

Medical Marijuana Assistance Program (MMAP) Dispensary Provider Enrollment/ Provider Information Management User Guide

Version 2.0

October 1, 2024

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Revision History

Document Version	Date	Name	Comments
0.1	8/29/22	B. Silsley	Initial Creation
0.2	10/20/22	B. Silsley	Prepare for SME review
0.2	10/24/22	S. Kane	SME review
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1.1	6/12/2024	B. Silsley	Rebranding; general updates
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2.0	10/1/2024	B. Silsley	Final version

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1.0 Introduction

The [Commonwealth of Pennsylvania Web Portal](https://papaceportal.lh.primetherapeutics.com) (https://papaceportal.lh.primetherapeutics.com), administered and maintained by Prime Therapeutics State Government Solutions LLC (Prime), allows authorized users to add and maintain information and submit claims after obtaining a username/ID and password.

The secured areas of the portal allow access for users only if they have registered through the User Administration Console (UAC) to gain access to these specific applications:


- [Provider Information Management](#)
- [Web Claims Submission](#)
- [Web Remittance Advice](#)

Google Chrome is the recommended browser. It is strongly recommended that you do not run in compatibility mode if using Microsoft Edge. This setting can be toggled on and off by navigating the browser settings (Alt + F), selecting **Settings**, then clicking on **Default Browser** on the left pane. Navigate to **Internet Explorer Mode** on the right and select **Don't Allow**.

1.1 Dispensary Enrollment

All Dispensaries that have been granted a permit to operate by the Commonwealth of Pennsylvania are expected to be able to serve and dispense to any registered patient, including those eligible for MMAP. Basic demographic information for each permitted Dispensary is pre-loaded into the Portal. Each dispensary must complete additional information in the Portal. Dispensaries must complete a registration process to obtain login credentials to perform this update as well as to maintain information on an ongoing basis.

These processes are explained in detail in this User Guide.



- DO NOT use the **Provider Enrollment** option on the **Home** page.
- For UAC-related issues, contact the UAC help desk at 1-800-241-8726.
- For all other issues, contact MMAP at MMAPDispensaryCorrespondence@primetherapeutics.com.

1.1.1 Dispensary Identifier

Each Dispensary must have a unique identification number to be used for administrative and financial transactions such as claims submission. This ID is also required for the registration process.

A 10-digit **Dispensary ID** has been created and assigned to each dispensary.

2.0 System Access

2.1 Log In

Complete the following steps to access the Dispensary Portal.

1. Type <https://papaceportal.lh.primetherapeutics.com> into the browser's **Address** bar and press **Enter**. The **Commonwealth of Pennsylvania Web Portal** home window appears.

The screenshot shows the Commonwealth of Pennsylvania Web Portal home page. At the top, there is a navigation bar with the Pennsylvania Department of Aging logo on the left and the Prime Therapeutics logo on the right. Below the logos, there are navigation tabs for Home, Cardholders, Pharmacists, Prescribers, and MMAP. To the right of these tabs are links for Links, UAC, Site Map, and Contact Us. A welcome message states: "Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Prime Therapeutics State Government Solutions LLC." The main content area is divided into two columns. The left column is titled "Announcements" and contains a "Latest News" section with a link to "PACE/PACENET PBA Web Portal". Below this, there is a detailed announcement about the "Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal". The announcement includes sections for "CARDHOLDERS and POTENTIAL CARDHOLDERS:" and "PROVIDERS and POTENTIAL PROVIDERS:", each with a list of key features and instructions. A "Please note" box at the bottom of the announcement provides information on how to register and create a user account. The right column is titled "Login" and contains two sections: "PRESCRIBERS" and "PHARMACISTS", each with a "Login NOW" button. Below the login section is a "Services and Applications" section with a list of services and their corresponding "Launch" buttons: Drug Coverage Lookup, Find a Doctor, Opioid Calculator, Find a Pharmacy, and Provider Enrollment.

Figure 2.1.1 – Commonwealth of Pennsylvania Web Portal Home Page

2.1.1 First-time Users

First-time users must register and create a User ID and Password to gain access to secured applications, such as **Provider Information Management**, **Web Claims Submission** and **Web Remittance Advice**. Complete the following steps to begin the process.

1. Click the **UAC** hyperlink on the **Commonwealth of Pennsylvania Web Portal** Home page. The **User Administration Console** appears.

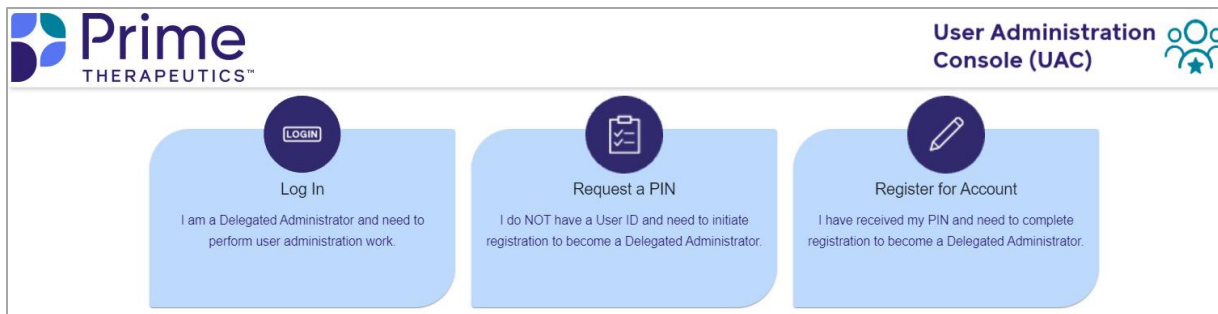



Figure 2.1.1.1 – User Administration Console

2. Refer to the *New User Registration Quick Start* job aid (select **MMAP** tab) for detailed instructions on the registration process. The *User Administration Console User Guide* can be accessed by clicking the **Help** button at the bottom of the UAC console.



- Each provider must have a Delegated Administrator. You must establish the privileges for this role.
- Once a Delegated Administrator is established, this individual can add other users for their business and assign privileges to that user can perform.

2.1.2 Existing Users

When a dispensary is registered with the User Administration Console and wants to access the Web Portal secure functions, you will use the username/ID and password you set up with User Administration Console.

