What is the Federal CURES Act and what does it mean to you?

HISTORY:

Behavioral Health Information Notice 20-071: Specialty Mental Health Provider Screening and Enrollment Requirements in Medi-Cal (21st Century Cures Act and the CMS Medicaid and CHIP Managed Care Final Rule) informs counties of their responsibilities related to the screening and enrollment of all applicable network providers pursuant to the 21st Century Cures Act. The Federal Cures Act requires all providers to enroll in the fee-for-service (FFS) part of Medi-Cal if an enrollment pathway exists for them. One FFS enrollment pathway in the Provider Enrollment Division (PED) is using PAVE and only applies to individual licensed professionals for Federal CURES Act compliance.

WHO DOES THIS AFFECT:

- Certified Nurse Practitioner
- Licensed Clinical Social Worker
- Licensed Educational Psychologist
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Physician (MD and DO)
- Psychologist
- Registered Pharmacist/Pharmacist

BASIC REQUIREMENTS TO ENROLL:

- Applicants must have and enter their Type 1 (Individual) NPI on the application to enroll
- Applicants must have current active professional licenses
- Applicants must complete and submit the ORP (Ordering, Referring, Prescribing) application packet in PAVE to enroll for the CURES Act Compliance

HOW TO APPLY IN PAVE PORTAL:

The entire application is done online in the PAVE online enrollment system. Please see detailed instructions on next page on how to apply in the PAVE Portal.

DUE DATE:

PAVE applications take some time to be reviewed and approved. DHCS reviews in date order received.

In order to meet the Information Notice's April 1, 2021 Deadline we are requiring that all eligible practitioners complete the PAVE portal application by **February 19, 2021.**

QUESTIONS:

If you have any questions at any point of this process please contact Jessica Korsan, QCM Coordinator, at <u>jkorsan@sbcbwell.org</u> or 805-884-1611.

How to enroll in PAVE to comply with the Federal CURES Act

Here is the link to the PAVE Portal where you will create your User ID and your own profile in which you will select, create and submit your ORP application and manage your account:

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	Welcome to PAVE! Login to per durined on our pormer? If you durit have an PRISE Day: Profile select Stor Login	
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	PIVE Portal SSO Version: 4.0.2.1 - Build Number:178 © Copyright 2020 Digital Harbor Inc. All rights releved.	

https://pave.dhcs.ca.gov/sso/login.do

It is recommended that you use this website in the Google Chrome browser

What you need for the sign up:

- Name
- Email use an email that you check often... this PAVE is tied to you, as an individual, not to BWell so I would suggest using a personal email so you can still access it if you no longer work at BWell.
- Password
- Phone Number I suggest you use your personal cell phone, this is also tied to you as an individual. They will also send text updates.
- Recovery Email optional

Later in the sign up process you will also need:

- a copy of your professional license (cannot be uploaded from BreEZe must be a copy of actual license)
- state issued identification (Driver's License, etc) as well as your NPI number.

Caov PAVE PORT	AL 👹			Dulietins	ContactUs
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	Passer	Control	2		
	Proce number				
	I'm not a robot	r Nivel Portat			
	Next Help? Call the INV/E Help Dank at (BAO) 252-1948 at	nd one of our hiendly experts will be happy to assist vi			

The Assistant "Lucy" at the top will help you as you go along

Once you finish creating your PAVE account you will need to log in again with your user name and password. You will then need to set up your PAVE user profile using your NPI number. (If you do not know your NPI you can search it here: https://npiregistry.cms.hhs.gov/ Your name must match your license and your Taxonomy should also match your license type. If you need help making changes please reach out to <a href="https://www.jkons.jko

<i>Cl</i> Gov	PAVE PORT		≥ 4	🛃 - Jessica	
	Enter an NPI	Let's set up	a PAVE Profile		
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				Q Venify NPI/Provider ID	
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	()				
	42				
		Required value			
	D I want to	set up a PAVE Profile with no NPI	0 0	wate my Basiness Profile	

PAVE will ask If you are a Medi-Cal Provider or have been. If you answer "Yes" you will need to put in all previous locations and NPI's of where you have provided Medi-Cal services in the past. Here is how to

look up the Agency NPI's for previous locations: <u>https://npiregistry.cms.hhs.gov/</u> Please list all of the locations that you can.

Once you complete your User Profile, you will see the following screen when you sign into PAVE:



This page allows you to submit and manage your applications, receive messages from PAVE, manage your account and more.

To complete the PAVE enrollment, you will need to click on the My Applications building. Then click the New Application button.

