



MMAP Web Claims Submission Job Aid

September 27, 2024

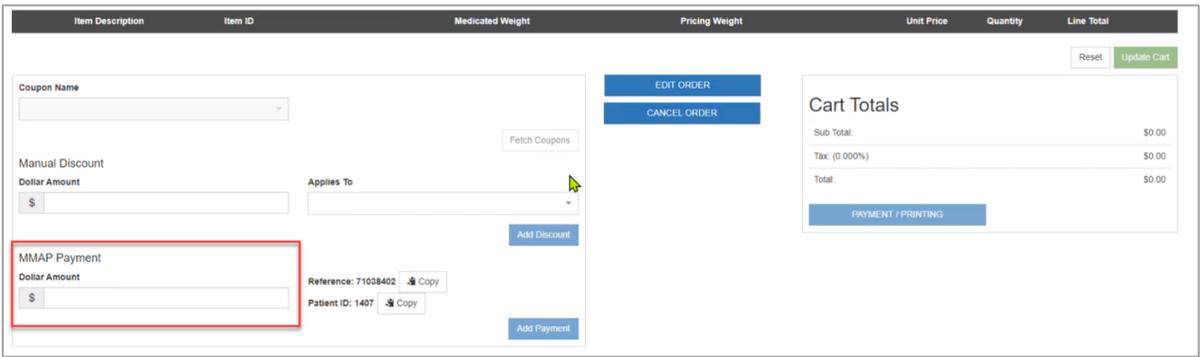
This job aid contains the following topics:

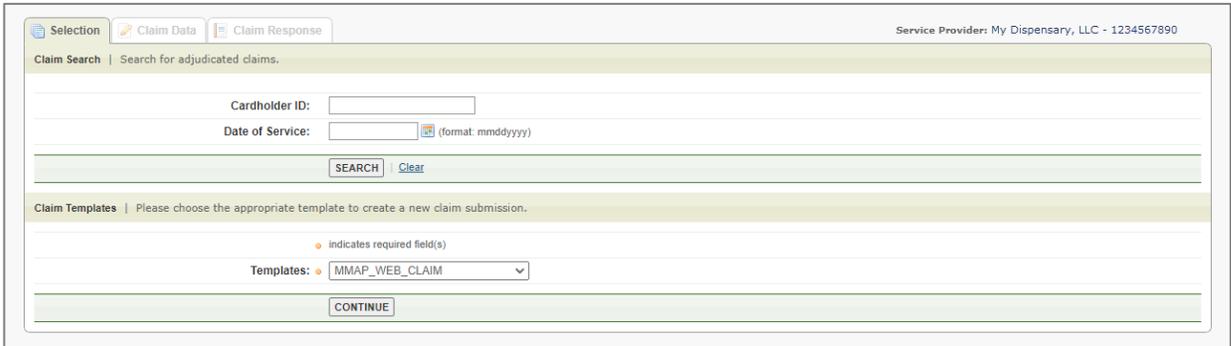
- [Submit a Claim](#)
- [Rejected Claims](#)
- [Processing Refunds](#)
- [Duplicate Billing](#)
- [Key Points](#)

Submit a Claim

Complete the following steps to submit a claim for medical marijuana using the MJ Freeway point-of-sale system and the Commonwealth of Pennsylvania Web Portal Web Claims submission (WCS) application.

Note: The Web Claims Submission process produces a response that provides information you must enter in the MJ Freeway system to complete the sale and determine any out-of-pocket due from the client. You must obtain the claim response prior to finalizing the sale.

Step	Action
1.	Scan the patient's card and enter the order as normal including all discounts and coupons.
2.	A separate MMAP Payment field will appear for patients enrolled in MMAP. 
3.	Open the Dispensary Portal (https://papaceportal.lh.primetherapeutics.com). Click Launch next to Web Claims Submission . Note: You must be logged in to see the Web Claims Submission option.