Complete the following steps if you are an existing Web Portal User:

1. From the **Commonwealth of Pennsylvania Web Portal** Home window, click **Login Now**.

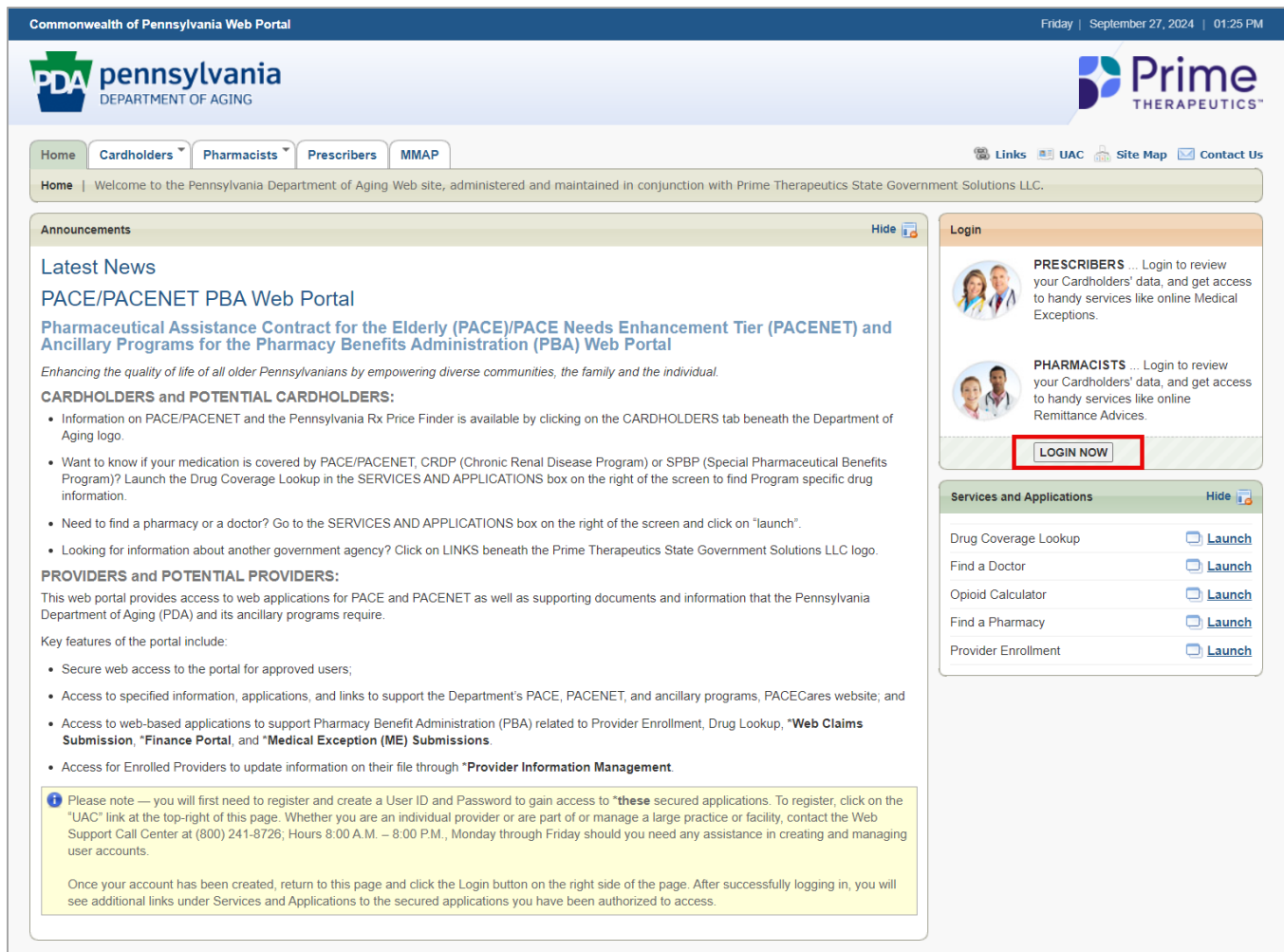


Figure 2.1.2.1 – Commonwealth of Pennsylvania Web Portal Home Window, Login Now button

2. The **Sign In** window appears.

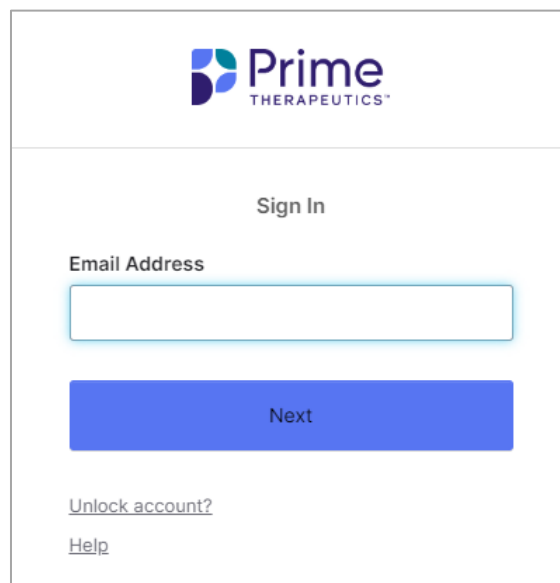


Figure 2.1.2.2 – Sign In Window

3. Enter your email address and click **Next**.

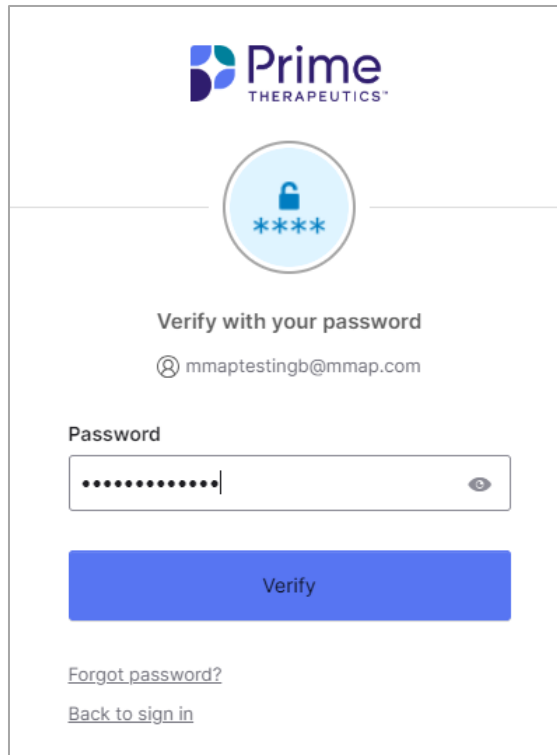



Figure 2.1.2.3 – Okta Sign In Verify

4. Enter your and **Password** and click **Verify**.
5. The **Provider List** window appears.



- You will be required to set up a multi-factor authentication (MFA) method upon your first login. Follow the onscreen instructions for this process.
- Refer to the User Administration Console User Guide for detailed instructions on updating your password and setting up Challenge Questions and Responses. To access this user guide, click the **UAC** hyperlink and then click **Help** at the bottom of the window.

