



Contra Costa Mental Health Plan

STEP BY STEP ENROLLMENT GUIDE

PROVIDER APPLICATION AND VALIDATION FOR ENROLLMENT (PAVE)

(Revised 3/17/21)

This guide provides step by step directions on how to enroll in the two new enrollment requirements from the Department of Health Care Services (DHCS) that must be met by all medication prescribers and most licensed practitioners within the Contra Costa County Department of Mental Health system of care. All Specialty Mental Health Services (SMHS) practitioners within specific licensed disciplines must enroll in the DHCS Provider Application and Validation for Enrollment (PAVE) portal. In addition, once enrolled in PAVE, medication prescribers must register in the Medi-Cal Rx Provider Web Portal.

Provider Application and Validation for Enrollment (PAVE)

The Federal Cures Act (42 CFR 438.602(b)) requires states to screen, enroll and periodically re-validate all network providers of managed care organizations, including County Mental Health Plans. To meet this requirement, DHCS is requiring all County Mental Health Plans to utilize PAVE, a web-based application designed to simplify and accelerate enrollment processes, to enroll practitioners. Practitioners should utilize the portal to complete and submit applications, report changes to existing enrollments, and respond to DHCS initiated requests for continued enrollment or revalidation.

The following eligible practitioners **must** enroll into the PAVE System prior to **April 1, 2021**:

- ✓ Licensed clinical social workers
- ✓ Licensed Marriage and Family Therapists
- ✓ Licensed Professional Clinical Counselors
- ✓ Licensed Psychologists
- ✓ Nurse Practitioners
- ✓ Medical Doctors and Osteopaths (DO)

Any discipline not listed above does not need to enroll in PAVE. This includes but is not limited to Psychiatric Technicians, Clinical Nurse Specialists, and Registered Nurses. Students and trainees do not need to enroll in the PAVE System.

PAVE Enrollment Process

All eligible practitioners must enroll themselves into the PAVE system through the DHCS PAVE Portal (<https://pave.dhcs.ca.gov/sso/login.do>). Practitioners should have available a copy of their current driver's license or state-issued identification card and a copy of their current professional license, as both documents must be uploaded and attached to the application. Directions for enrollment in PAVE can be found on **Attachment A**.

For more guidance on the registration process, please contact the PAVE Technical Support Help Desk at 1-866-252-1949.

Provider Application and Validation for Enrollment (PAVE) Registration Process

Required for Nurse Practitioners, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Clinical Counselors, Physicians (MD and DO), Psychologists and Registered Pharmacists

The PAVE portal is the Department of Health Care Services (DHCS) web-based application designed to simplify and accelerate enrollment processes. Providers can utilize the portal to:

- Complete and submit applications
- Report changes to existing enrollments
- Respond to Provider Enrollment Division (PED) initiated requests for continued enrollment or revalidation

PAVE features secure login, document uploading, electronic signature, application progress tracking, intuitive guidance, social collaboration and much more.

DHCS's initial review period for applications is 90 days for physicians and 180 days for non-physicians, although DHCS has stated applications are often reviewed much sooner than these timeframes.

For additional detailed registration instructions, view the PAVE 101 Training Slides at <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE-101-Training-Slides.aspx> or access the PAVE Training Videos and other tutorials at <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>

*****It is important that you follow these directions step by step in order for successful enrollment. There is a chat box within the PAVE website (lower right hand corner, blue conversation box) that you can use to ask questions as they come up in the site.*****

INSTRUCTIONS:

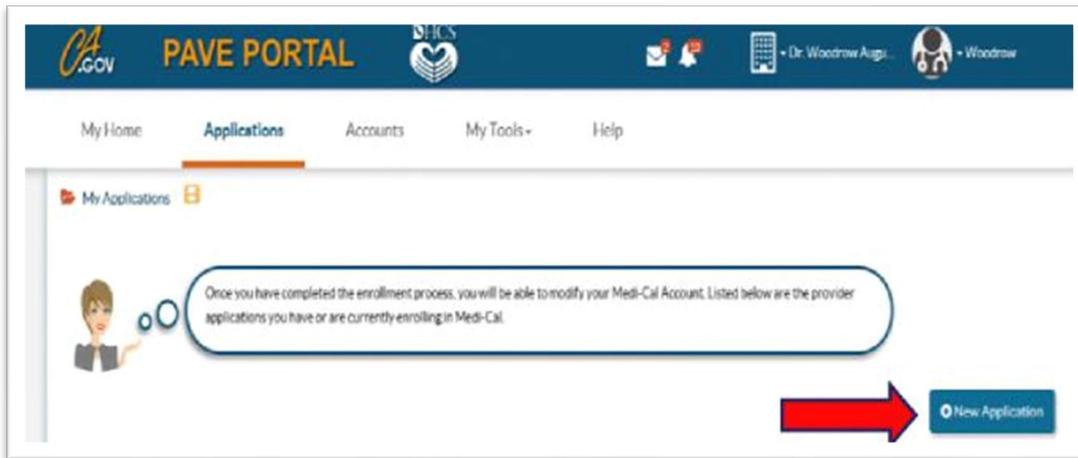
Step 1. Go to the PAVE Portal online enrollment system: <https://pave.dhcs.ca.gov/sso/login.do> and create a User ID and profile. Use your full legal name. You will need to enter your NPI number. You can look up your NPI number at <https://npiregistry.cms.hhs.gov/>. You will be prompted to enter a Business Profile Name. Enter your legal name as your Business Profile Name.

