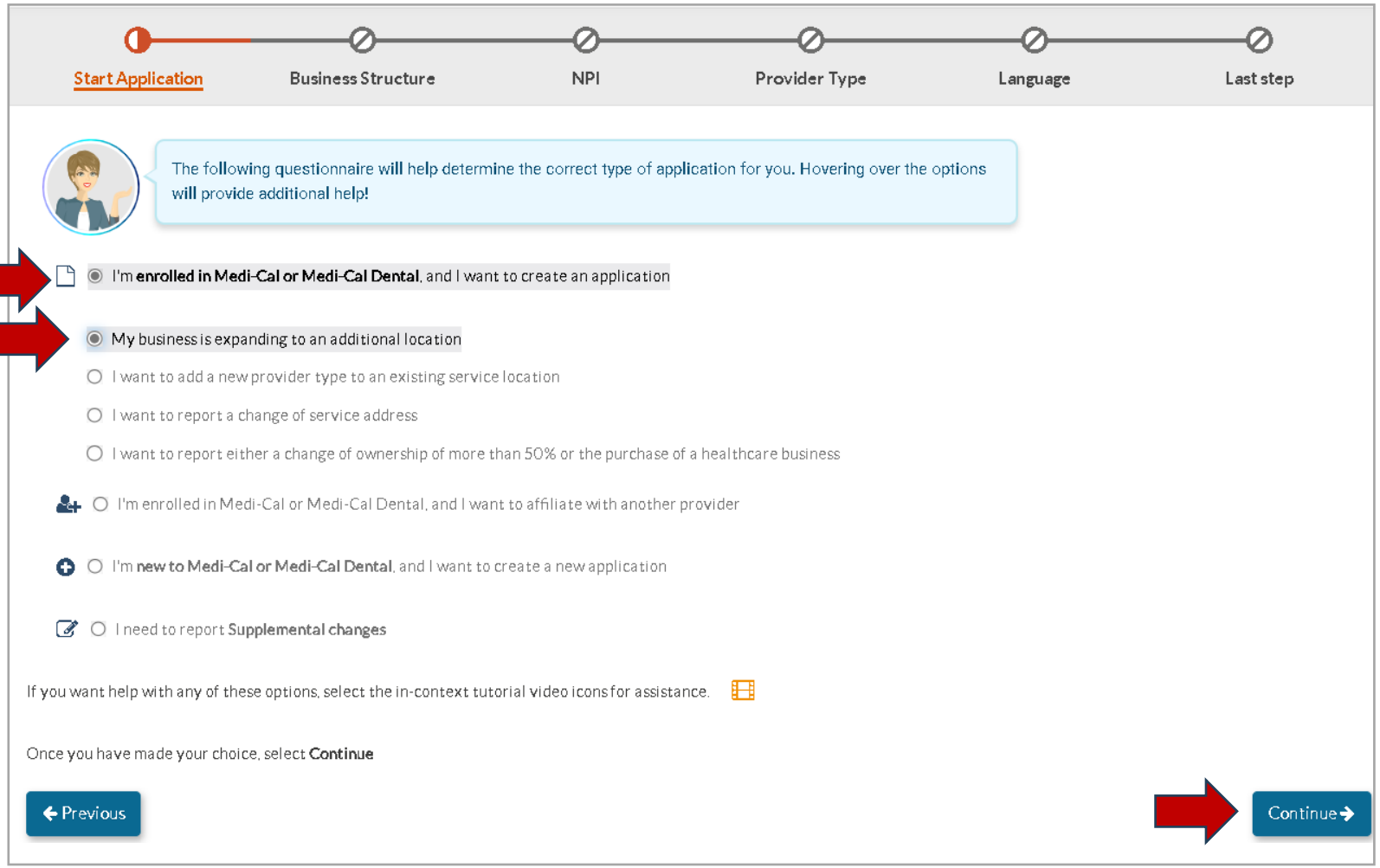
Questionnaire – New Start of Application

If **new**, select the "I'm new..." option and then "I'm a health care business".