Step	Action
4.	<p>Select your Dispensary from the provider list drop-down.</p> 
5.	<p>Select the MMAP_WEB_CLAIM template from the Templates drop-down. Click Continue.</p> 
6.	<p>Complete the following fields on the Claim Data tab:</p> <ul style="list-style-type: none"> • Date Filled – must be the current date • Date of Birth – must match the DOB in the Prime Therapeutics cardholder system • Patient First Name – must match on the first character of demographics data in the Prime Therapeutics cardholder system. • Patient Last Name – must match on the first three characters of demographics data in the Prime Therapeutics cardholder system. <p>Notes:</p> <ul style="list-style-type: none"> • Click the calendar icon (📅) to select the current date; this prevents keying errors. • Many required fields are prefilled.

Step	Action
------	--------

7. Copy the following information from the MJ Freeway system. Click the **Copy** button next to each field to paste the value in the claims submission template.

- Cardholder ID
- Prescription Reference Number

The screenshot shows a web interface with a table header: Item Description, Item ID, Medicated Weight, Pricing Weight, Unit Price, Quantity, Line Total. Below the table are sections for 'Coupon Name', 'Manual Discount' (with 'Fetch Coupons' button), 'MMAP Payment' (with 'Add Discount' and 'Add Payment' buttons), and 'Cart Totals' (showing Sub Total, Tax, and Total, all at \$0.00). There are also 'EDIT ORDER' and 'CANCEL ORDER' buttons.

REQUEST_INSURANCE_SEGMENT

Cardholder ID Number **1**

Group Number

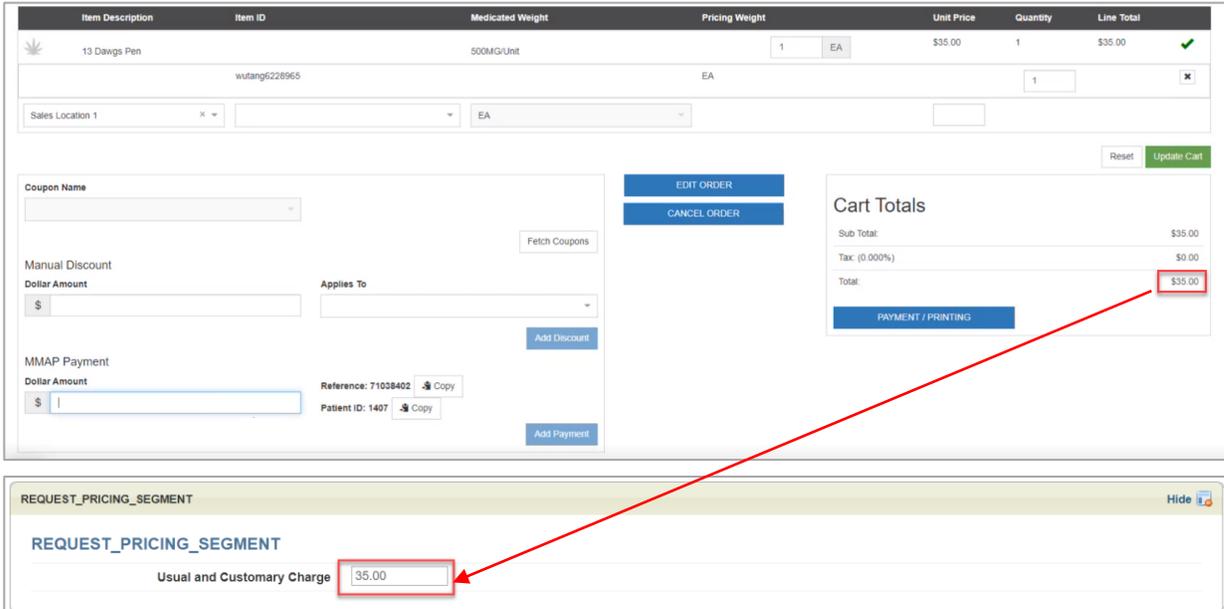
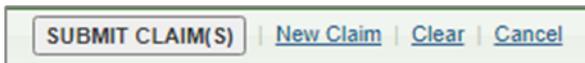
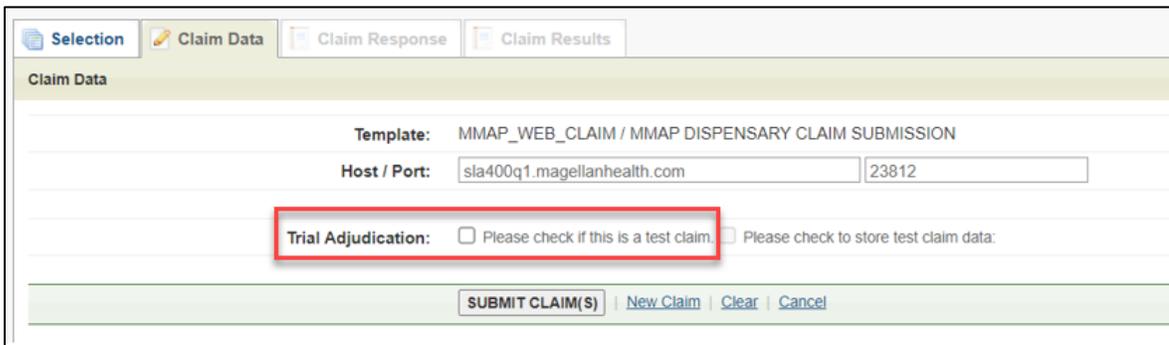
REQUEST_CLAIM