Ny House	Applications	Accounts	My Tools +	Help		
My Applications	8					
00	Once you have compl applications you have	eted the enroliment pro or are currently enroli	ocess, you will be able to mo ng in Medi-Cal.	dify your Medi-Cal Account. List	ted below are the provider	
						• New Application
	4 Ola Pr	ogress 1	□ Return to Provider 0	₽ Resubmitted 0	⊘ Approved 1	⊗ Denied 0
Total Apps	Unition					

Select "I'm new to Medi-Cal and I want to create a new application"



Next, select "I'm an individual licensed/certified healthcare practitioner", then continue

P C	I'm enrolled in Medi-Cal. and I want to create an application		-	
		Individual Application		
2+ () I'm enrolled in Medi-Cal, and I want to affiliate with another	provi I'm one of the following:		
0	I'm new to Medi-Cal, and I want to create a new application that type of provider are you?	Individual Billingprovider Renderingprovider Non-Prysician Medical Practitioner (NMP) Ordering Recommensation (NMP)		
	I'm an individual licensed/certified healthcare practition	or • Crossover-only individual provider		
	I'm a group of licensed/certified healthcare practitio	ner and one of these applies to me: I don't employ other health care professionals in		
B	💼 🔿 I'm a healthcare business 📙	my practice I'm an Individual physician with NMP's under my employment 		
3) I need to report Supplemental changes	 I am a rendering provider affiliated with a billing provider 		
If you want	help with any of these options, select The Questionnaire's in-	context tutorial provides an overview on how to create a new applic	cation.	6

Finally, select "I'm an Ordering/Referring/Prescribing (ORP) provider", then continue

O I'm an Individual Sole Proprietor			
C I'm an Incorporated Individual			
 Individual who renders services (to a Group billing) 	practice or Physician Surgeon or a DMC clinic)		
O I'm an Allied Rendering provider, a Physician/Surgeon Rer	ndering provider, or NMP		
O I'm a Substance Use Disorder Medical Director (SUDMD)	or a Licensed Substance Use Disorder		
Other type of provider	Ordering, Referring and Prescribing ORP		
I'm an Ordering/Referring/Prescribing (ORP) provider	I'll be using my Type 1 NPI (individual).		
I'm a Medicare Crossover-Only Individual	 My solid purpose is to order, refer, or prescribe items or services for Medi-Cal beneficiaries. I'm not currently enrolled as a Medi-Cal provider. 		
you have made your choice, select Continue			
	I'm an Individual Sole Proprietor I'm an Incorporated Individual I'm an Incorporated Individual I'm an Allied Rendering provider, a Physician/Sargeon Re I'm a Aulted Rendering provider, a Physician/Sargeon Re I'm a Substance Use Disorder Mesical Director (SUDMD) Other type of provider I'm a Medicare Crossover-Only Individual I'm A Medicare Crossover-Only I'm A Medicare Cros	Im an Individual Sole Proprietor Im an Incorporated Individual Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic) Im an Allied Rendering provider, a Physician/Surgeon Rendering provider, or NMP Im an Allied Rendering provider, a Physician/Surgeon Rendering provider, or NMP Im an Allied Rendering provider a Director (SUDMD) or a Licensed Substance Use Disorder Other type of provider Ordering, Referring and Presenting ORP Im an Medicare Crossover-Only Individual Ima Medicare Crossover Context Explored	Im an Individual Sole Proprietor Im an Incorporated Individual Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic) Im an Allied Rendering provider, a Physician/Surgeon Rendering provider, or NMP Im an Allied Rendering provider, a Physician/Surgeon Rendering provider, or NMP Im a Substance Use Disorder Medical Director (SUDMD) or a Licensed Substance Use Disorder Other type of provider Ordering, Referring and Prescribing ORP Im a Medicare Crossover-Only Individual Im a Medicare Crossover Only Individual Im

After this you will be prompted to complete the Medi-Cal "ORP Application". Below is a list of required information that you will need to complete the Application:

- Your Legal Name
- Your Date of Birth and Gender
- Your Residential Address can NOT be a PO Box and must have the full 9 digit zip code. You can
 find your 9 digit zip code by going to the USPS website zip code look up and entering your
 address. The link is here: https://tools.usps.com/zip-code-lookup.htm?
- Your Social Security Number
- Your Driver's License Number or State-Issued Identification Card a copy which must be submitted with application
- Addresses of all practices and/or clinics where provider gives services to Medi-Cal beneficiaries see attached Medi-Cal Site Certified List for Addresses. Please add all addresses that you work at full time, part time or periodically cover at. Please use the list of Certified Sites (for both BWell and CBO's) in the addendum at the end of these instructions.
- Mailing address where provider wishes to receive correspondence. Also needs 9 digit zip code!
- Provider's Professional License/Certificate Number and copy of document this must be the applicant's current pocket licensed or a copy of the applicant's original wall certificate. An attachment from the applicant's licensing board website, or California BreEZe, is not accepted.