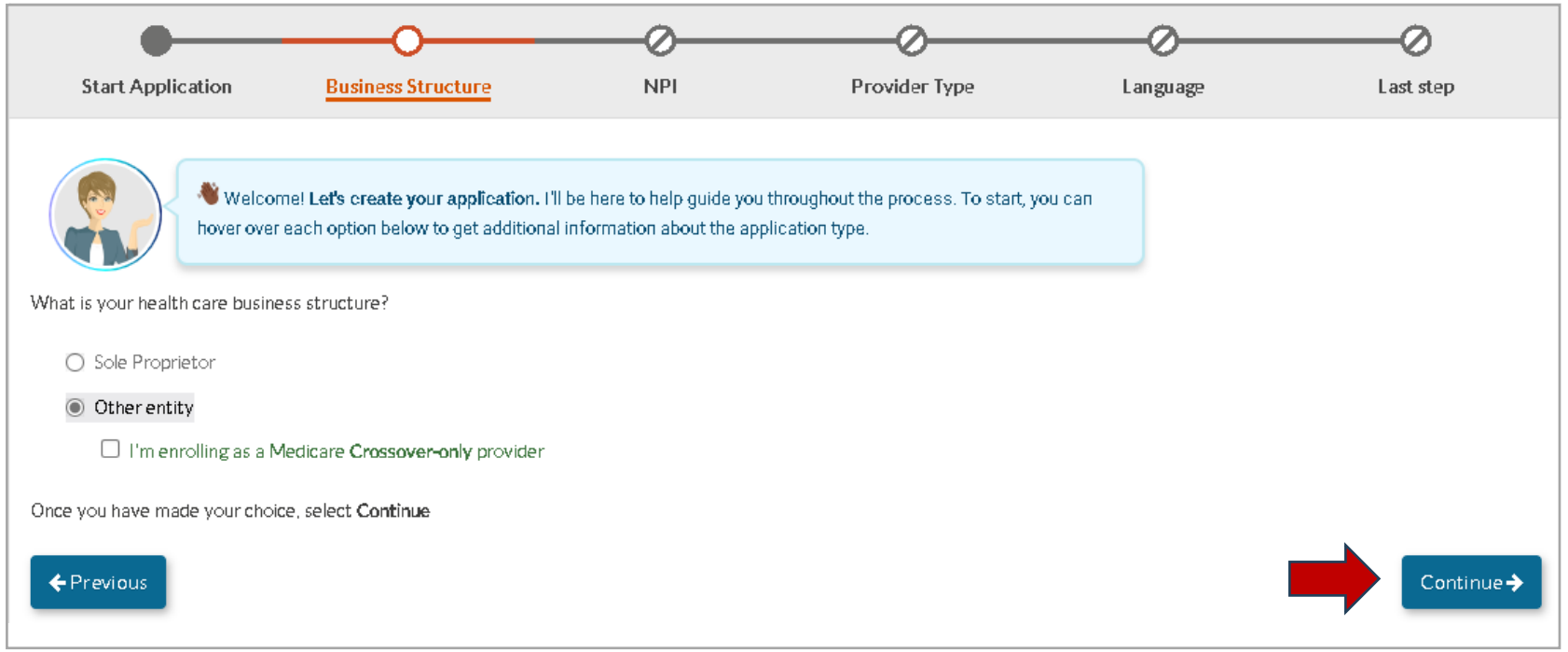
Questionnaire – Existing Start of Application

If **existing**, select the "I'm enrolled…" option and then select one the applicable options below it. For instance, if adding an additional location, select "My business is expanding to an additional location."