REQUEST_CLAIM_SEGMENT

REQUEST_CLAIM_SEGMENT

Prescription Reference Number Qualifier **2**

Prescription Reference Number

Step	Action
8.	<p>Enter the Usual and Customary Charge. This is the total purchase price.</p> <p>Note: MMAP benefits are to be applied after all other discounts or points have been applied.</p> 
9.	<p>Click Submit to submit the claim.</p>  <p>Note: The Trial Adjudication check box allows you to submit a test claim. You will go through all the steps above and submit the claim. Although you will receive a determination, the claim will not be recorded. Once you are ready to submit a claim and want it to be recorded, clear the Trial Adjudication check box, click New Claim and repeat the process.</p> 
10.	<p>The Claim Response tab displays, showing the Response Status (Header) as A-Accepted, indicating the claim processed properly.</p> <p>Note: If the Response Status (Header) is R – Claim Rejected, see Rejected Claims below for more information on the cause of the error. Return to the Claim Data tab to correct the issue.</p>

Step	Action														
11.	<p>Manually enter the benefit returned in the portal WCS tool (called Total Amount Paid) in the Dollar Amount field to reflect the MMAP payment.</p> <div data-bbox="472 306 1230 667" data-label="Form"> <p>RESPONSE_PRICING_SEGMENT</p> <p>Patient Pay Amount(8 bytes) \$0</p> <p>Ingredient Cost Paid(8 bytes) \$35</p> <p>Dispensing Fee Paid \$0</p> <p>Tax Exempt Indicator 1 - Payer/Plan Tax Exempt</p> <hr/> <p>RESPONSE_PRICING_COUNT_SEGMENT</p> <p>Total Amount Paid(8 bytes) \$35</p> <hr/> <p>RESP_BENEFIT_STAGE_COUNT_SEG</p> <p>Spending Account Amount Remaining \$15</p> </div> <div data-bbox="240 699 1469 1157" data-label="Form"> <table border="1"> <thead> <tr> <th>Item Description</th> <th>Item ID</th> <th>Medicated Weight</th> <th>Pricing Weight</th> <th>Unit Price</th> <th>Quantity</th> <th>Line Total</th> </tr> </thead> <tbody> <tr> <td>13 Davags Pen</td> <td>wutang6228965</td> <td>500MG/Unit</td> <td>EA</td> <td>\$35.00</td> <td>1</td> <td>\$35.00</td> </tr> </tbody> </table> <p>Sales Location 1 X EA</p> <p>Coupon Name</p> <p>Manual Discount Dollar Amount \$</p> <p>MMAP Payment Dollar Amount \$ 335.00</p> <p>Reference: 71028402 Copy</p> <p>Patient ID: 1407 Copy</p> <p>Cart Totals</p> <p>Sub Total: \$35.00</p> <p>Tax: (0.000%) \$0.00</p> <p>Total: \$35.00</p> <p>PAYMENT / PRINTING</p> </div>	Item Description	Item ID	Medicated Weight	Pricing Weight	Unit Price	Quantity	Line Total	13 Davags Pen	wutang6228965	500MG/Unit	EA	\$35.00	1	\$35.00
Item Description	Item ID	Medicated Weight	Pricing Weight	Unit Price	Quantity	Line Total									
13 Davags Pen	wutang6228965	500MG/Unit	EA	\$35.00	1	\$35.00									
12.	<p>If patient doesn't have enough MMAP funds to cover total cost of purchase, the Claim Response tab will display the Amount of Coinsurance, or the amount the patient must pay out of pocket.</p> <div data-bbox="522 1278 1182 1591" data-label="Form"> <p>RESPONSE_PRICING_SEGMENT</p> <p>Patient Pay Amount(8 bytes) \$10</p> <p>Ingredient Cost Paid(8 bytes) \$150</p> <p>Dispensing Fee Paid \$0</p> <p>Tax Exempt Indicator 1 - Payer/Plan Tax Exempt</p> <hr/> <p>RESPONSE_PRICING_COUNT_SEGMENT</p> <p>Total Amount Paid(8 bytes) \$150</p> <p>Amount of Coinsurance \$10</p> </div> <p>The scenario occurs when the patient has no MMAP funds available and must pay the entire amount out of pocket; or the patient has some MMAP funds available but those funds don't cover the entire purchase so the patient must pay some out of pocket.</p> <p>In this example, the total cost of the purchase is \$160, the patient had \$150 in MMAP funds available toward the purchase. The patient needed to pay \$10 out of pocket.</p>														
13.	Click Add Payment to apply the MMAP Payment to the Cart Totals.														

