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

Version 3.0

September 25, 2025

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
0.3	10/28/2022	B. Silsley	Address SME review. Prepare final version.
1.0	10/31/2022	B. Silsley	Final Version
1.1	6/12/2024	B. Silsley	Rebranding; general updates
1.2	9/27/2024	B. Silsley	Rebranding; general updates
1.3	9/28/2024	B. Silsley	Rebranding; general updates
2.0	10/1/2024	B. Silsley	Final version
2.1	7/1/2025	B. Silsley	Updated for claims submission automation at POS; general cleanup; replaced screen shots (new Commonwealth logo)
2.2	9/19/2025	A. Spaeder	SME review.
2.3	9/25/2025	L. Speigel	QA review
3.0	9/25/2025	B. Silsley	Final document

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1.0 Introduction

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

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 to complete the enrollment process. 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 guide.

Notes

- 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. This ID is also required for the registration process.

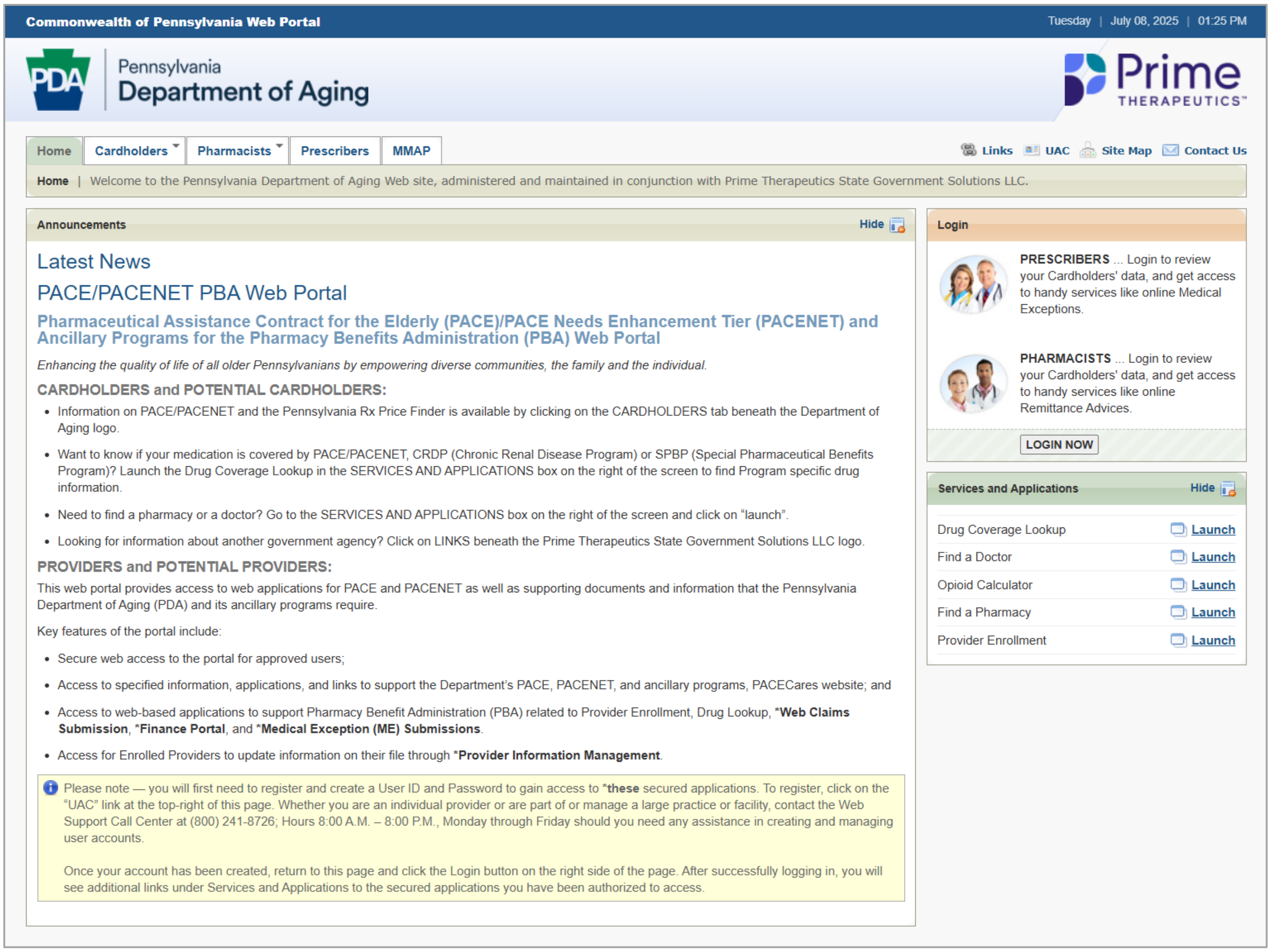
A 10-digit **Dispensary ID** has been created and assigned to each dispensary.

2.0 System Access

2.1 Log In

Complete the following steps to access the portal.

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

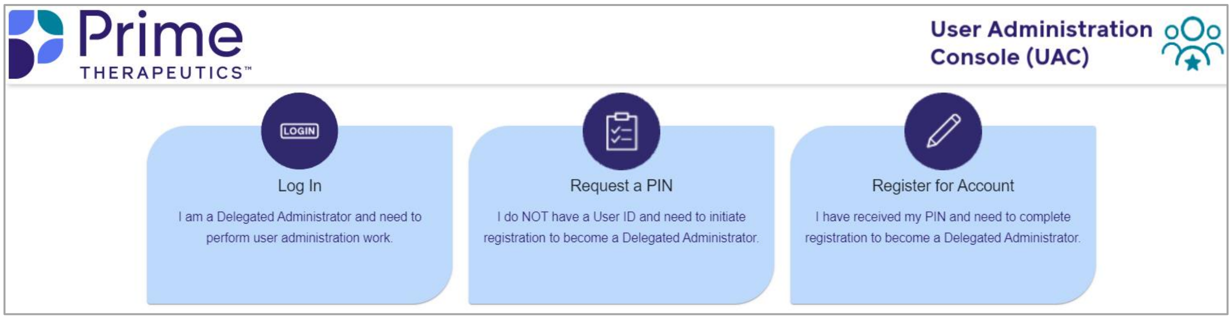


Commonwealth of Pennsylvania Web Portal Home Page

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** and **Finance** Portal for 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.