The screenshot displays the PAVE registration interface. At the top, there are input fields for 'First name' and 'Last name'. Below these is a 'Username' field. The 'Password' field is followed by a 'Confirm' field with a small eye icon for visibility. A central message box reads: 'Welcome to PAVE! My name is Lucy. I'm here to help you create your PAVE User Profile. This profile allows you to securely login to the PAVE Portal at any time (24/7) from an up-to-date web browser: Chrome, Firefox, Safari, IE Explorer. Let's get started!'. At the bottom left, there is a 'Phone number' field.

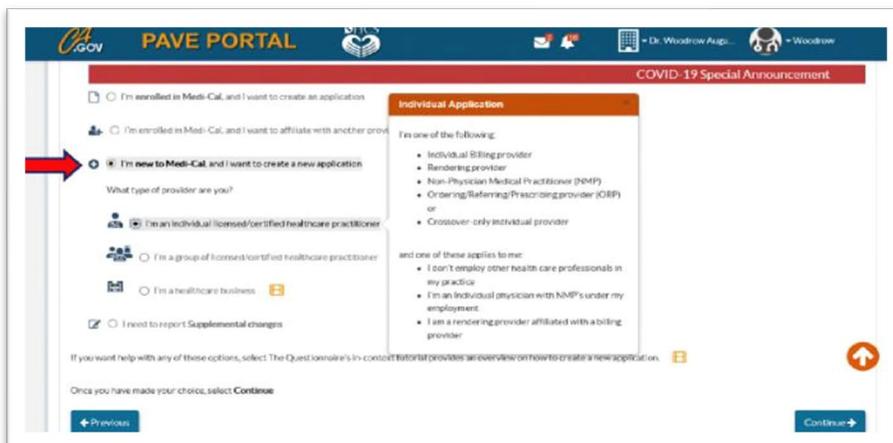
Step 2. Once your User Profile has been created, your PAVE Portal will look like the image below. Click on “Applications.”



Step 3. Within the PAVE Application Page, select “New Application.”



Step 4. Within the application, select the option “I’m new to Medi-Cal and I want to create a new application.”



Step 5. Next, select “I’m an individual licensed/certified healthcare practitioner” from the drop down and then click on “Continue”

The screenshot shows the 'Individual Application' form in the PAVE PORTAL. The header includes the CA.GOV logo and 'PAVE PORTAL'. A 'COVID-19 Special Announcement' banner is at the top. The form has three main sections: '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'. Under the third section, 'What type of provider are you?', there are four radio button options. A red arrow points to the selected option: 'I'm an individual licensed/certified healthcare practitioner'. To the right, a pop-up box titled 'Individual Application' lists provider types: Individual Billing provider, Rendering provider, Non-Physician Medical Practitioner (NMP), Ordering/Referring/Prescribing provider (ORP) or Crossover-only individual provider. Below this, it asks 'and one of these applies to me:' with three bullet points: 'I don't employ other health-care professionals in my practice', 'I'm an individual physician with NMP's under my employment', and 'I am a rendering provider affiliated with a billing provider'. At the bottom, there are 'Previous' and 'Continue' buttons. The 'Continue' button is circled in red.

Step 6a. Under “Other type of provider,” select “I’m an Ordering/Referring/Prescribing (ORP) provider” and then click on “Continue.”

The screenshot shows the 'Other type of provider' section of the PAVE PORTAL. It lists several provider types with radio buttons: 'I'm an individual Sole Proprietor', 'I'm an incorporated individual', 'Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic)', 'I'm an Allied Rendering provider, a Physician/Surgeon/Rendering provider, or NMP', and 'I'm a Substance Use Disorder Medical Director (SUDMD) or a Licensed Substance Use Disorder'. Under 'Other type of provider', there are two radio button options: 'I'm an Ordering/Referring/Prescribing (ORP) provider' (which is selected and pointed to by a red arrow) and 'I'm a Medicare Crossover-Only individual'. A pop-up box titled 'Ordering, Referring and Prescribing ORP' contains three bullet points: 'I'll be using my Type 1 NPI (individual)', 'My sole purpose is to order, refer, or prescribe items or services for Medi-Cal beneficiaries', and 'I'm not currently enrolled as a Medi-Cal provider'. At the bottom, there are 'Previous' and 'Continue' buttons. The 'Continue' button is circled in red.

Step 6b. You will be asked to verify information on your NPI. Once verified, click on “Continue.”