Step	Action												
14.	Collect the remaining amount (if any) from the patient in cash.												
15.	<p>Notify the patient of the remaining MMAP balance available to them after this sale is completed.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>RESPONSE_PRICING_SEGMENT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Patient Pay Amount(8 bytes)</td> <td><input type="text" value="\$0"/></td> </tr> <tr> <td style="text-align: right;">Ingredient Cost Paid(8 bytes)</td> <td><input type="text" value="\$35"/></td> </tr> <tr> <td style="text-align: right;">Dispensing Fee Paid</td> <td><input type="text" value="\$0"/></td> </tr> <tr> <td style="text-align: right;">Tax Exempt Indicator</td> <td><input type="text" value="1 - Payer/Plan Tax Exempt"/></td> </tr> </table> <p>RESPONSE_PRICING_COUNT_SEGMENT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Amount Paid(8 bytes)</td> <td><input type="text" value="\$35"/></td> </tr> </table> <p>RESP_BENEFIT_STAGE_COUNT_SEG</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Spending Account Amount Remaining</td> <td><input style="border: 2px solid red;" type="text" value="\$15"/></td> </tr> </table> </div> <p>Note: If the patient’s remaining balance is \$0. The RESP_BENEFIT_STAGE_COUNT_SEG, containing the Spending Account Amount Remaining field, does not display.</p>	Patient Pay Amount(8 bytes)	<input type="text" value="\$0"/>	Ingredient Cost Paid(8 bytes)	<input type="text" value="\$35"/>	Dispensing Fee Paid	<input type="text" value="\$0"/>	Tax Exempt Indicator	<input type="text" value="1 - Payer/Plan Tax Exempt"/>	Total Amount Paid(8 bytes)	<input type="text" value="\$35"/>	Spending Account Amount Remaining	<input style="border: 2px solid red;" type="text" value="\$15"/>
Patient Pay Amount(8 bytes)	<input type="text" value="\$0"/>												
Ingredient Cost Paid(8 bytes)	<input type="text" value="\$35"/>												
Dispensing Fee Paid	<input type="text" value="\$0"/>												
Tax Exempt Indicator	<input type="text" value="1 - Payer/Plan Tax Exempt"/>												
Total Amount Paid(8 bytes)	<input type="text" value="\$35"/>												
Spending Account Amount Remaining	<input style="border: 2px solid red;" type="text" value="\$15"/>												

[Return to top](#)

Rejected Claims

The **Claim Response** tab shows the status of the claim once submitted. If the claim did not “pay,” the Reject Code(s) and descriptions are listed on the **Claim Response** window.