User Administration Console

2. Refer to the *New User Registration Quick Start* job aid provided in your welcome package 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.

Notes

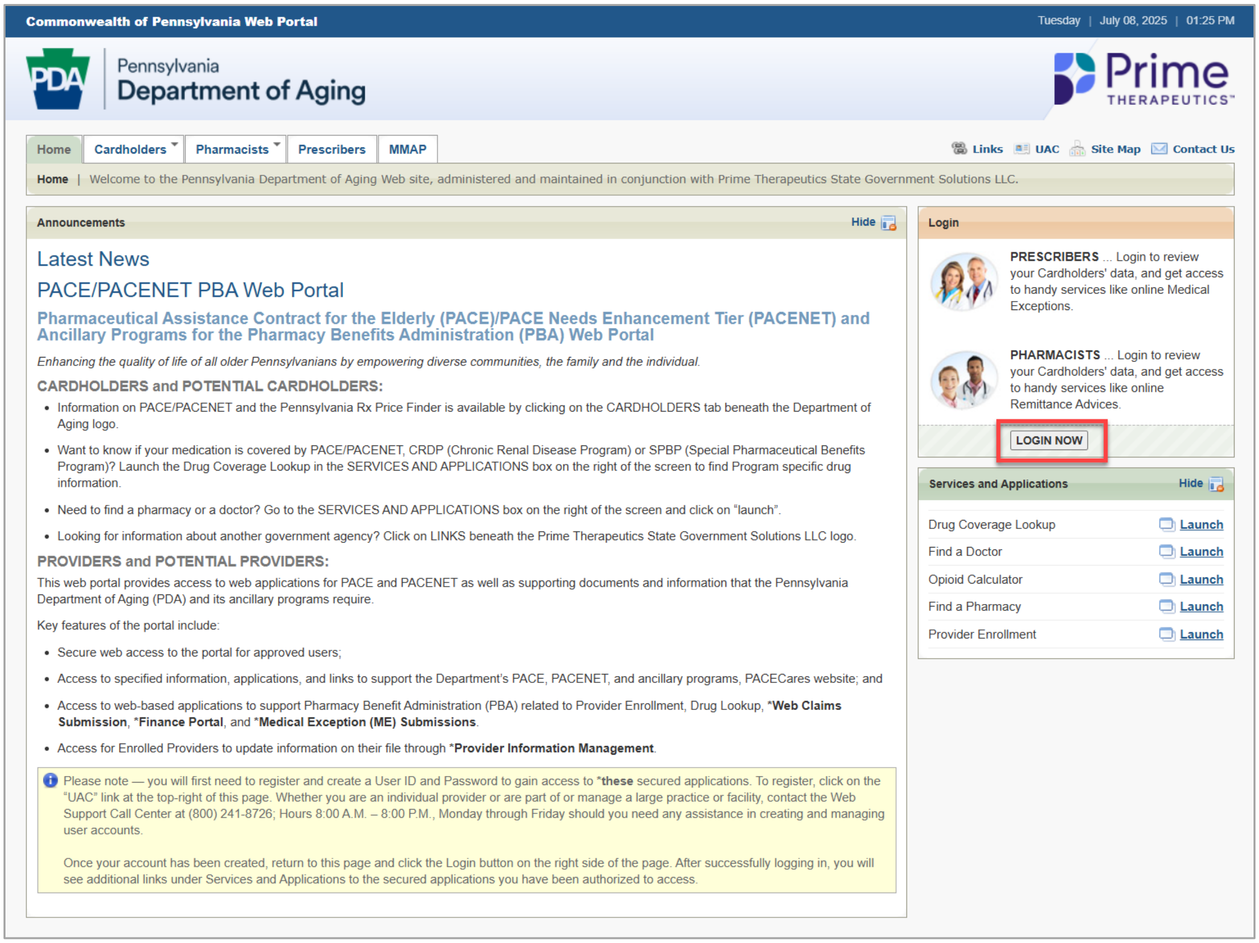
- Each dispensary must have a Delegated Administrator. You must establish the privileges for this role.
- Once a Delegated Administrator is established, this individual can add other users for their business and assign privileges to that user.

2.1.2 Existing Users

Once you are registered with the User Administration Console and want or need to access the portal secure functions, you will use the username/ID and password you set up with UAC.

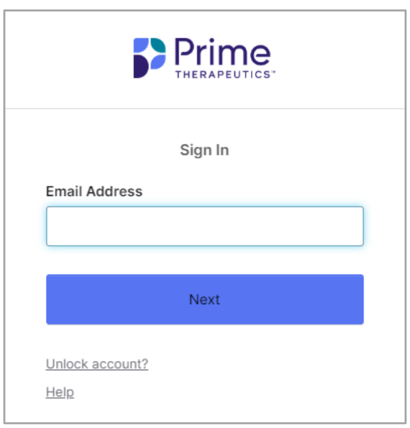
Complete the following steps if you are an existing portal user:

1. Click **Login Now** from the **Commonwealth of Pennsylvania Web Portal** Home page.

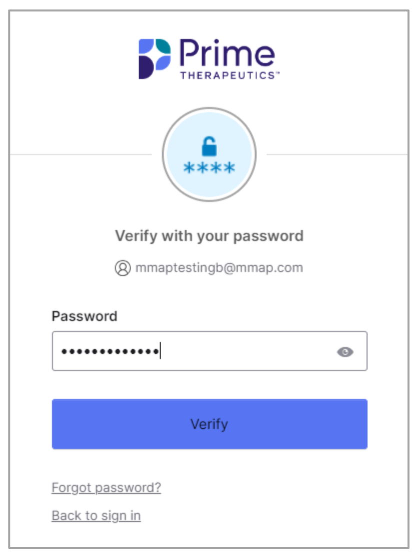


Commonwealth of Pennsylvania Web Portal Home Window, Login Now button

2. The **Sign In** window appears. Enter your login credentials.



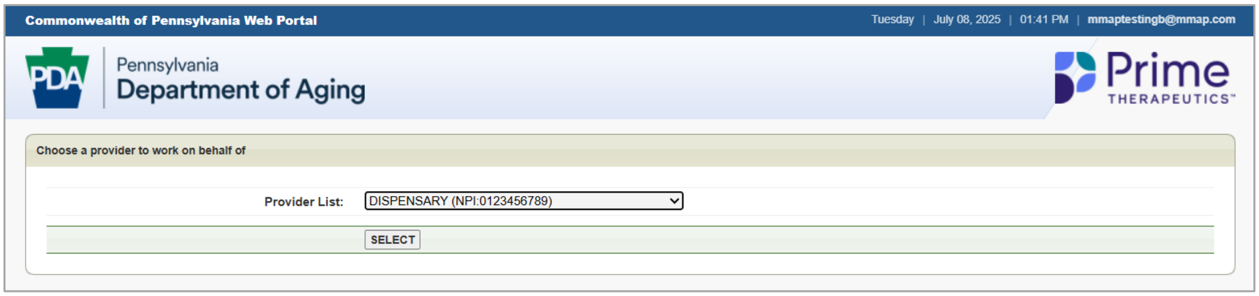
Sign In Window



Okta Sign In Verify

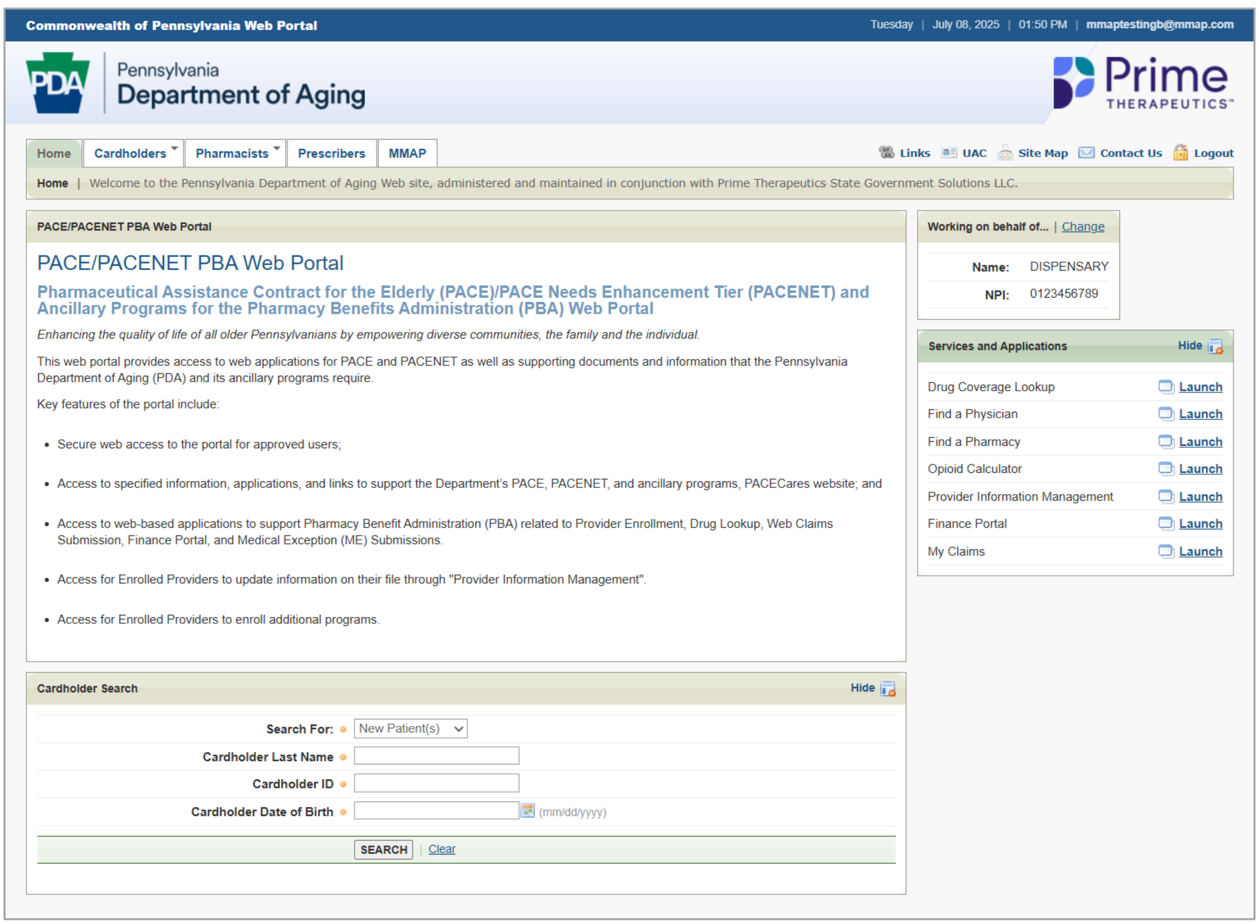
3. The **Provider List** window appears.

- 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.



Provider List window

4. Select the dispensary from the **Provider List** drop-down.
5. Click **Select**. The **Commonwealth of Pennsylvania Web Portal Home** window appears.