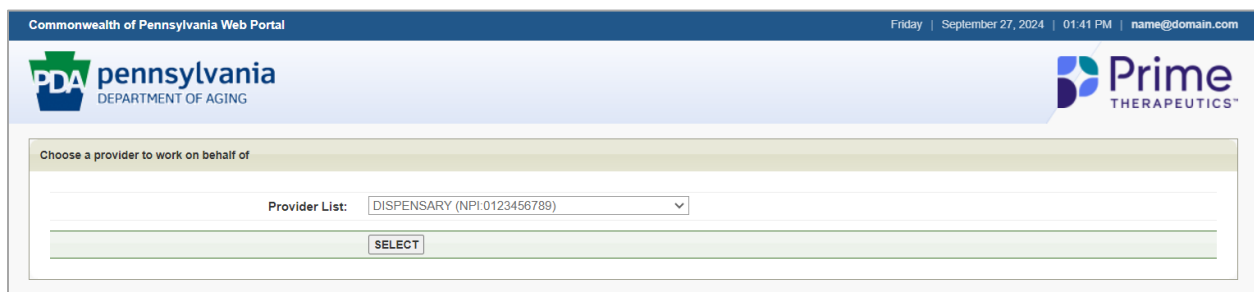




Figure 2.1.2.4 – Provider List window

6. Select the dispensary name from the **Provider List** drop-down.
7. Click **Select**. The **Commonwealth of Pennsylvania Web Portal Home** window appears. See

Commonwealth of Pennsylvania Web Portal Friday | September 27, 2024 | 01:50 PM | name@domain.com

Home | Cardholders | Pharmacists | Prescribers | MMAP Links | UAC | Site Map | Contact Us | Logout

Home | Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Prime Therapeutics State Government Solutions LLC.

PACE/PACENET PBA Web Portal

Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal

Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.

This web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania Department of Aging (PDA) and its ancillary programs require.

Key features of the portal include:

- Secure web access to the portal for approved users;
- Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACEcares website; and
- Access to web-based applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, Web Claims Submission, Finance Portal, and Medical Exception (ME) Submissions.
- Access for Enrolled Providers to update information on their file through "Provider Information Management".
- Access for Enrolled Providers to enroll additional programs.

Working on behalf of... | [Change](#)

Name: DISPENSARY

NPI: 0123456789

Services and Applications Hide

- Drug Coverage Lookup [Launch](#)
- Find a Physician [Launch](#)
- Find a Pharmacy [Launch](#)
- Opioid Calculator [Launch](#)
- Provider Information Management [Launch](#)
- Finance Portal [Launch](#)
- Web Claims Submission [Launch](#)
- My Claims [Launch](#)

Cardholder Search Hide

Search For: New Patient(s)


Cardholder Last Name

Cardholder ID

Cardholder Date of Birth (mm/dd/yyyy)

[SEARCH](#) [Clear](#)

Figure 2.1.2.5 – Commonwealth of Pennsylvania Web Portal Home Page



- The following items now display in the **Services and Application** sections:
 - Provider Information Management
 - Finance Portal
 - Web Claims Submission
- If **Provider Enrollment** displays beneath **My Claims**, contact the MMAP Help Desk immediately at 1-833-605-0629. Do Not proceed to work in the portal.

2.2 Log Out

Complete the following steps to log out of the Commonwealth of Pennsylvania Web Portal.



- Click the **Logout** hyperlink in the top right-hand corner of the **Commonwealth of Pennsylvania Web Portal Home** window. See Figure 2.2.1.

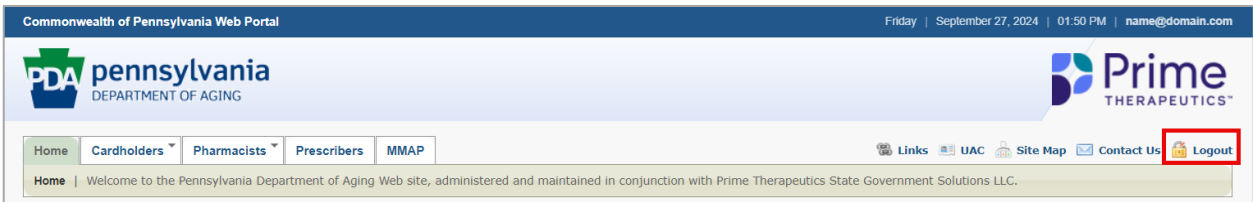


Figure 2.2.1 – Commonwealth of Pennsylvania Web Portal Home window, Logout hyperlink

3.0 Provider Enrollment

Demographic data has been pre-loaded into the Web Portal. Upon initial access, each dispensary must complete the **Electronic Funds Transfer (EFT)** and **Electronic Remittance Advice (ERA)** tabs and submit this information for validation to complete the enrollment process. Additionally, any information that has been pre-loaded should be reviewed on initial access.

Dispensaries are responsible for updating all information once it is entered into the portal on an ongoing basis. See [Provider Information Management](#) for more information.

3.1 Provider Information Management (PIM)

Dispensaries will use the secured **Provider Information Management (PIM)** application to add and modify information.

Provider Information Management contains the following tabs:

- [Demographics](#)
- [Electronic Funds Transfer \(EFT\)](#)
- [Electronic Remittance Advice \(ERA\)](#)
- [Verification](#)
- [Submit](#)



- Each tab contains required and optional fields.
- Tabs can be completed in any order.
- If EFT/ERA is not set up, claims can be submitted, but funds will not be distributed to the dispensary.

Complete the following steps to access **Provider Information Management**.

1. Click **Launch** next to **Provider Information Management** in the **Services and Applications** section of the portal **Home** page.

Commonwealth of Pennsylvania Web Portal Friday | September 27, 2024 | 01:50 PM | name@domain.com

PDA pennsylvania DEPARTMENT OF AGING **Prime THERAPEUTICS**

Home Cardholders Pharmacists Prescribers MMAP Links UAC Site Map Contact Us Logout

Home | Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Prime Therapeutics State Government Solutions LLC.

PACE/PACENET PBA Web Portal

PACE/PACENET PBA Web Portal
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal

Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.

This web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania Department of Aging (PDA) and its ancillary programs require.

Key features of the portal include:

- Secure web access to the portal for approved users;
- Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACEcares website, and
- Access to web-based applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, Web Claims Submission, Finance Portal, and Medical Exception (ME) Submissions.
- Access for Enrolled Providers to update information on their file through "Provider Information Management".
- Access for Enrolled Providers to enroll additional programs.

Working on behalf of... | [Change](#)

Name: DISPENSARY
NPI: 0123456789

Services and Applications Hide

Drug Coverage Lookup	Launch
Find a Physician	Launch
Find a Pharmacy	Launch
Opioid Calculator	Launch
Provider Information Management	Launch
Finance Portal	Launch
Web Claims Submission	Launch
My Claims	Launch

Cardholder Search Hide

Search For: New Patient(s)

Cardholder Last Name

Cardholder ID

Cardholder Date of Birth (mm/dd/yyyy)

Figure 3.1.1 – Main Portal Window/Home Page

3.2 Demographics Tab

Upon accessing **Provider Information Management**, the **Demographics** tab displays. The Demographics tab is pre-populated with the information the dispensary provided to the Pennsylvania Department of Health (DOH) during the permit process. This information should be verified the first time you log into the dispensary Portal. All subsequent updates (change of address, email or contact information) are the responsibility of the dispensary.