The following table describes the reasons a claim may reject at the point-of-sale.

Reject Code	Information
CA – M/I Patient first name	FIRST NAME: FIRST CHARACTER MUST MATCH Example: You enter Ryan, but the Patients’ name is Bryan
CB – M/I Patient last name	LAST NAME: FIRST 3 CHARACTERS MUST MATCH Example: You enter R othermel, but the patient’s last name is spelled Ro ethermel
09 – M/I Birthdate	DATE OF BIRTH MUST MATCH Example: You enter 12/12/1944 or 12/21/1934, but the patient’s DOB is 12/21/1944
52 – Non-matched cardholder id	PATIENT ID DOES NOT MATCH OUR SYSTEM Example: You enter the patient’s ID number for another program. Note: Use MJ Freeway system Copy button to prevent this error.
81 – Claim too old	CLAIM MUST BE SUBMITTED ON CURRENT DATE

Reject Code	Information
	<p>Example: Date of service is 11/27/2022 but you enter 11/17/2022</p> <p>Note: Use the calendar icon to select a date to prevent keying errors. The calendar offers the option Today to allow you to choose the current date.</p>
DQ – M/I Usual And Customary Charge	<p>USUAL AND CUSTOMARY VALUE CANNOT BE \$0.00 (THIS SHOULD BE THE VALUE THE PATIENT WOULD BE CHARGED AFTER ALL DISCOUNTS AND SALES ARE APPLIED).</p>
87 – Reversal not processed	<p>REVERSAL NOT PROCESSED (EITHER THE PRESCRIPTION REFERENCE NUMBER OR THE DATE OF SERVICE DOES NOT MATCH A PAID CLAIM).</p>

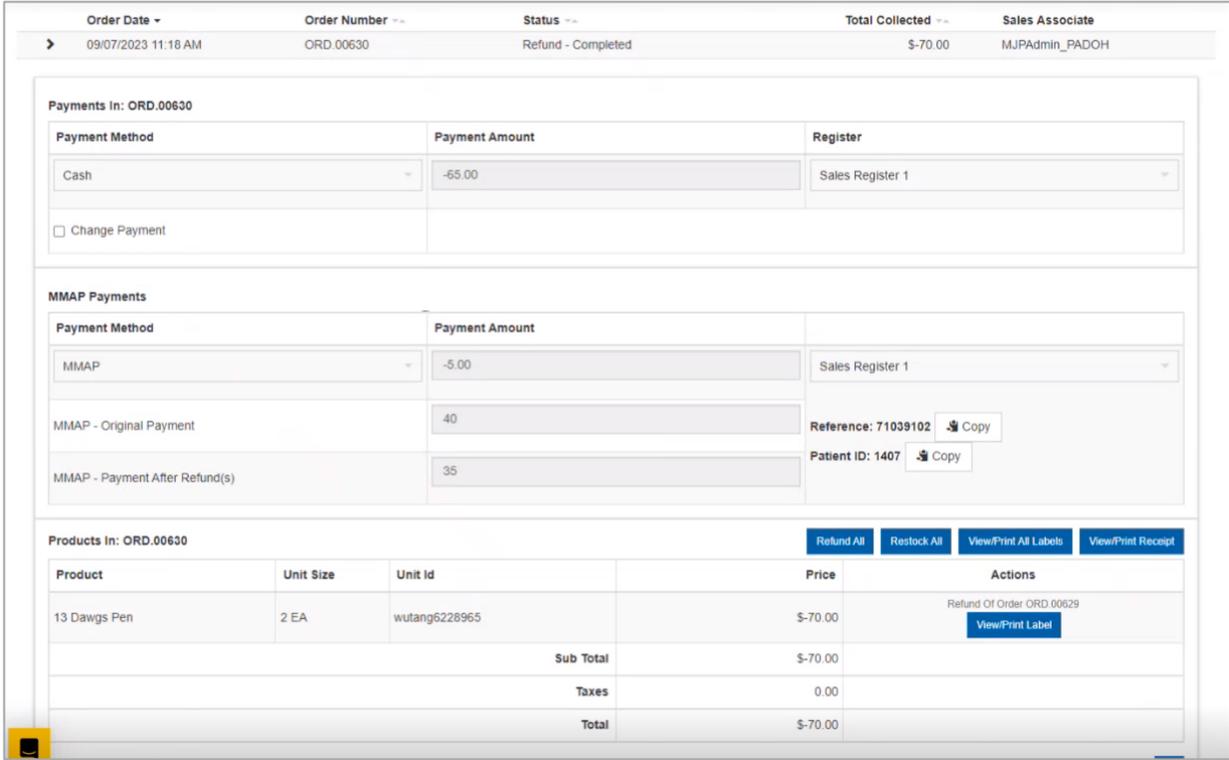
[Return to top](#)