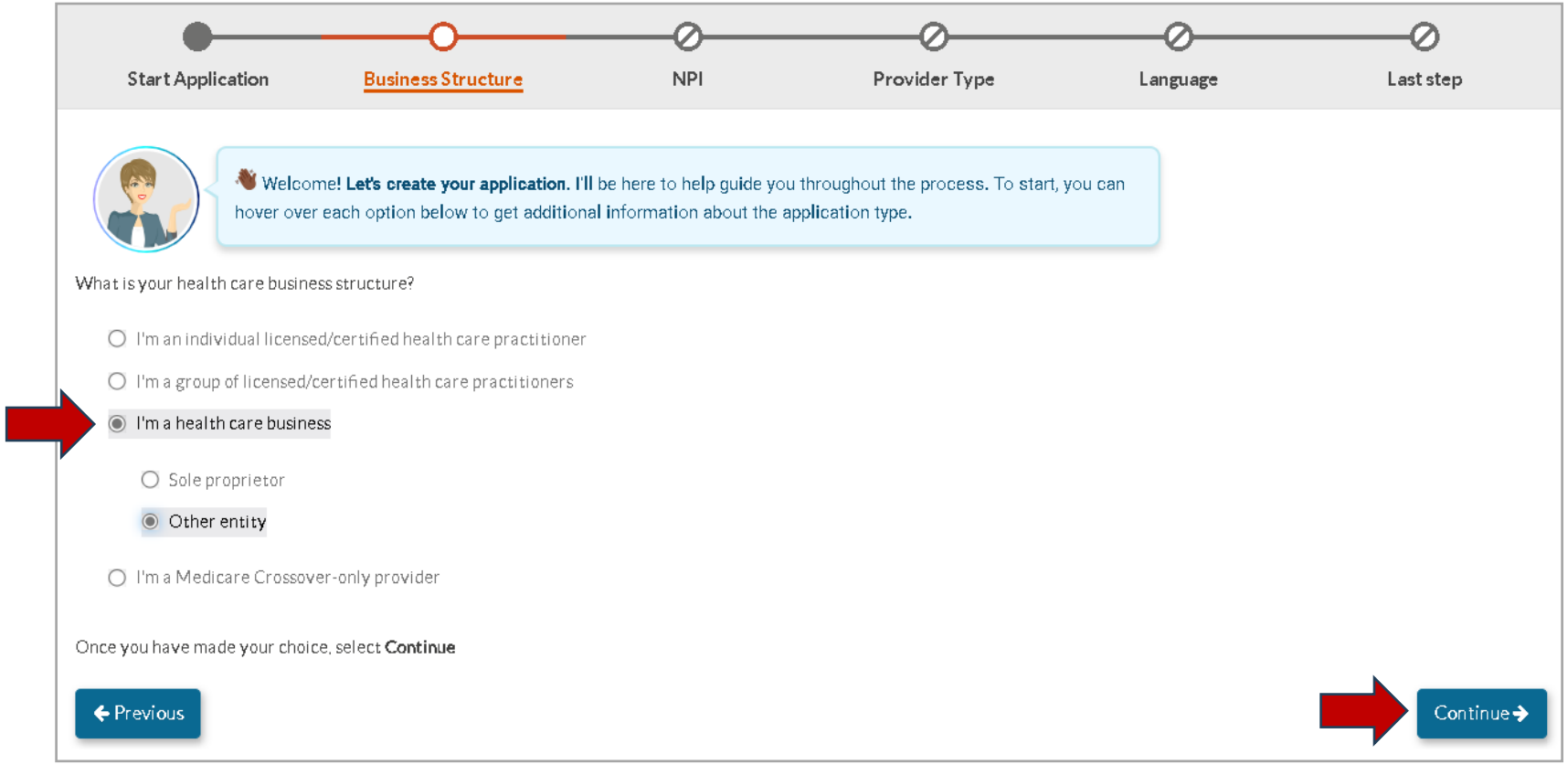
Questionnaire – New Business Structure

For a DMC clinic, select “Other entity” if you are organized as an entity (i.e., corporation, nonprofit, partnership, etc.) or select “Sole Proprietor” if that applies and then click “continue.”