Below are step by step instructions to complete the application:

Fill out personal information

Fill out address (with 9 digit zip code)

Fill out Social and State Issued ID and upload ID, make sure to add alias if you went by another name (i.e. maiden name, married name, name change, etc)

Review and continue

Business Information – Use the Provider Name in the list of Certified Sites (for both BWell and CBO's) in the addendum at the end of these instructions.

Then address for the Provider used above

Repeat for each location you work at full time, part time or periodically cover at. If a program that you work at is NOT on the list below, then you do not need to add it.

Review and continue

Fill out contact information by checking the box that says "I [your name] will be the contact person. Add Title/Position and number

Review and continue

Fill out mailing address (cannot be a PO Box)

Review and continue

Fill out Professional License Information. You will need to upload your professional license here. It must be a copy of the actual license, and not a BreEZe verification. You can use BreEZe to look up the original issuance date if needed. Make sure to add all licenses and certificates that you have.

Review and continue

Review NPI and continue

List any ownership or control interests that you may have. If none, click not applicable and continue.

Review and continue

Answer questions in Adverse Actions section (2 pages)

Review and continue

List any fines or debts owed and payment arrangements if applicable. If not applicable, click "this business has no current State or Federal government Fines/Debts"

Review and continue

Read and agree to Medi-Cal Provider Agreement then sign. Make sure you preview the Medi-Cal Provider Agreement first or it will not let you check the boxes

Enter last 4 of social, year of birth and password.

Review each section, if anything is less than 100% click on the action to complete. Once all is green (100%) except the Submit Application section, click next then Submit Application.

Give feedback if you would like or click X

Send screenshot of submitted application to <u>BWellQCM@sbcbwell.org</u>

Automatic Reminders – Automatic Reminders are set up and will be reminding you weekly to submit your application. Once the application is submitted, reminders will be sent out monthly to check on, and update QCM, as to the status of your application. Reminders will NOT stop until proof of application submission is received and/or proof of application approval or denial is received.

After application is complete:

If your application is *incomplete*, PED will return it to you and notify you via email for corrections. Corrections must be made immediately and resubmitted in order to meet timelines.

If your application is *denied*, PED will notify you via email to receive Denial Letter with Appeal Rights. Please send denial letters to <u>BWellQCM@sbcbwell.org</u> to get instructions on how to proceed.

If your application is *approved*, PED will notify you via email to receive your Approval Letter. Please send approval letters to <u>BWellQCM@sbcbwell.org</u> to complete the PAVE enrollment process and be removed from the automatic reminder emails list.

If you have any questions at any point of this process please contact Jessica Korsan, QCM Coordinator, at <u>jkorsan@sbcbwell.org</u> or 805-884-1611