Processing Refunds

The following steps are to be completed when an item is returned to a Dispensary. Each step is detailed below:

Note: If MMAP funds were not used, no action is required in Web Claims Submission.

- Process the refund/return in the MJ Freeway point-of-sale system
- Reverse the claim in Web Claims Submission, if applicable
- Submit a new claim for the non-refunded/non-returned items in Web Claims Submission, if applicable

Step	Action
1.	<p>Select the appropriate order from the patient's order history and complete the refund transaction in the MJ Freeway point-of-sale system.</p>  <p>If the refund results in a negative MMAP Payment Amount, continue to Step 2.</p>
2.	<p>Reverse the original claim in Web Claims Submission.</p> <p>Note: Only Paid claims can be reversed.</p> <p>Select the MMAP_WEB_CLAIM_REVERSAL template from the Templates drop-down. Click Continue.</p>

Step	Action
	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Selection Claim Data Claim Response Service Provider: My Dispensary, LLC - 1234567890 </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>Claim Search Search for adjudicated claims.</p> <p>Cardholder ID: <input type="text"/></p> <p>Date of Service: <input type="text"/> (format: mmddyyyy)</p> <p style="text-align: center;"><input type="button" value="SEARCH"/> <input type="button" value="Clear"/></p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>Claim Templates Please choose the appropriate template to create a new claim submission.</p> <p style="text-align: center;">● indicates required field(s)</p> <p>Templates: <input type="text" value="MMAP_WEB_CLAIM_REVERSAL"/></p> <p style="text-align: center;"><input type="button" value="CONTINUE"/></p> </div> </div>

3. Complete the required fields on the **Claim Data** tab. The unique combination of the **Date Filled** and **Prescription Reference Number** for this specified **Service Provider ID** identify the claim to be reversed.
- The **Prescription Reference Number** is found in the MMAP Payments section of the refund order. Click **Copy** to copy the number and paste it in the Web Claims Submission form.
 - The **Date of Service** is the date of the *last* claim submitted for this order.

MMAP Payments

Payment Method	Payment Amount	
MMAP	-5.00	Sales Register 1
MMAP - Original Payment	40	Reference: 71039102 <input type="button" value="Copy"/>
MMAP - Payment After Refund(s)	35	Patient ID: 1407 <input type="button" value="Copy"/>

Selection | Claim Data | Claim Response | Claim Results
Service Provider: My Dispensary, LLC - 1234567890 | [New Claim](#)

Claim Data

Template: MMAP_WEB_CLAIM_REVERSAL / MMAP DISPENSARY CLAIM REVERSAL

Host / Port:

Trial Adjudication: Please check if this is a test claim.