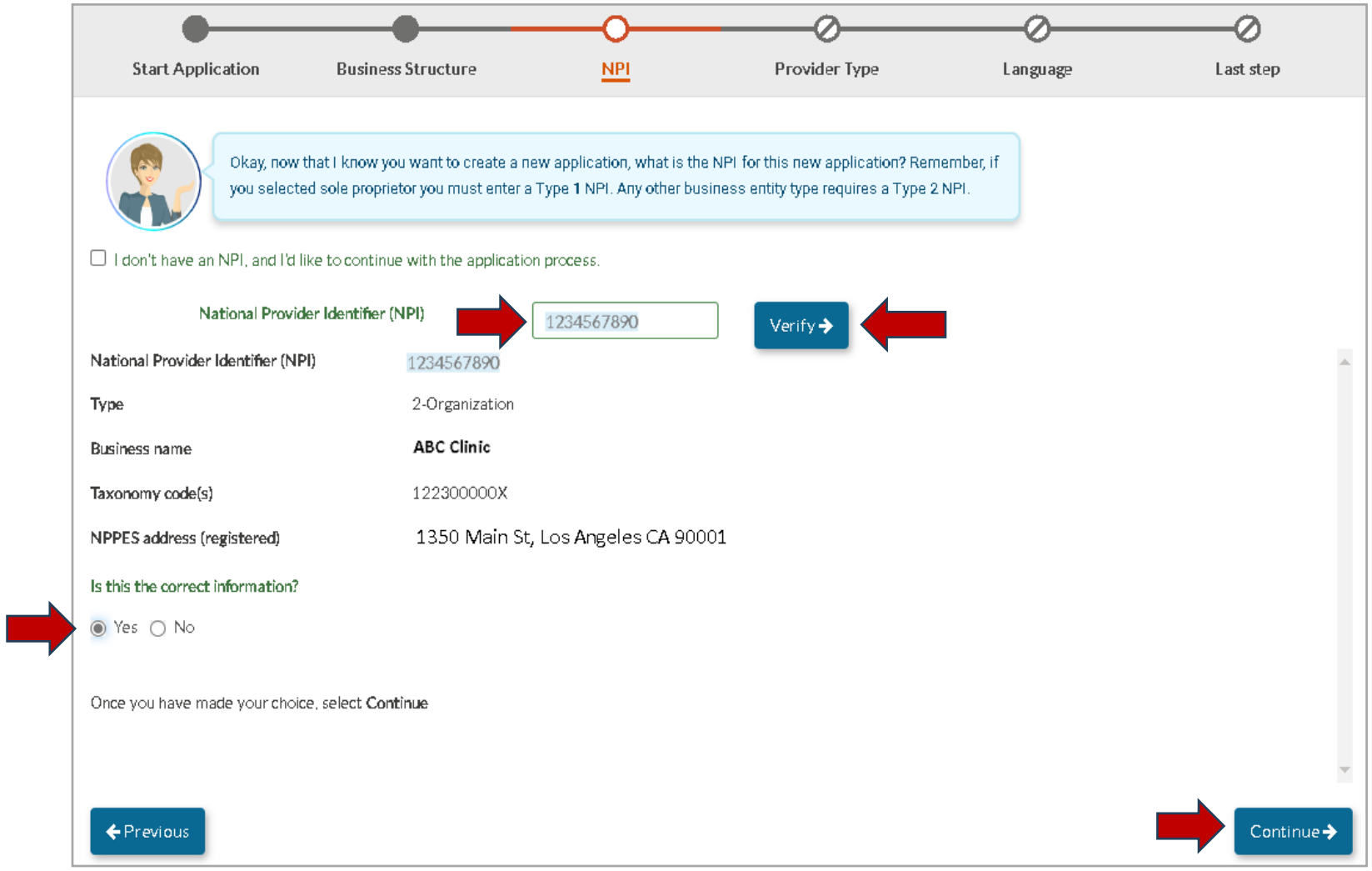
Questionnaire – Existing Business Structure

For a DMC clinic, select “I’m a health care business” and then “Other entity” if you are organized as an entity (i.e., corporation, nonprofit, partnership, etc) or select “Sole proprietor” if that applies and then click “continue.”