ADDENDUM A: List of Certified Sites and Addresses

List of Certified Sites



Category	Site Certification Status	Provider Name	Address
CBO - In County	Certified	COMMUNIFY	5638 Hollister Ave., Goleta, CA 93117
CBO - In County	Certified	COMMUNIFY	201 W. Chapel St., Santa Maria, CA 93454-4301
CBO - In County	Certified	CALM Carpinteria	5201 8th St., Carpinteria, CA
CBO - In County	Certified	Casa Pacifica Centers for Children and Families	115 S. La Cumbre Lane, Suite 200, Santa Barbara, CA 93105
CBO - In County	Certified	Santa Barbara Mental Health Association	106 Juana Maria Ave., Santa Barbara, CA 93103-2714
BWELL	Certified	South County Crisis Services	315 Camino Del Remedio, Suite B, Santa Barbara, CA 93110-1332
CBO - In County	Certified	Transitions Mental Health Association	401 E. Cypress Ave., Lompoc, CA 93436-6806
CBO - In County	Certified	Casa De Familia Treatment Center	403 W. Morrison Ave., Santa Maria, CA 93458-8166
BWELL	Certified	AB 109 LM	401 E. Cypress Ave. Lompoc, CA 93436-6806
CBO - In County	Certified	CALM Santa Barbara	1236 Chapala St., Santa Barbara, CA 93105
CBO - In County	Certified	Good Samaritan	104 S. C St., Suite A, Lompoc, CA 93436-6924
CBO - In County	Certified	Santa Barbara Mental Health Association	7167 Alameda Ave., Santa Maria, CA 93117-1354
CBO - In County	Certified	Santa Barbara Mental Health Association	224 Cottage Grove Ave., Santa Barbara, CA 93101-8048
BWELL	Certified	AB 109 SB	4500 Hollister Ave. Santa Barbara, CA 93110
BWELL	Certified	AB 109 SM	124 Carmen Lane, Suite K, Santa Maria, CA 93458-7768
BWELL	Certified	SB CSU	305 Camino Del Remedio, Santa Barbara, CA 93110
BWELL	Certified	PHF (Santa Barbara County Auditor)	315Camino Del Remedio, CA 93110
CBO - In County	Certified	Council on Alcoholism and Drug Abuse	232 E. Canon Perdido, Santa Barbara, CA 93101
CBO - In County	Certified	4Kids2Kids	1483 Alva St. Carpinteria, CA 93013
CBO - In County	Certified	Santa Barbara Crisis Residential	66 S. San Antonio Rd., Santa Barbara, CA 93110-1720
CBO - In County	Certified	Telecare Carmen Lane	212 Carmen Lane Santa Maria, CA 93458
CBO - In County	Certified	Santa Barbara Mental Health Association	1801 Bath St. Santa Barbara, CA 93101-2810
BWELL	Certified	Foster Rd. Clinic-Adult & Children's	500 W. Foster Rd., Santa Maria, CA 9
BWELL	Certified	Santa Maria TAY FSP Program	2370 Skyway Dr., Suite 104, Santa Maria, CA
BWELL	Certified	North County Crisis Services	212 Carmen Lane, Santa Maria, CA 93458-7769
CBO - In County	Certified	Casa Pacifica Centers for Children and Families	2615 S. Miller St., Santa Maria, CA 93455-1775
BWELL	Certified	Calle Real Mental Health Services	4444 Calle Real, Santa Barbara, CA 93110
BWELL	Certified	Assertive Community Treatment (ACT)	2034 De La Vina Street Santa Barbara, CA 93105
BWELL	Certified	CARES South	2034 DeLa Vina St., Santa Barbara, CA 93105
CBO - In County	Certified	Telecare Agnes Avenue Crisis Residential	116 Agnes Avenue Santa Maria, CA 93458
BWELL	Certified	North County Forensic and Homeless Services	222 Carmen Lane, Suite 104 Santa Maria, CA 93458
CBO - In County	Certified	CALM Santa Maria	210 E. Enos Dr., Suite A, Santa Maria, CA 93454
CBO - In County	Certified	Family Service Agency of Santa Barbara County	101 S. B St., Lompoc, CA 93436-6933
CBO - In County	Certified	CALM Lompoc	110 S. C St. Suite A, Lompoc, CA 93436
CBO - In County	Certified	Transitions Mental Health Association	117 W. Tunnell St., Santa Maria, CA 93458-4037
CBO - In County	Certified	Hope Refuge Inc	2504 Refugio Road Goleta, CA 93117-9778
CBO - In County	Certified	Family Service Agency of Santa Barbara County	105 N. Lincoln St., Santa Maria, CA 93458-4319
BWELL	Certified	Lompoc Childrens Clinic	401 E. Ocean Ave., Lompoc, CA 93458
BWELL	Certified	Santa Barbara Childrens Clinic	429 N. San Antonio Rd., Santa Barbara, CA 93110
CBO - In County	Certified	Community Action Commission of Santa Barbara County	120 W. Chestnut Ave., Lompoc, CA 93436-5913
CBO - In County	Certified	Santa Maria ACT	124 W. Carmen Lane, Suite A, Santa Maria, CA 93458

Exported on January 26, 2021 9:07:55 AM PST

Page 1 of 2

	Category	Site Certification Status	Provider Name	Address
42	CBO - In County	Certified	Telecare McMillian Ranch	McMillian Ranch, 3840 Orcutt Garey Rd., Santa Maria, 93454
43	CBO - In County	Certified	House on Mountain Dr.	37 Mountain Dr., Santa Barbara, CA 93103-1734
44	CBO - In County	Certified	Path Point	315 W. Haley St., Suite 102, Santa Barbara, CA 93101-8052
45	CBO - In County	Certified	Phoenix of Santa Barbara	107 E. Micheltorena St., Santa Barbara, Ca 93101
46	BWELL	Certified	Lompoc Adult Clinic	303 C St. Lompoc, CA 93436-7305
47	CBO - In County	Certified	Family Service Agency of Santa Barbara County	123 W. Gutierrez St., Santa Barbara, CA 93101-3424