The screenshot shows the NPI verification screen in the PAVE PORTAL. It starts with a message: '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 and a 'Verify' button; 'National Provider Identifier (NPI)' with a dropdown menu; 'Type' with a dropdown menu showing '1-Individual'; 'Business name' with a text input; 'Taxonomy code(s)' with a text input showing '101Y4000X'; and 'NPIES address (registered)' with a text input. There is a checkmark icon and the text 'Is this the correct information?'. Below that are 'Yes' and 'No' radio buttons. At the bottom, there are 'Previous' and 'Continue' buttons. The 'Continue' button is circled in red.

Step 7. Select your provider type from the drop-down and click on “Continue.”

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.

Licensed Clinical Social Workers (LCSW)-Individual ✓

If you can not find the provider type in this list, please review the 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 PAVE Portal. To see a complete list of provider types by business structure, click [here](#).

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

← Previous **Continue** →

Step 8. Select any languages you use as a provider. Then click on “Continue.”

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

Do you offer your services in a language besides English? If so, select each language you offer. If not, just select **Continue**. After this last question, a new application will be ready for you to complete. Keep it up! Remember, I will be with you every step of the way. If you get stuck, you can always watch one of our online tutorials or send a message to one of our friendly Medi-Cal experts.

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

Select Languages

Continue →

Step 9. A summary of your application will be displayed for you to preview. If any changes need to be made, click on “Previous.” If no changes are needed, click on “Continue.”

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.

The summary below contains all the information PAVE Portal requires to create your application. Please review and select **Continue** to create your 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
Other type of provider
I'm an Ordering/Referring/Prescribing (ORP) provider.

NPI of the application
700040813 [View Details](#)

Provider Type
Licensed Clinical Social Workers (LCSW)-Individual

Language

← Previous **Continue** →

Step 10. Within the Ordering Referring, Prescribing Application (ORP) Application, enter the following required information in the Profile Information Section:

1. Your legal name
2. Your professional title
3. Your date of birth and gender
4. Your residential address (This cannot be a P.O. Box. You will be required to enter a 9-digit zip/postal code)
5. Your social security number
6. Your driver's license number or state-issued identification card number (*a copy must be attached to the application*)

The screenshot displays the PAVE PORTAL interface. At the top, there is a navigation bar with the CA ACP logo, 'PAVE PORTAL', and user information for 'Dr. Woodson Apps'. Below the navigation bar, there are tabs for 'My Home', 'Applications', 'Accounts', 'My Tools', and 'Help'. The main content area shows a user profile for 'WOODSON MYERS'. Key details include: Provider Name: WOODSON MYERS, Provider Type: OTC/OT, Application ID: 2027MBSG, Create Date: 07/20/2020, and Package Type: Ordering Referring Prescribing. There are buttons for 'New Message' and 'Submit License'. A progress bar indicates the current step is 'Personal Information', with other steps being 'Residential Address', 'Identification', and 'Summary'. A message prompts the user to 'Please take a few minutes to fill out some personal information so we can continue.' Below this, there are input fields for 'Profile' (a dropdown menu) and 'First Name' (containing 'WOODSON').

Step 11. Within the ORP Application, enter the following information in the Business Information Section:

1. List ALL Addresses of the practices and/or clinics where you provide services to Medi-Cal beneficiaries (including the Provider site name and 9-digit zip/postal code)
2. Mailing address where you wish to receive correspondence
3. Your Professional License/Certificate Number (*a copy of the document must be attached to the application*)

The screenshot shows the 'Add Entity' form. It contains the following fields with their respective values and validation status (green checkmarks):
 - Entity's Legal Name: [Empty field] ✓
 - Street: [Empty field] ✓
 - Ste./Apt.#: Suite/Apt ✓
 - City: Los Angeles ✓
 - State/Province: California, CA ✓
 - Country: Los Angeles ✓
 - ZIP Code/Postal Code: 90005-1101 ✓
 At the bottom right, there are two buttons: 'Add' (blue) and 'Cancel' (red).

Step 12. Attestation. Within the ORP Application Disclosure Information Section, complete information regarding ownership in other healthcare entities, past/current program participation, adverse actions, license history, and fines/debts.

**Failure to disclose this information is a cause for denial of the application*

Step 13. Sign the application by attesting to the accuracy of the information in the application and e-sign the application using your email address. Make sure the following documents are uploaded and attached:

1. A color copy of the provider's driver's license or state-issued identification card front and back
2. A copy of the provider's current professional license, pocket license or fine

Document	Form/SubForm/Section	Mandatory	Attached	Actions
Driver's License	Profile Information/Individual Profile/Identification	Yes	✘	📎📎
Professional License or Certificate	Practice Information/Prof. Licenses/ Certificates & Lab Services	Yes	✘	📎📎

Step 14a: If your application is incomplete, the PED will return your application for corrections. Providers will be notified via email to log into PAVE to fix any deficiencies in the application. Resubmission of the application must be done within 60 days. If the application is not submitted within 60 days, the application will be denied and you will need to start a new application.

Step 14b: If your application is approved, you will be notified via email to log into PAVE to receive your Approval Letter.

Step 14c: If your application is denied, you will be notified via email to log into PAVE to receive your Denial Letter with Appeal Rights.