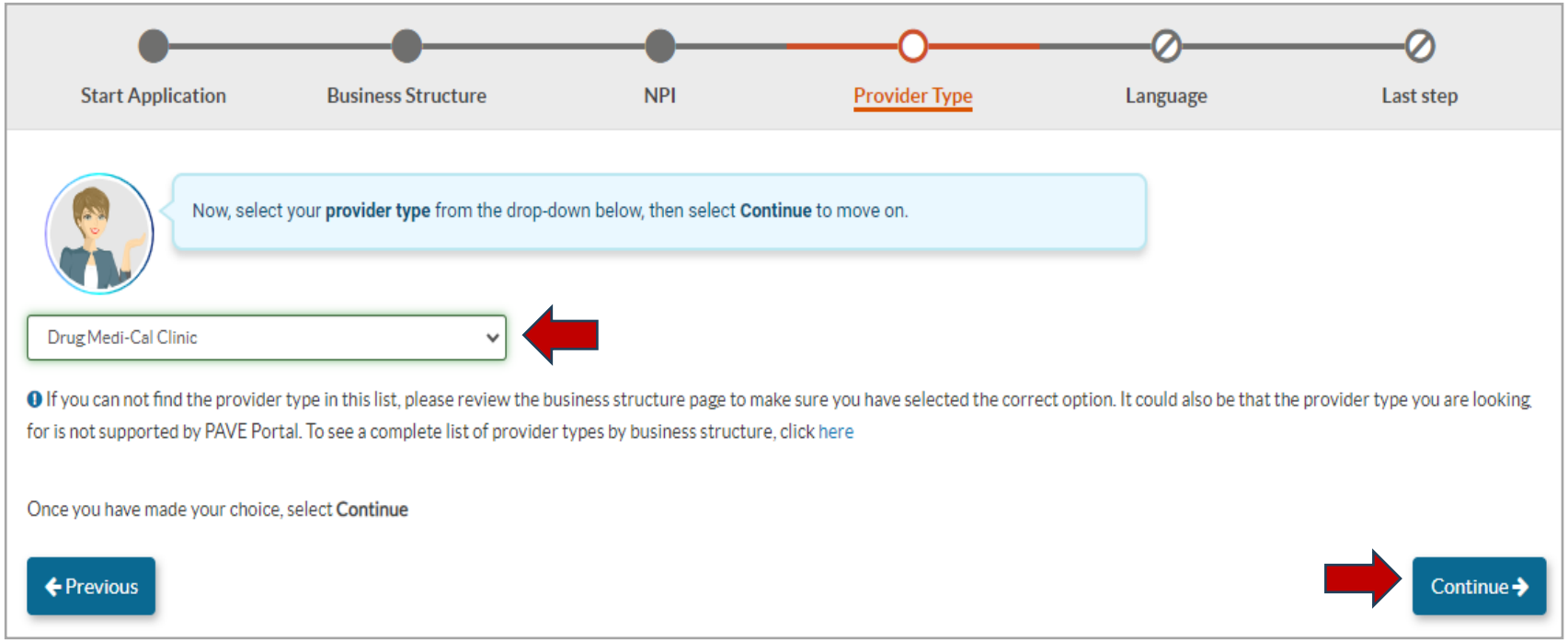
Questionnaire – NPI

Enter the Type 2 NPI that will be used for billing if you are organized as an entity or enter the Type 1 NPI if you are organized as a sole proprietor and then click “verify.” Validate that the information displayed is correct and click “continue.”



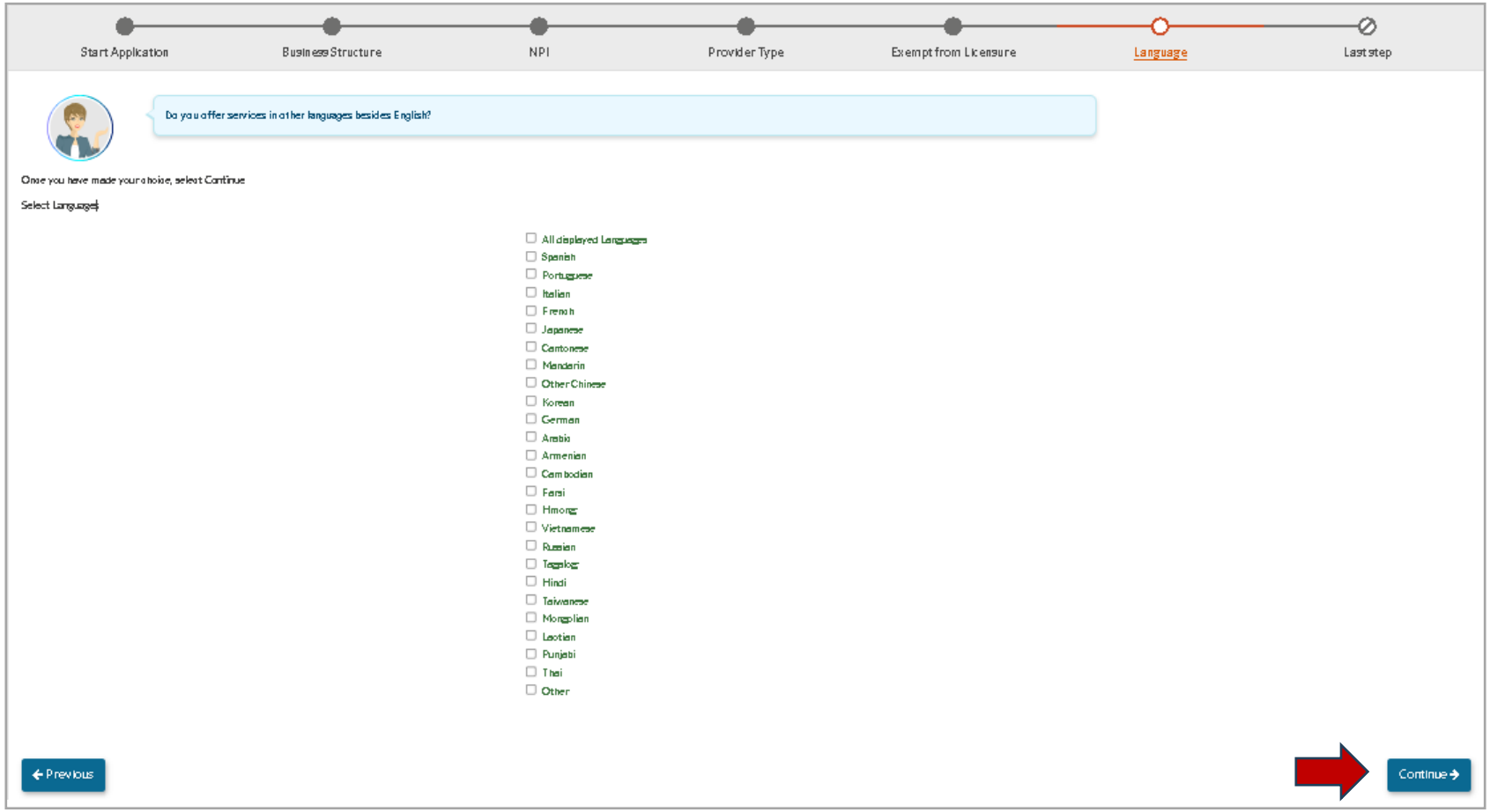
Questionnaire – Provider Type

To enroll a DMC clinic, select “Drug Medi-Cal Clinic” from the drop-down list.