Commonwealth of Pennsylvania Web Portal Home Page

- The following items now display in the **Services and Application** sections:
    - Provider Information Management
    - Finance Portal
    - My Claims
- 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.

Commonwealth of Pennsylvania Web Portal Home window, Logout hyperlink

3.0 Provider Enrollment

Demographic data has been pre-loaded into the 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 for the enrollment process to be complete. 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.

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

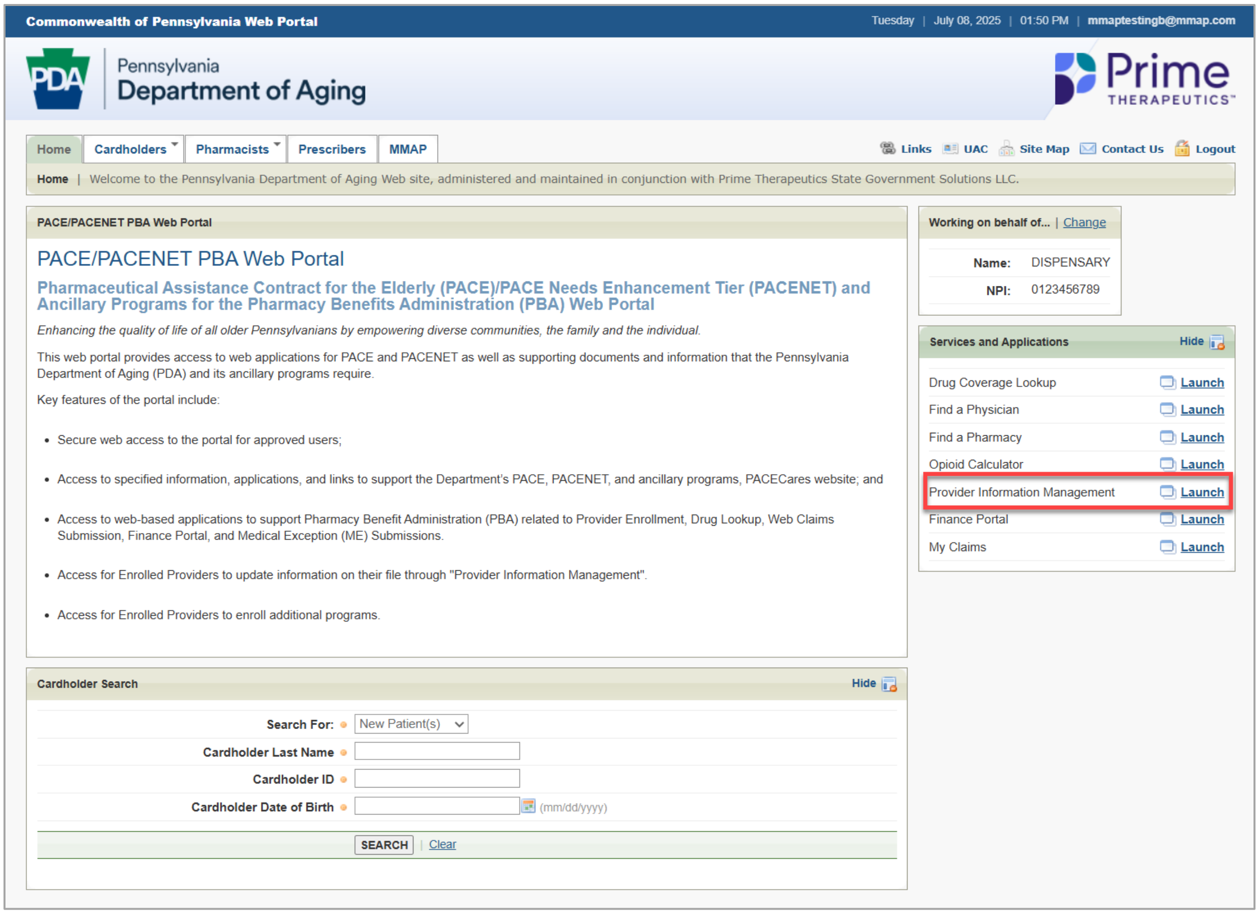
Provider Information Management contains the following tabs:

- 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 funds will not be distributed to the dispensary.