[New Claim](#)

REQUEST_HEADER

REQUEST_HEADER_SEGMENT Hide

REQUEST_HEADER_SEGMENT

Bin Number ●

Version/Release Number ●

Transaction Code ●

Service Provider ID Qualifier ●

Service Provider ID ●

Date Filled ● (format: mmddyyyy)

REVERSAL_REQUEST_CLAIM

REQUEST_CLAIM_SEGMENT Hide

REQUEST_CLAIM_SEGMENT

Prescription Reference Number Qualifier ●

Prescription Reference Number ●

Product/Service ID Qualifier ●

Product/Service ID ●

New/Refill Code ●

[New Claim](#)

Step	Action
4.	Click Submit Claim(s) .
5.	<p>The Claim Response tab displays, showing the Response Status (Header) as A-Accepted, indicating the reversal processed properly.</p> <div data-bbox="440 380 1263 768" data-label="Form"> <p>The screenshot shows a web interface with four tabs: Selection, Claim Data, Claim Response (active), and Claim Results. Below the tabs are two sections: RESPONSE_HEADER and RESPONSE_HEADER_SEGMENT. The RESPONSE_HEADER_SEGMENT contains several fields: Version/Release Number (D0 - NCPDP D.0), Transaction Code (B2 - Billing Reversal), Transaction Count (1), Response Status (Header) (A - Accepted, highlighted with a red box), Service Provider ID Qualifier (01 - National Provider Identifier (NPI)), Service Provider ID (blacked out), and Date Filled (02102023).</p> </div> <p>Note: If the claim is not successfully reversed, reject code 87 – Reversal not processed sets. See Rejected Claims above for more information on this code.</p>
6.	<p>Submit a new claim for any non-refunded/non-returned items. This step must be performed when a dollar value appears in the MMAP – Payment After Refund(s) field.</p> <p>Note: If MMAP funds were not used on the original claim, a new claim is not required.</p>
7.	<p>Follow the steps defined above, using the following information from the refund/restock screen to complete the Web Claims Submission form.</p> <div data-bbox="240 1129 1469 1392" data-label="Form"> <p>The screenshot shows the 'MMAP Payments' screen. It features a table with columns for 'Payment Method' and 'Payment Amount'. The table has three rows: 'MMAP' with a payment amount of -5.00, 'MMAP - Original Payment' with 40, and 'MMAP - Payment After Refund(s)' with 35. To the right of the table, there is a 'Sales Register 1' dropdown menu, a 'Reference: 71039102' with a 'Copy' button (labeled 1), and a 'Patient ID: 1407' with a 'Copy' button (labeled 2). The 'MMAP - Payment After Refund(s)' value of 35 is also labeled with a circled 3.</p> </div> <ol style="list-style-type: none"> 1 Reference – Click Copy and paste this number in the Prescription Reference Number field. 2 Patient ID – Click Copy and paste this number in the Cardholder ID Number field. 3 MMAP – Payment After Refund(s) – enter this amount in the Usual and Customary Charge field on the Web Claims Submission form.

[Return to top](#)

Duplicate Billing

A Response Status of **D – Duplicate billing** alerts you to the fact that an exact duplicate of an already-submitted claim has been submitted. This can happen if:

- you don't successfully reverse a claim and then submit a new claim or
- if you mistakenly submit a claim more than once (i.e., you missed the response that the claim was successfully submitted and submitted it again).



- If an exact duplicate of a paid claim is submitted, the Response tab will display a Response Status of **D – Duplicate Billing**.
- The Response Status (Header) will display as **A-Accepted**.
- A unique Authorization Number is assigned to the Duplicate.

RESPONSE_STATUS_SEGMENT	
Response Status	D - Duplicate Billing
Authorization Number(20 bytes)	00022030770901

[Return to top](#)

Key Points

- Patients cannot request partial payment. The patient has the option to pay out of pocket **ONLY** if it's to cover the difference of the amount that the MMAP funds do not cover.
 - **EXAMPLE:** The patient's bill is \$100. They have \$75 available in MMAP funds. All \$75 must be applied to the \$100 total. The patient cannot opt to spend \$50 now and leave \$25 in the account.
- The claim on the Commonwealth of Pennsylvania Web Portal should be submitted first, prior to the order in MJ Freeway being completed because the Claim Response will indicate the amount MMAP was able to cover. **THAT** amount is what should be indicated in the **MMAP Payment** field on MJ Freeway.
- MMAP is **not** a discount; it is a type of payment.

[Return to top](#)