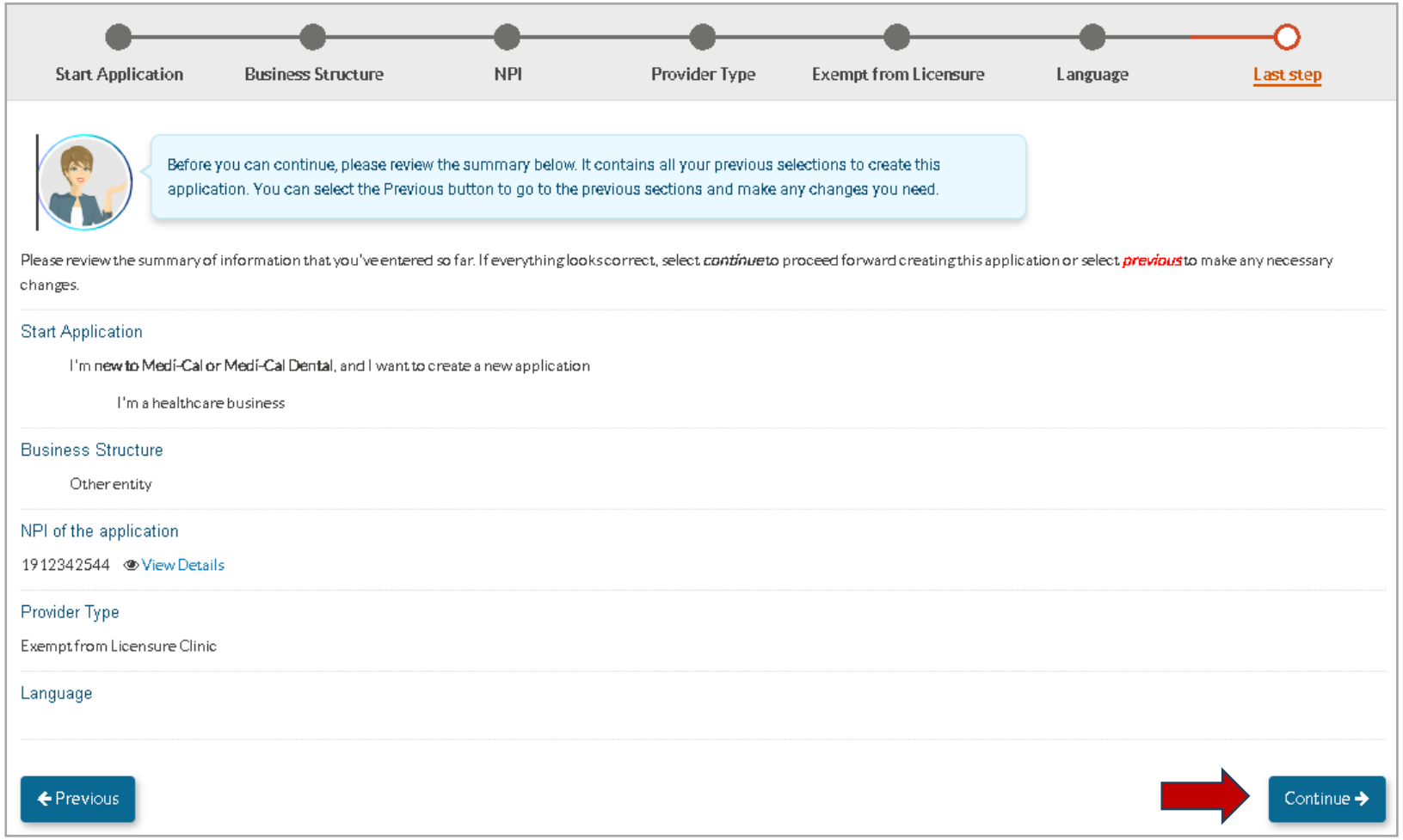
Questionnaire – Language

Select the applicable languages and click “continue”



Questionnaire – Last Step

Review that all information is accurate as it cannot be changed after the application is generated. Click “continue” once confirmed or “previous” if corrections are needed.