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

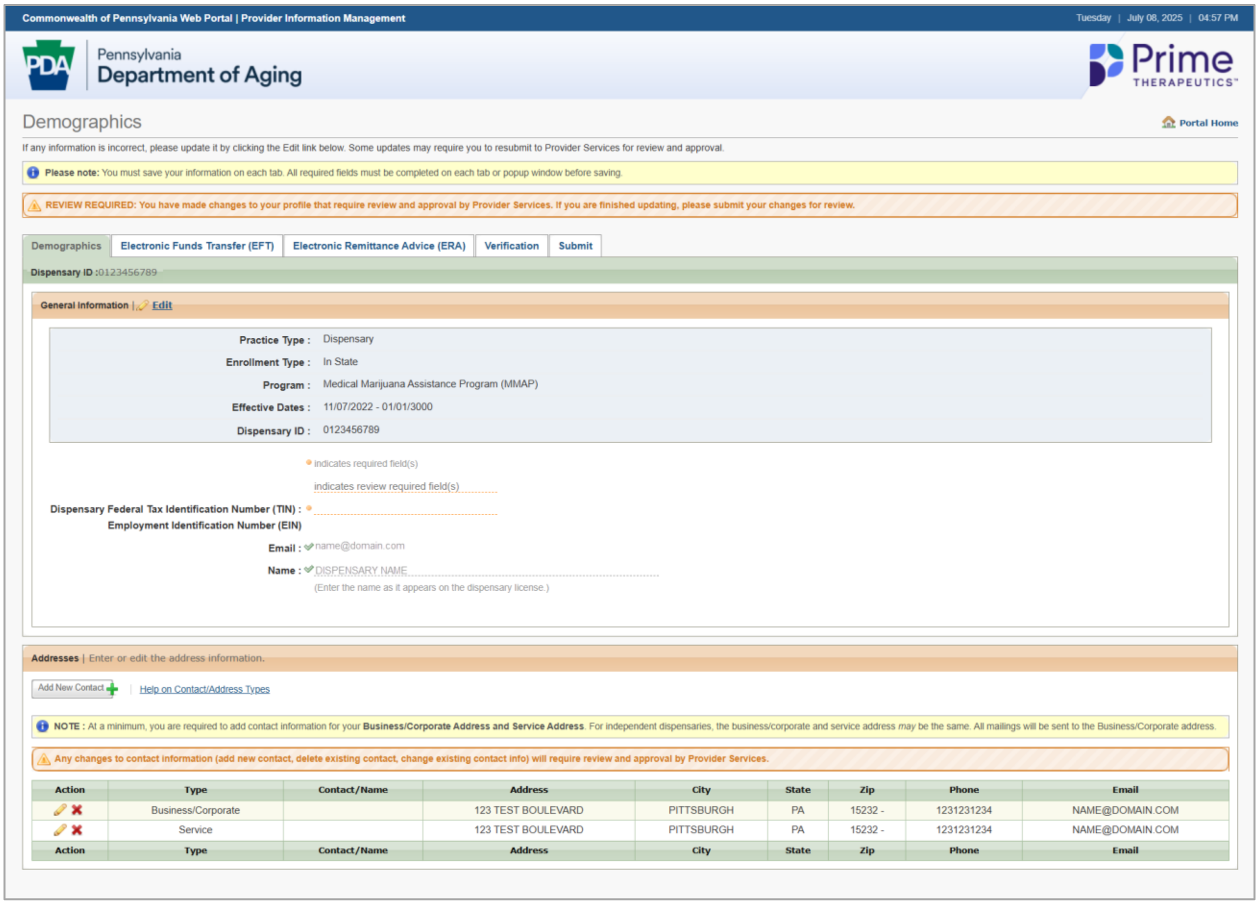
1. Click **Launch** next to **Provider Information Management** in the **Services and Applications** section of the portal **Home** page.



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, banking information, etc.) are the responsibility of the dispensary.



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:

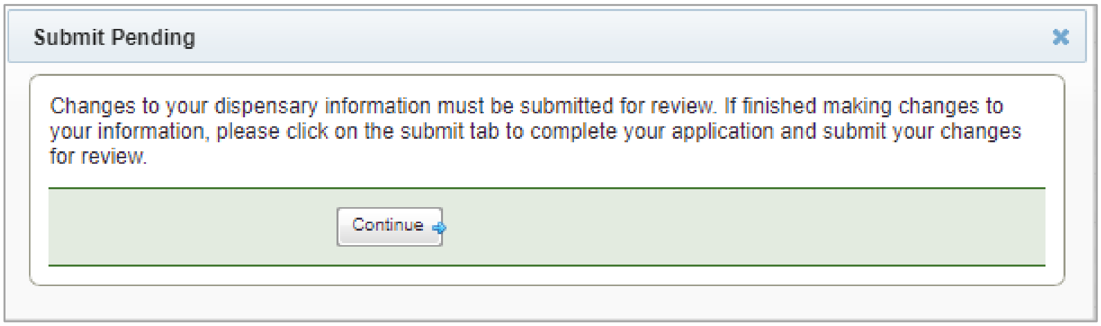
- Practice Type
- Enrollment Type
- Program
- Effective Dates
- Dispensary ID

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 to 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.



Unique Identifiers Updated Window

3.2.2 Addresses Section

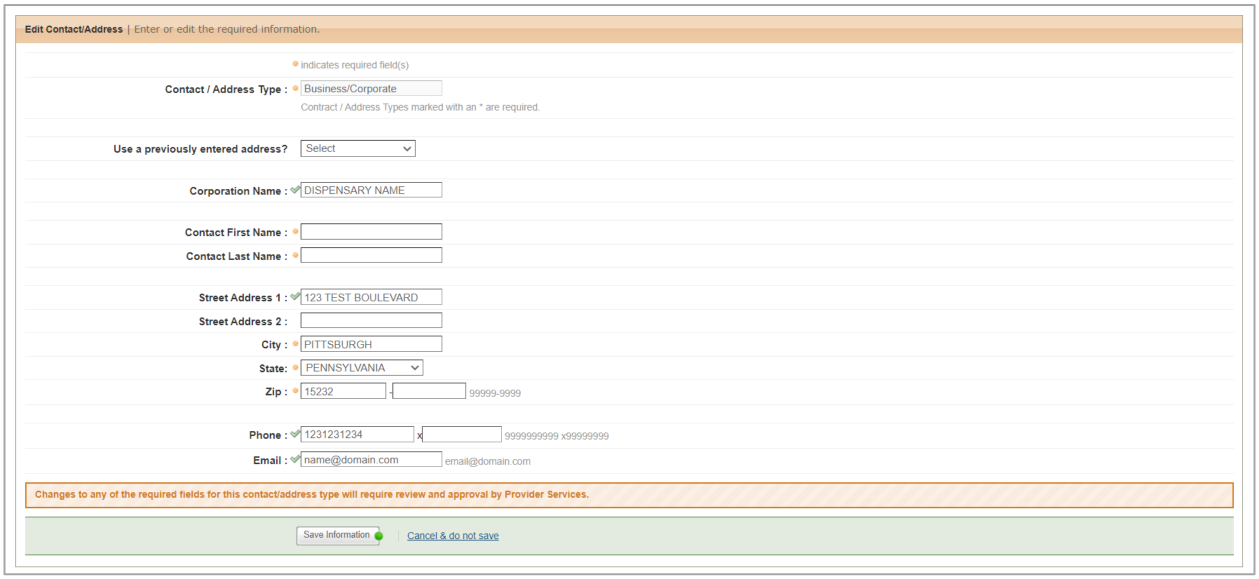
The **Service** address and **Business/Corporate** address are required. The address provided by the dispensary is pre-loaded in both addresses. One or both can be modified. Only one address of each type can exist.