Commonwealth of Pennsylvania Web Portal | Provider Information Management Friday, September 27, 2024 | 01:56 PM

pda pennsylvania DEPARTMENT OF AGING **Prime THERAPEUTICS**

Demographics Portal Home

If any information is incorrect, please update it by clicking the Edit link below. Some updates may require you to resubmit to Provider Services for review and approval.

Please note: You must save your information on each tab. All required fields must be completed on each tab or popup window before saving.

Demographics | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Verification | Submit

Dispensary ID : 0123456789

General Information | Edit

Practice Type : Dispensary
 Enrollment Type : In State
 Program : Medical Marijuana Assistance Program (MMAP)
 Effective Dates : 11/07/2022 - 01/01/3000
 Dispensary ID : 0123456789

• indicates required field(s)
 indicates review required field(s)

Dispensary Federal Tax Identification Number (TIN) :
 Employment Identification Number (EIN) :

Email : name@domain.com
 Name : DISPENSARY NAME
(Enter the name as it appears on the dispensary license.)

Addresses | Enter or edit the address information.

Add New Contact | Help on Contact/Address Types

NOTE: At a minimum, you are required to add contact information for your Business/Corporate Address and Service Address. For independent dispensaries, the business/corporate and service address may be the same. All mailings will be sent to the Business/Corporate address.

Any changes to contact information (add new contact, delete existing contact, change existing contact info) will require review and approval by Provider Services.

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email
	Service		123 TEST BOULEVARD	PITTSBURGH	PA	15232 -	1231231234	name@domain.com
	Business/Corporate		123 TEST BOULEVARD	PITTSBURGH	PA	15232 -	1231231234	name@domain.com

Figure 3.2.1 – Demographics Tab

3.2.1 General Information

The **General Information** section of the **Demographics** tab displays the information pre-loaded to the Dispensary Portal. The following information displays at the top of the screen (inside a gray box) and is not editable:

- Practice Type
- Enrollment Type
- Program
- Effective Dates
- Dispensary ID

Complete the following steps to edit the remaining fields in the **General Information** section.

1. Click **Edit** to enable the fields.
2. Complete the following required fields:
 - Dispensary Federal Tax Identification Number (TIN) or Employment Identification Number (EIN)
 - Email
 - Name



- Contact information being added and maintained on the Demographics tab is *general contact* information for the business. Specific contacts for specific business functions (such as banking information) will be added in the **Addresses** section below.
- This information displays on other tabs but is editable only on the Demographics tab.

3. Click **Save General Info** to save your edits. A pop-up window appears advising that your change was successful.

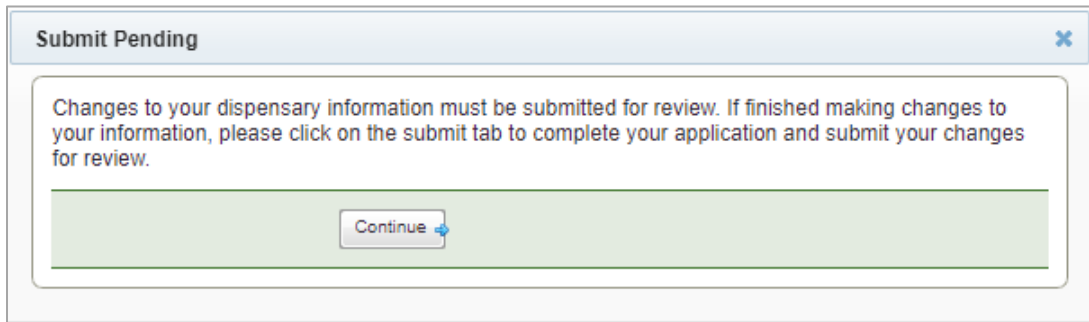


Figure 3.2.1.1 – Unique Identifiers Updated Window

3.2.2 Addresses Section

The **Service** address and **Business/Corporate** address are required. The address provided by the dispensary is pre-loaded in both addresses. One or both can be modified. Only one address of each type can exist.



- The Business/Corporate address is the public mailing address. All mailings go to this address.
- The Service address is the physical location of the dispensary.
- To view more information on **Contact/Address Types**, click **Help on Contact/Address Types**.

Existing addresses appear in the **Addresses** grid at the bottom of the screen. Icons in the Action column allow you to edit or delete the address information.


Icon	Action	Description
	Edit	<ul style="list-style-type: none"> • Only appears if you have the information previously saved. • Allows you to edit the information and click Save Information to save the changes.
	Delete	<ul style="list-style-type: none"> • Allows you to delete the address type previously saved. • Only appears if you have the information previously saved. • Presents a warning window advising you that you have to select to delete the information. To confirm the action, click Delete or click Cancel & do not delete to keep the information as is.

3.2.3 Editing an Address/Contact

Figure 3.2.3.1 – Edit Contact/Address Window

Complete the following steps to edit an existing address and/or contact.

1. Select the address in the **Address** group box at the bottom of the screen that requires changes by clicking the edit (✎) icon.
2. The **Edit Contact/Address** window appears.
3. Complete the required fields for the address **Type**.
 - Contact/Address Type
 - Corporation Name
 - Contact First Name
 - Contact Last Name
 - Street Address Line 1
 - City
 - State
 - Zip
 - Phone
 - Email



- If the address has been entered previously, select the address that was previously submitted from the **Use a previously used address?** list. The fields are populated with the address.

4. Click **Save Information**. Click **Cancel & do not save** to revert the screen to the values before the last Save.

- The information entered appears on the **Demographics** tab, in the addresses window. The **Type** column displays the type of address.






Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email
 	Service		123 TEST BOULEVARD	PITTSBURGH	PA	15232 -	1231231234	name@domain.com
 	Business/Corporate		123 TEST BOULEVARD	PITTSBURGH	PA	15232 -	1231231234	name@domain.com
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email

Figure 3.2.3.2 – Addresses Section

3.2.4 Adding a New Contact

Complete the following steps to add a new contact and address.

- Click the **Add New Contact** button. The **Add New Contact/Address** window appears.
- Complete the required fields for the address **Type**.
 - Corporation Name
 - Contact First Name
 - Contact Last Name
 - Street Address Line 1
 - City
 - State
 - Zip
 - Phone
 - Email



- If the address has been entered previously, select the address that was previously submitted from the **Use a previously used address?** list. The fields are populated with the address.