Enrollment Process

The Process

Step 1: Accessing PAVE

Step 2: Questionnaire

Program Requirements:

Medi-Cal Program Requirements - Specific for DMC

- The Medi-Cal program requirements are included in the application process. The next few slides will cover:
  - Application Fee
  - Opioid Treatment & Risk Level
  - Modalities & Treatment Components
  - Treatment Professional Affiliations & Counselors
  - Required Documents
  - Disclosure Requirements
  - Authorized Signers

Application Fee Requirements

- In accordance with the directives of the Patient Protection and Affordable Care Act (ACA), DHCS established Medi-Cal application fee requirements to implement 42 Code of Federal Regulations (CFR) Sections 455.460, 405, 424, 447 et al., and 72 Federal Register Sections 5862-5971 [Feb. 2, 2011].
- The application fee requirements were set forth in Welfare & Institutions (W&I) Code Section 14043.25(d) and the regulatory provider bulletin entitled, "Medi-Cal Application Fee Requirements for Compliance with 42 Code of Federal Regulations Section 455.460." The Medi-Cal application fee requirements applied to enrollment applications received on or after January 1, 2013.

Additional Application Fee Requirements

- The application fee collected must be used to offset the cost of conducting the required screening as specified in 42 CFR 455 Subpart E. DHCS' imposition of the application fee is necessary to comply with the ACA and 42 CFR Section 455.460.
- DHCS will deny applications in which the applicant fails to pay the required application fee (W&I Code Section 14043.26(f)(4)(F)).
- The application fee amount for calendar year 2024 is $709. It is required with any applicable enrollment application submitted on or after January 1, 2024, and on or before December 31, 2024.
- Each year, the federal Center for Medicare & Medicaid Services (CMS) determines the new application fee requirement. The new application fee will be posted on the Application Fee webpage once determined by CMS.

Application Fee Options

1. Submit the application fee and provide the confirmation number within the PAVE application.
2. Request an exemption and provide the required documents.
   - Application Fee Waiver OR Medicare / Medicaid / Children's Health Insurance Program (CHIP) Verification.
3. Submit application fee and exemption documents within PAVE.
   - Confirmation Number Listed and Application Fee Waiver OR Medicare / Medicaid / CHIP Verification.

Opioid Treatment Risk Level

- Effective April 10, 2022, superseding the June 2019 bulletin establishing all DMC providers as low categorical risk, DHCS issued: “Designation of Categorical Risk Levels for the Drug Medi-Cal Program’s Narcotic Treatment Programs and Heroin Detoxification Programs.”
- CMS designated newly enrolling opioid treatment programs as “moderate” or “high” categorical risk levels that require providers of these services to undergo additional screening requirements.

Moderate Risk Level

- Newly enrolling DMC providers with Narcotic Treatment Program (NTP) or Heroin Detoxification Program (HDP) service modalities or existing DMC providers adding NTP or HDP service modalities if they have been fully and continuously certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) since October 23, 2018, or are revalidating.
- Moderate risk requirements:
  - Verify that a provider meets any applicable federal regulations or state requirements for the provider type prior to making an enrollment determination.
  - Conduct license verifications, including state licensure verifications in states other than where the provider is enrolling, in accordance with Section 455.412.
  - Conduct database checks on a pre- and post-enrollment basis to ensure providers continue to meet the enrollment criteria for their provider type, in accordance with Section 455.436.
  - Conduct onsite visits in accordance with Section 432.

High Risk Level

- Newly enrolling DMC providers with NTP or HDP service modalities or existing DMC providers adding NTP or DHP that have not been fully and continuously certified by SAMHSA since October 23, 2018.
- High risk requirements:
  - Verify that a provider meets any applicable federal regulations or state requirements for the provider type prior to making an enrollment determination.
  - Conduct license verifications, including state licensure verifications in states other than where the provider is enrolling, in accordance with Section 455.412.
  - Conduct database checks on a pre- and post-enrollment basis to ensure that providers continue to meet the enrollment criteria for their provider type, in accordance with Section 455.436.
  - Conduct onsite visits in accordance with Section 432.
  - Conduct a criminal background check.
  - Require the submission of a set of fingerprints in accordance with Section 434 and Welfare & Institutions Code Section 14043.38.