- 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.
- Click **Help on Contact/Address Types** to view more information 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	• Only appears if you have the information previously saved. • Allows you to edit the information and click **Save Information** to save the changes.
	Delete	• Allows you to delete the address type previously saved. • Only appears if you have the information previously saved. • Presents a prompt to confirm the delete action. 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



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**.
    - Corporation Name (for Business/Corporate address)
    - Contact First Name (for Business/Corporate address)
    - Contact Last Name (for Business/Corporate address)
    - Street Address 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.
5. 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

Addresses Section

3.2.4 Adding a New Contact

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

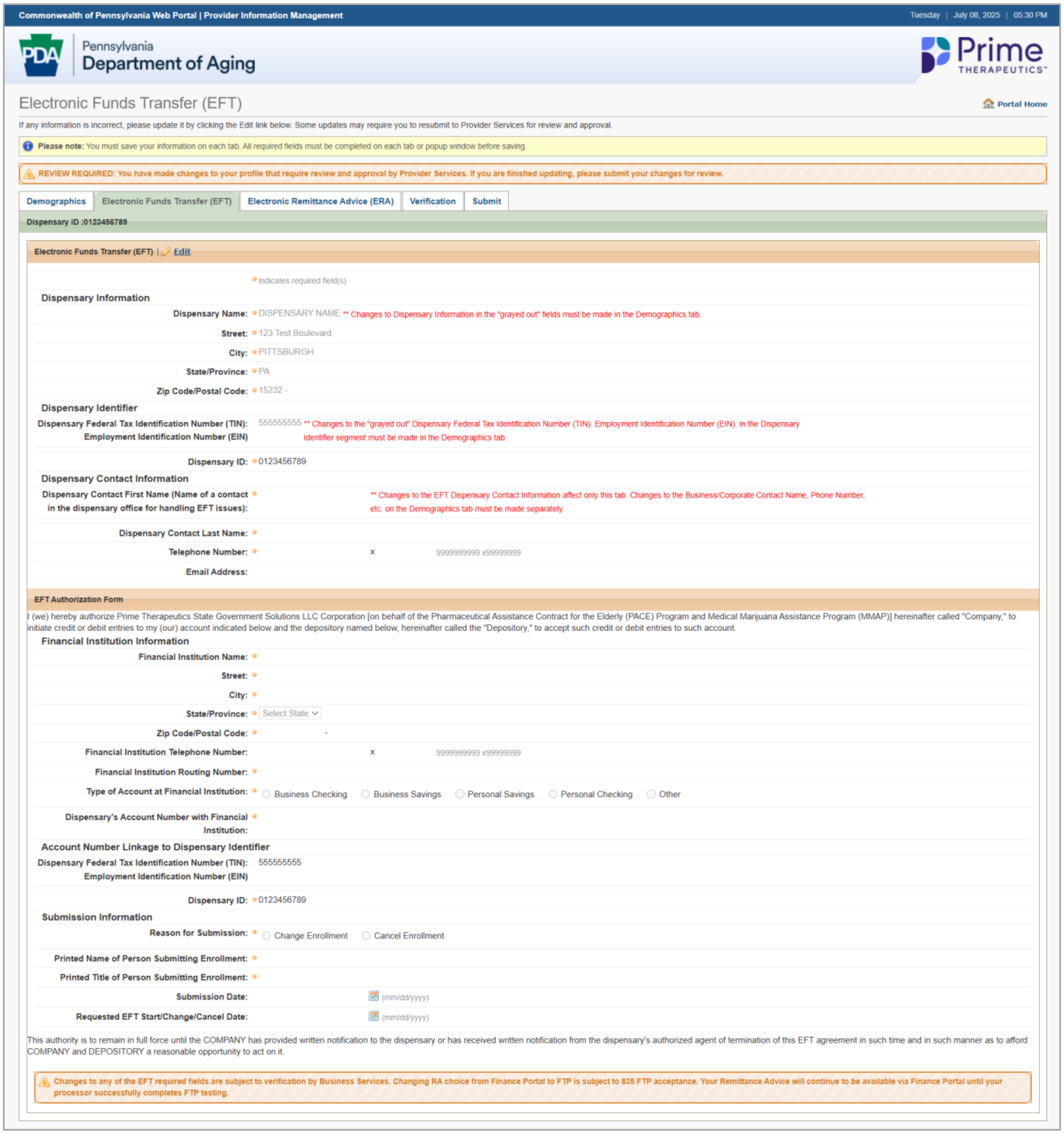
1. Click the **Add New Contact** button. The **Add New Contact/Address** window appears.
2. Complete the required fields for the address **Type**.
   - Corporation Name (for Business/Corporate address)
   - Contact First Name (for Business/Corporate address)
   - Contact Last Name (for Business/Corporate address)
   - Street Address 1
   - City
   - State
   - Zip
   - County (for Service address)
   - Phone
   - Email

- Only one address of each type can exist.
- 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.

3. Click **Save Information**. Click **Cancel & do not save** to revert the screen to the values before the last Save.
4. The updated information appears on the **Demographics** tab, in the addresses window. The **Type** column displays the type of address.
5. 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) 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.