- Click **Save Information**. Click **Cancel & do not save** to revert the screen to the values before the last Save.
- The updated information entered appears on the **Demographics** tab, in the addresses window. The **Type** column displays the type of address.
- After all information has been added and saved, click on the **Electronic Funds Transfer (EFT)** tab.

3.3 Electronic Funds Transfer (EFT) Tab

Electronic Funds Transfer (EFT) is a required tab. Once completed, Prime (on behalf of the Pharmaceutical Assistance Contract for the Elderly (PACE) Program and Medical Marijuana Assistance Program (MMAP)) is authorized to initiate credit and debit entries to the accounts identified here.



Electronic Funds Transfer (EFT)

[Portal Home](#)

If any information is incorrect, please update it by clicking the Edit link below. Some updates may require you to resubmit to Provider Services for review and approval.

Please note: You must save your information on each tab. All required fields must be completed on each tab or popup window before saving.

Demographics | **Electronic Funds Transfer (EFT)** | Electronic Remittance Advice (ERA) | Verification | Submit

Dispensary ID :0123456789

Electronic Funds Transfer (EFT) [Edit](#)

* Indicates required field(s)

Dispensary Information

Dispensary Name: * DISPENSARY NAME ** Changes to Dispensary Information in the "grayed out" fields must be made in the Demographics tab.

Street: * 123 TEST BOULEVARD

City: * PITTSBURGH

State/Province: * PA

Zip Code/Postal Code: * 15232 -

Dispensary Identifier

Dispensary Federal Tax Identification Number (TIN): ** Changes to the "grayed out" Dispensary Federal Tax Identification Number (TIN); Employment Identification Number (EIN); in the Dispensary Identifier segment must be made in the Demographics tab.

Employment Identification Number (EIN)

Dispensary ID: * 0123456789

Dispensary Contact Information

Dispensary Contact First Name (Name of a contact * in the dispensary office for handling EFT issues): ** Changes to the EFT Dispensary Contact Information affect only this tab. Changes to the Business/Corporate Contact Name, Phone Number, etc. on the Demographics tab must be made separately.

Dispensary Contact Last Name: *

Telephone Number: * x-9999999999 x99999999

Email Address: *

EFT Authorization Form

I (we) hereby authorize Prime Therapeutics State Government Solutions LLC Corporation [on behalf of the Pharmaceutical Assistance Contract for the Elderly (PACE) Program and Medical Marijuana Assistance Program (MMAP)] hereinafter called "Company," to initiate credit or debit entries to my (our) account indicated below and the depository named below, hereinafter called the "Depository," to accept such credit or debit entries to such account.

Financial Institution Information

Financial Institution Name: *

Street: *

City: *

State/Province: * Select State

Zip Code/Postal Code: * -

Financial Institution Telephone Number: * x-9999999999 x99999999

Financial Institution Routing Number: *

Type of Account at Financial Institution: Business Checking Business Savings Personal Savings Personal Checking Other

Dispensary's Account Number with Financial Institution: *

Account Number Linkage to Dispensary Identifier

Dispensary Federal Tax Identification Number (TIN):

Employment Identification Number (EIN)

Dispensary ID: * 0123456789

Submission Information

Reason for Submission: Change Enrollment Cancel Enrollment

Printed Name of Person Submitting Enrollment: *

Printed Title of Person Submitting Enrollment: *

Submission Date: * (mm/dd/yyyy)

Requested EFT Start/Change/Cancel Date: * (mm/dd/yyyy)

This authority is to remain in full force until the COMPANY has provided written notification to the dispensary or has received written notification from the dispensary's authorized agent of termination of this EFT agreement in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

⚠ Changes to any of the EFT required fields are subject to verification by Business Services. Changing RA choice from Finance Portal to FTP is subject to 835 FTP acceptance. Your Remittance Advice will continue to be available via Finance Portal until your processor successfully completes FTP testing.

Save EFT Info | [Cancel](#) (reverts fields in this section to original values before last Save)


Figure 3.3.1 – Electronic Funds Transfer (EFT) Tab

3.3.1 Dispensary Information and Dispensary Identifier

Dispensary Information and **Dispensary Identifier** (EIN/TIN) cannot be edited on this window. Messages in red advise where to navigate to in the application to make any necessary adjustments to this information.


3.3.2 Dispensary Contact Information

Dispensary Contact information identifies the individual who should be contacted for any issues specifically regarding EFT information, such as bank accounts and routing.



- Changes to the Dispensary Contact information here affect this tab only. Changes to ERA contact information and/or the Business/Corporate information on the Demographics tab must be made separately.

1. Click **Edit** to enable the fields.
2. Complete the required fields in the **Dispensary Contact Information** section.
 - Dispensary Contact First Name
 - Dispensary Contact Last Name
 - Telephone Number




- Enter only numbers in the Telephone Number field; hyphens, spaces, or other special characters are not allowed.

3.3.3 EFT Authorization Form

The EFT Authorization Form provides the information necessary for Prime to initiate credit or debit entries to the bank account(s) entered here. This information allows Dispensaries to be paid for services.

1. Complete the required fields in the **Financial Institution Information** section.
 - Financial Institution Name
 - Street, City, State/Province, and Zip Code/Postal Code field
 - Financial Institution Routing Number.
 - Type of Account at Financial Institution
 - Dispensary's Account Number with Financial Institution
2. Complete the **Account Number Linkage to Dispensary ID** section. Optionally, enter your TIN or EIN. The Dispensary ID is required and is prefilled.
3. Complete the required fields in the **Submission Information** section.
 - Reason for Submission
 - Printed Name of Person Submitting the Enrollment

- Printed Title of Person Submitting the Enrollment



- Select the option for **Change Enrollment** when establishing the initial reason for submission.

3. Click **Save EFT Info**. The information is saved. The following message displays.

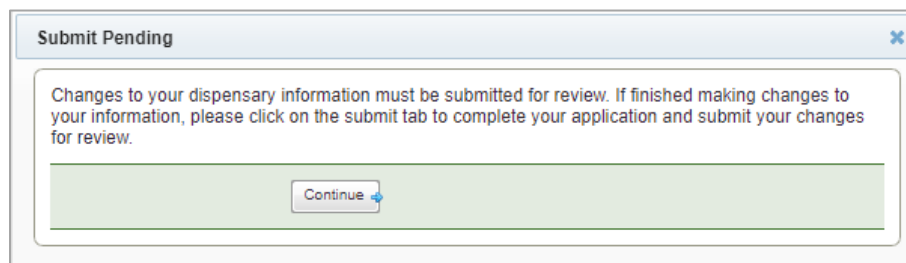



Figure 3.3.1.1 – Submit Pending Message

4. Click **Continue**.



- A message appears in a green bar at the top of the page indicating your information has been saved.
- Click the **Cancel** hyperlink to cancel your entries.