Modalities and Treatment Components

- Service modalities are services provided by a substance use disorder clinic.
- The types of modalities include:
  - Residential
  - NTP
  - HDP
  - Intensive Outpatient Treatment (IOT)
  - Outpatient Drug Free (ODF)
  - Naltrexone
- Treatment components include:
  - Perinatal (services provided to pregnant and postpartum women
  - Non-Perinatal
  - Both Perinatal and Non-Perinatal

Treatment Professional Affiliations

- Licensed substance use disorder treatment professionals will submit the following types of rendering applications:
  - Substance Use Disorder Medical Director (SUD-MD)
  - Substance Use Disorder Treatment Professional (SUD-TP)
  - Substance Use Disorder Non-Physician Medical Practitioner

Substance Use Disorder Medical Director

- As defined in California Code of Regulations (CCR) Title 22, Division 3, Section 51000.24.4, "Substance Use Disorder Medical Director" means a physician who is licensed by the Medical Board of California or the Osteopathic Medical Board of California and who meets the requirements in Sections 51000.70 and 51341.1(b)(28).
- The DMC is required to submit at least one linked application for the Substance Use Disorder Medical Director who is an agent of the substance use disorder clinic.

Substance Use Disorder Treatment Professional

- As defined in CCR, Title 22, Division 3, Section 51000.9.5: "Licensed Substance Use Disorder Treatment Professional" means an individual who provides medically necessary, clinical services prescribed for members admitted, registered, or accepted for care by the substance use disorder clinic and is either:
  - (a) A physician licensed by the Medical Board of California or by the Osteopathic Medical Board of California; or
  - (b) A psychologist licensed by the Board of Psychology; or
  - (c) A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Health Sciences.

Substance Use Disorder Nonphysician Medical Practitioner

- As defined in CCR, Title 22, Division 3, 51000.24.4.1: “Substance Use Disorder Nonphysician Medical Practitioner” means an individual who provides medically necessary, clinical services prescribed for members admitted, registered, or accepted for care by the substance use disorder clinic and is either:
  - (a) A registered nurse practitioner; or
  - (b) A physician assistant.
- NOTE: all other licensed individuals can be included in the counselor section.

Some Required Documents

- Fictitious Business Name Statement (as required by the city or county)
- Articles of Incorporation (entities organized as a for-profit or nonprofit corporation)
- Partnership Agreement and Amendments (entities organized as a partnership)
- Verification of Taxpayer Identification Number/Employer Identification Number (TIN/EIN) with one of these accepted IRS-generated documents: IRS Form 8109-C, Form 941, Letter 147-C, or Form SS-4 (confirmation notification)
- Business License or Business Tax Certificate (as required by the city or county)
- Copy of the Workers' Compensation Insurance Certificate (if applicable)
- Copy of the Comprehensive (General) Liability Insurance Certificate

Additional Required Documents

- If the DMC clinic space is leased or rented, then attach a copy of the signed lease agreement.
  - If the space is donated or located on a school site, then attestation letter(s) are required.
- Residential, NTP, or HDP license (if these services are provided)
- Outpatient Drug-Free or Intensive Outpatient Treatment certification (if these services are provided)
- State-issued identification of the person who signs the application and any owner with 5% or more ownership or control.

** Note: This list is not an exhaustive list of all requirements.*

Medi-Cal Disclosure Requirements

- For governmental agencies or counties, the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees and/or the behavioral health director.
- For nonprofits, the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees, directors, officers, board members, and the individual who holds the position of either the Executive or Clinical Director.
- For-profit clinics, the individuals who must be reported under the Disclosure Information section of the application are those individuals who meet the definition of managing employees, directors, officers, owners, and the individual who holds the position of either the Executive or Clinical Director.

Additional Disclosure Requirements

- Managing employees are individuals who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations at the clinic.
- Behavioral Health Director oversees the DMC clinic for the county.
- Executive or Clinical Director oversees the DMC for nonprofit and for-profit clinics.
- All disclosure information, including for managing employees and the Behavioral Health Director, are for the entity and not for each location. This means that for every application that has the same Tax-ID, the disclosure information, including managing employees and Behavioral Health Director, must be the same.

Who Can Sign the Applications

- CCR, Title 22, Section 51000.30(a)(2)(B) states…
  - 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 (who is disclosed as such in the application) or official representative of a 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.
- Signer attaches a copy of their driver's license or state-issued identification.

Appendix

NPI Resources

Please visit the below CMS and U.S. Department of Health and Human Services (HHS) resources for information on obtaining an NPI:

- NPI (CMS.gov)
- NPPES (hhs.gov)
- NPPES FAQs — NPPES Documentation (hhs.gov)
- Welcome to the NPPES Help — NPPES Documentation (hhs.gov)