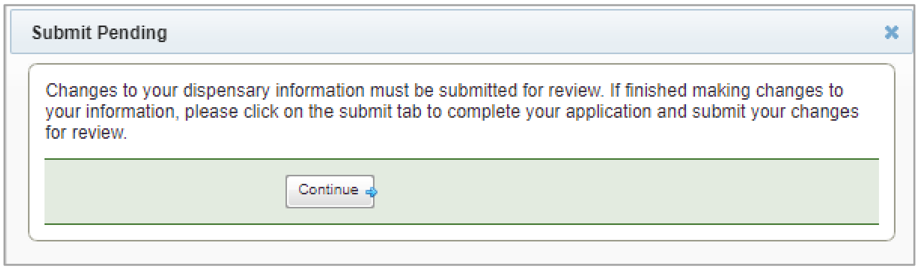
1. Complete the required fields in the **Financial Institution Information** section.
    - Financial Institution Name
    - Street, City, State/Province, and Zip Code/Postal Code
    - Financial Institution Routing Number
    - Type of Account at Financial Institution
    - Dispensary's Account Number with Financial Institution
2. Complete the **Account Number Linkage to Dispensary ID** section.

- The **Dispensary ID** is required and is prefilled.
- **EIN/TIN** is required on the **Demographics** tab. If it does not display here, you must update it on the Demographics tab and save that tab; the **EIN/TIN** entered there will then appear on the **EFT** tab.

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.



Submit Pending Message

4. Click **Continue**.

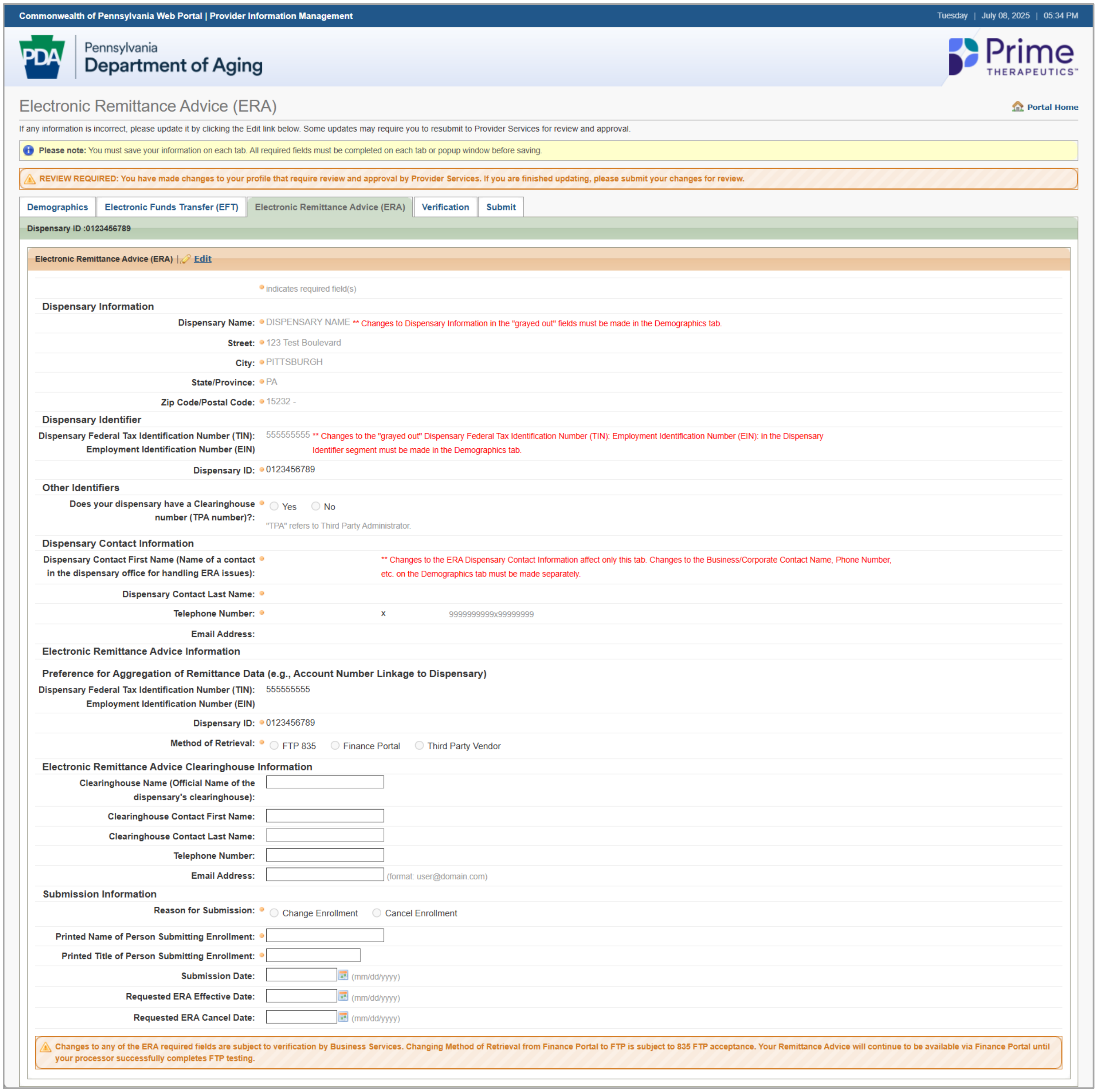
- A message appears in a green bar at the top of the page indicating your information has been saved.
- Click the **Cancel** hyperlink to cancel your entries.

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.



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.

Notes

- 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.