5. After all information has been added and saved, click on the **Electronic Remittance Advice (ERA)** tab.

3.4 Electronic Remittance Advice (ERA) Tab

Electronic Remittance Advice (ERA) is a required tab. Once completed, Prime is authorized to provide you with weekly remittance information on claims processed.

An electronic remittance advice, or ERA, is an itemized listing of claims paid and reversed.

Commonwealth of Pennsylvania Web Portal | Provider Information Management Friday, September 27, 2024 | 04:32 PM

PDA pennsylvania DEPARTMENT OF AGING **Prime** THERAPEUTICS

Electronic Remittance Advice (ERA) Portal Home

If any information is incorrect, please update it by clicking the Edit link below. Some updates may require you to resubmit to Provider Services for review and approval.

Please note: You must save your information on each tab. All required fields must be completed on each tab or popup window before saving.

Demographics | **Electronic Funds Transfer (EFT)** | Electronic Remittance Advice (ERA) | Verification | Submit

Dispensary ID :0123456789

Electronic Remittance Advice (ERA) | [Edit](#)

• indicates required field(s)

Dispensary Information

Dispensary Name: ** Changes to Dispensary Information in the "grayed out" fields must be made in the Demographics tab.

Street:

City:

State/Province:

Zip Code/Postal Code:

Dispensary Identifier

Dispensary Federal Tax Identification Number (TIN): ** Changes to the "grayed out" Dispensary Federal Tax Identification Number (TIN), Employment Identification Number (EIN), in the Dispensary identifier segment must be made in the Demographics tab.

Employment Identification Number (EIN):

Dispensary ID:

Other Identifiers

Does your dispensary have a Clearinghouse number (TPA number)?: Yes No **TPA* refers to Third Party Administrator.

Dispensary Contact Information

Dispensary Contact First Name (Name of a contact in the dispensary office for handling ERA issues): ** Changes to the ERA Dispensary Contact Information affect only this tab. Changes to the Business/Corporate Contact Name, Phone Number, etc. on the Demographics tab must be made separately.

Dispensary Contact Last Name:

Telephone Number:

Email Address:

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Dispensary)

Dispensary Federal Tax Identification Number (TIN):

Employment Identification Number (EIN):

Dispensary ID:

Method of Retrieval: FTP 835 Finance Portal Third Party Vendor

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name (Official Name of the dispensary's clearinghouse):

Clearinghouse Contact First Name:

Clearinghouse Contact Last Name:

Telephone Number:

Email Address: (format: user@domain.com)

Submission Information

Reason for Submission: Change Enrollment Cancel Enrollment

Printed Name of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

Submission Date: (mm/dd/yyyy)

Requested ERA Effective Date: (mm/dd/yyyy)

Requested ERA Cancel Date: (mm/dd/yyyy)

⚠ Changes to any of the ERA required fields are subject to verification by Business Services. Changing Method of Retrieval from Finance Portal to FTP is subject to 835 FTP acceptance. Your Remittance Advice will continue to be available via Finance Portal until your processor successfully completes FTP testing.

Figure 3.4.1 – Electronic Remittance Advice (ERA) Tab

3.4.1 Dispensary Information and Dispensary Identifier

Dispensary Information and **Dispensary Identifier** cannot be edited on this window. Messages in red advise where to navigate to in the application to make any necessary adjustments to this information.

3.4.2 Other Identifiers

Indicate if your Dispensary uses the services of a third-party administrator (TPA). If the answer is **Yes**, you must provide the TPA number.

3.4.3 Dispensary Contact Information

The **Dispensary Contact** information identifies the individual who should be contacted for any issues specifically regarding ERA information, such as the TPA clearinghouse used or remittance advice retrieval.



- Changes to the **Dispensary Contact Information** here affect this tab only. Changes to EFT contact information and/or the Business/Corporate information on the Demographics tab must be made separately.

1. Click **Edit** to enable the fields.
2. Complete the required fields in the **Dispensary Contact Information** section.
 - Dispensary Contact First Name
 - Dispensary Contact Last Name
 - Telephone Number

3.4.4 Electronic Remittance Advice Information

When electronic payments are created weekly using EFT, a Remittance Advice (RA) is also created in 835 format. You must select your preference for retrieving this information.

1. Select the **Method of Retrieval** from the provided options:
 - FTP 835
 - Finance Portal
 - Third Party Vendor
2. If using a Clearinghouse, provide the name and contact information, including telephone number and email address.

3.4.5 Submission Information

1. Complete the required fields in the **Submission Information** section.
 - Reason for Submission
 - Printed Name of Person Submitting the Enrollment
 - Printed Title of Person Submitting the Enrollment



- Select the option for **Change Enrollment** when establishing the initial reason.

2. Click **Save ERA Info**. The information is saved. The Submit Pending Message displays. See Figure 3.3.1.



- Click the **Cancel** hyperlink to cancel your entries.

3. After all information has been added and saved, click on the **Verification** tab.

3.5 Verification Tab

The **Verification** tab is used to upload the required documentation in support of banking information. A voided check or bank letter is required.



- If providing a voided check, do not use a starter check that does not contain the information, such as routing number and address.

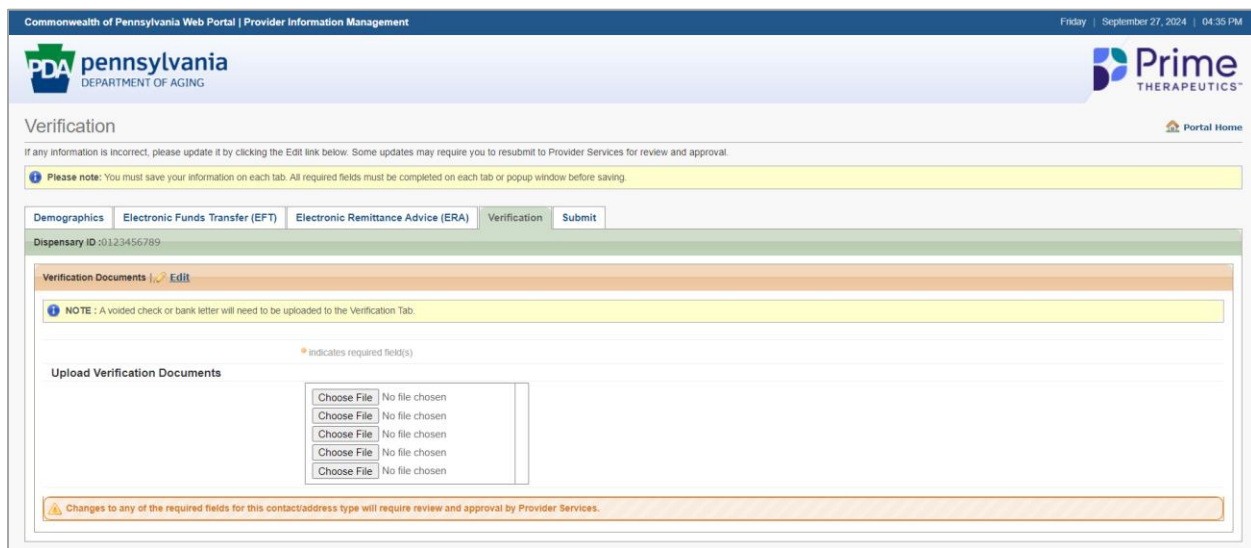


Figure 3.5.1 – Verification Tab

Complete the following steps to provide the required documentation.

1. Click **Edit** to enable adding documents.
2. Click **Choose File** to select a document from your local computer to attach.
3. Choose a file from your local computer and click **OK**.
4. Click **Upload** to upload your file to the portal.
5. After uploading the document(s), click on the **Submit** tab.

3.6 Submit Tab

The **Submit** tab must be completed to finalize all information and submit it for review.

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Submit Provider Information Management Update Portal Home

UPDATES PENDING: You have updated information in your profile that requires review and approval by Provider Services. Carefully review your changes and if you have no further updates, acknowledge any agreements that may be listed below and click Submit. After submitting your changes, no further updates are allowed until Provider Services has completed their review. You will be notified during the review process as to the status of your submission at the email address provided on the Demographics tab.

Demographics | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Verification | **Submit**

Dispensary ID :0123456789

Declaration | Review and acknowledge your acceptance of the agreements listed below.

Action	Item	Status
Action	Item	Status

I AGREE TO REPORT ANY CHANGES IN WRITING IN THE ABOVE INFORMATION TO THE DEPARTMENT OF AGING NOT LATER THAN FIFTEEN (15) DAYS AFTER SUCH OCCURRENCE.

By entering my name below, I certify that the information entered is true and correct and any false or misleading information shall be cause for canceling the agreement between the provider and the Commonwealth of Pennsylvania, Department of Aging or Its Authorized Agent.

Preparer's First Name :

Preparer's Last Name :

Preparer's Title :

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Figure 3.6.1 – Submit Enrollment Application Button

1. Complete the required fields.
 - Preparer’s First Name
 - Preparer’s Last Name
 - Preparer’s Title
2. Click **Submit MMAP Update**. The **Confirm Submission** window appears.

Confirm Submission ✕

Once submitted, no further changes may be made until Provider Services has reviewed and approved your updates.

| [Cancel & do not Submit](#)

Figure 3.6.2 – Confirm Submission Window

3. Click **Submit** to submit your application for review. The application successfully submitted message appears. Click **Cancel & do not Submit** if you do not wish to submit your application at this time. You are taken back to the previous window.
4. If there are no errors (missing or invalid information), you will receive an email within 24 hours containing electronic copies of your changes.

Dear Dispensary:

Thank you for submitting your updates through the Department of Aging's web portal. Your updates were received and are now being processed. You will be notified within three (3) business days of the status of your updates.

You may contact the MMAP Help Desk at 1-833-605-0629 if you have any questions.

Sincerely,


MMAP

Figure 3.6.3 – Email confirmation with enrollment attached

5. If you have errors on the application or you did not complete a required field, you receive a message and are taken to the window/tab that the errors are on.


The screenshot shows the 'Demographics' page in the 'Commonwealth of Pennsylvania Web Portal | Provider Information Management'. The page header includes the Pennsylvania Department of Aging logo and the Prime Therapeutics logo. A navigation bar contains tabs for 'Demographics', 'Electronic Funds Transfer (EFT)', 'Electronic Remittance Advice (ERA)', 'Verification', and 'Submit'. Below the navigation bar, there are several error messages: a blue 'Please note' bar, an orange 'REVIEW REQUIRED' bar, and a red 'ERROR: Enter required field(s)' bar. The 'Demographics' tab is active, and the 'General information' section is expanded. It shows fields for 'Practice Type' (Dispensary), 'Enrollment Type' (In State), 'Program' (Medical Marijuana Assistance Program (MMAP)), 'Effective Dates' (11/07/2022 - 01/01/3000), and 'Dispensary ID' (0263905421). Below these fields are input fields for 'Dispensary Federal Tax Identification Number (TIN)', 'Employment Identification Number (EIN)', 'Email', and 'Name'. A 'Save General Info' button and a 'Cancel' button are at the bottom of the form.

Figure 3.6.4 – Enrollment Error Message Example



- Add the email address MMAPPS@primetherapeutics.com to your address book to ensure delivery of these messages. If you do not add the email address, please make sure you check your junk mail folders prior to calling Provider Services asking for the confirmation email.

6. Click **Close Window** to return to the enrollment start page.



- If you attempt to log back into the application prior to MMAP reviewing it, you receive an error message.

7. Once your application is approved, you will receive a letter of approval via email and mail.

4.0 Review

Dispensary applications undergo a two-step review process to ensure that the submitted information is complete and accurate. An MMAP agent provides the first review and supervisor approval is required to complete the review.

Additionally, ongoing changes made by enrolled Dispensaries may also require this review. Fields that require review and approval are indicated in the Portal by a [dotted underline](#).

4.1 Review/Revisions

If the review of your enrollment information determines information is missing, incorrect or needs any clarification, you receive an email notification advising you that your application has been returned for more information needed. You must access the enrollment application to make the changes.

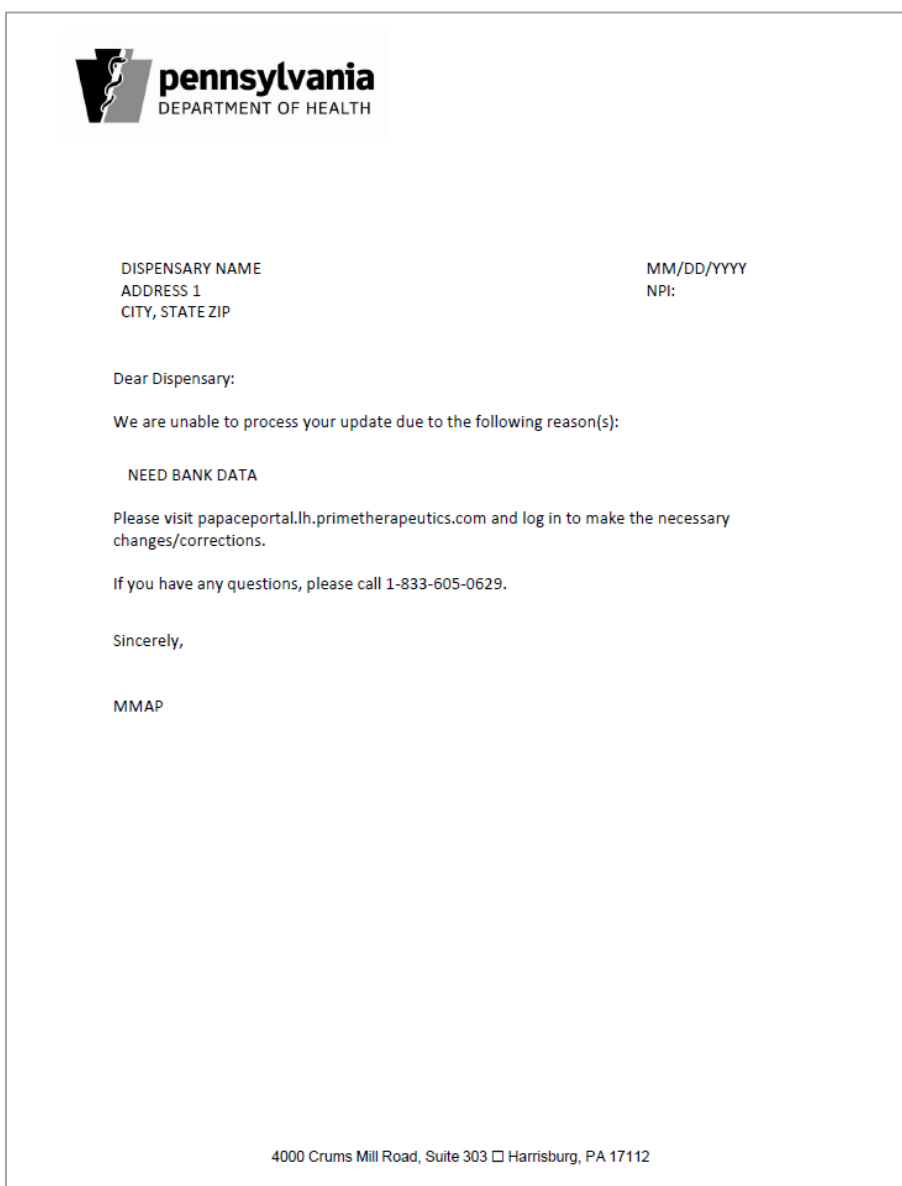


Figure 4.1.1 – Sample of Returned for Information Email

1. Log into the [Commonwealth of Pennsylvania Web Portal](https://papaceportal.lh.primetherapeutics.com) (https://papaceportal.lh.primetherapeutics.com) by following the steps in [Section 2.1 – Log In](#).
2. Click **Launch** next to **Provider Information Management** in the **Services and Applications** section to access your enrollment record.
3. The **Demographics** tab appears.

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Demographics Portal Home

If any information is incorrect, please update it by clicking the Edit link below. Some updates may require you to resubmit to Provider Services for review and approval.

Please note: You must save your information on each tab. All required fields must be completed on each tab or popup window before saving.

REVIEW REQUIRED: You have made changes to your profile that require review and approval by Provider Services. If you are finished updating, please submit your changes for review.

Demographics | **Electronic Funds Transfer (EFT)** | Electronic Remittance Advice (ERA) | Verification | Submit

Dispensary ID : 0123456789

General Information | [Edit](#)

Practice Type : Dispensary
 Enrollment Type : In State
 Program : Medical Marijuana Assistance Program (MMAP)
 Effective Dates : 11/07/2022 - 01/01/3000
 Dispensary ID : 0123456789

indicates required field(s)
 indicates review required field(s)

Dispensary Federal Tax Identification Number (TIN) : 987654321
 Employment Identification Number (EIN)
 Email : name@domain.com
 Name : DISPENSARY NAME
 (Enter the name as it appears on the dispensary license.)

Save General Info | Cancel (reverts fields in this section to original values before last Save)

Addresses | Enter or edit the address information.

Add New Contact | [Help on Contact/Address Types](#)

NOTE: At a minimum, you are required to add contact information for your **Business/Corporate Address** and **Service Address**. For independent dispensaries, the business/corporate and service address may be the same. All mailings will be sent to the Business/Corporate address.

Any changes to contact information (add new contact, delete existing contact, change existing contact info) will require review and approval by Provider Services.

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email
	Service		5522 BAUM BOULEVARD	PITTSBURGH	PA	15232 -	4124453942	lmacioce@liveparallel.com
	Business/Corporate		5522 BAUM BOULEVARD	PITTSBURGH	PA	15232 -	4124453942	lmacioce@liveparallel.com
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email

Figure 4.1.2 – Enrollment Application, Demographics Tab

4. Select the appropriate tab where modifications need to be made.
5. Make the required updates/revisions and click **Save** to save the changes on the tab you changed.



- Once the changes are made, it is critical that you access the **Submit** tab, complete the required fields, and click **Submit MMAP Update** to resubmit the application with the changes. The revised application is sent to Provider Services for review.

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Submit Provider Information Management Update Portal Home

⚠️ UPDATES PENDING: You have updated information in your profile that requires review and approval by Provider Services. Carefully review your changes and if you have no further updates, acknowledge any agreements that may be listed below and click Submit. After submitting your changes, no further updates are allowed until Provider Services has completed their review. You will be notified during the review process as to the status of your submission at the email address provided on the Demographics tab.

Demographics | **Electronic Funds Transfer (EFT)** | Electronic Remittance Advice (ERA) | Verification | **Submit**

Dispensary ID :0123456789

Declaration | Review and acknowledge your acceptance of the agreements listed below.

Action	Item	Status
Action	Item	Status

I AGREE TO REPORT ANY CHANGES IN WRITING IN THE ABOVE INFORMATION TO THE DEPARTMENT OF AGING NOT LATER THAN FIFTEEN (15) DAYS AFTER SUCH OCCURRENCE.

By entering my name below, I certify that the information entered is true and correct and any false or misleading information shall be cause for canceling the agreement between the provider and the Commonwealth of Pennsylvania, Department of Aging or Its Authorized Agent.

• Indicates required field(s)


Preparer's First Name :

Preparer's Last Name :

Preparer's Title :

Date : Friday | September 27, 2024 | 05:02 PM

Figure 4.1.3 – Submit Tab



- You receive a new Enrollment package any time changes or updates are made. These documents supersede the prior version and should be kept for verification.
- Once the changes are made and submitted, you must wait for determination before you can make any further changes.

6. Once your application is approved, you will receive a letter of approval via email and mail.



DISPENSARY NAME
ADDRESS 1
CITY, STATE ZIP

MM/DD/YYYY
NPI:

Dear Dispensary:

This letter serves as acceptance of the updated information entered in the Dispensary Portal.

Medical Marijuana Assistance Program (MMAP)

Sincerely,

MMAP

4000 Crums Mill Road, Suite 303 □ Harrisburg, PA 17112

Figure 4.1.4 – Sample Approval letter