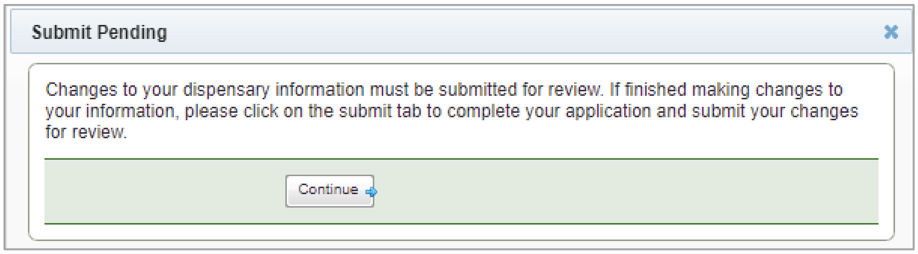
3.4.5 Submission Information

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

Notes

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

2. Click **Save ERA Info**. The information is saved. The following message displays.



Submit Pending Message

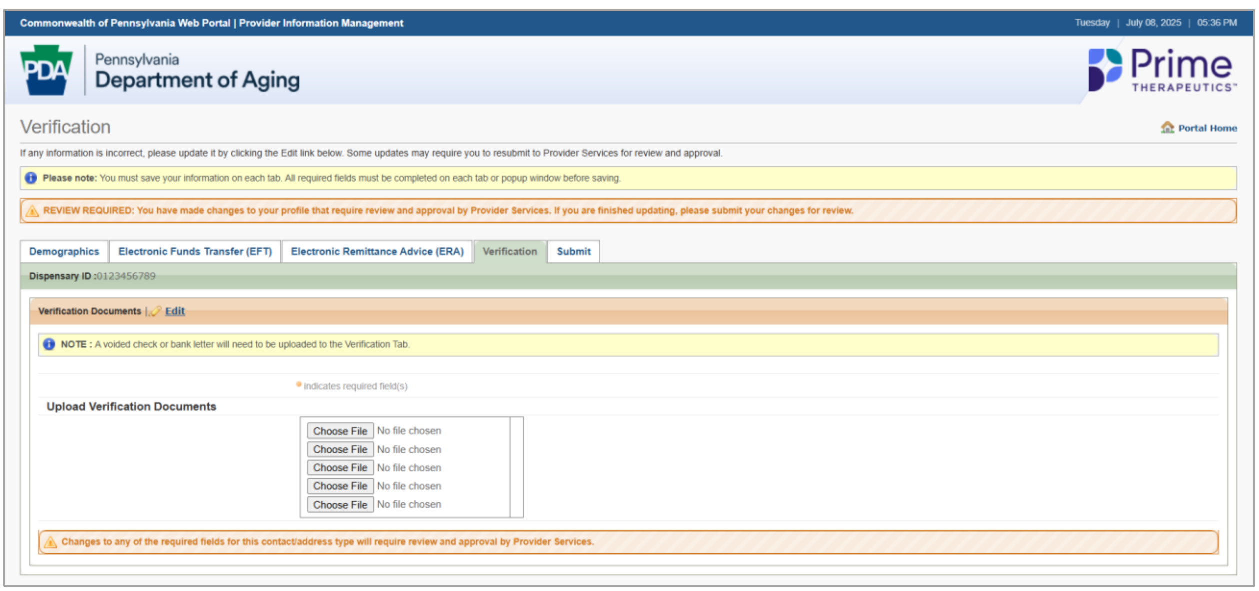
- Click the **Cancel** hyperlink to cancel your entries.

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 information, such as routing number and address.



Verification Tab

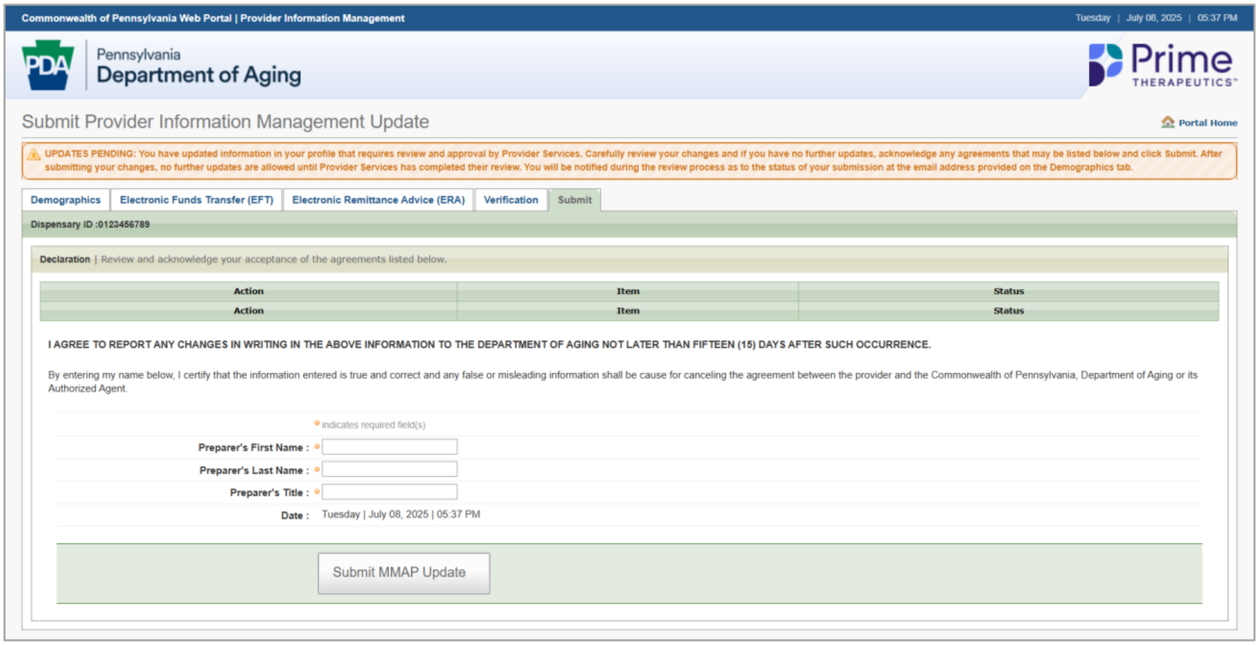
Complete the following steps to provide the required documentation.

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.

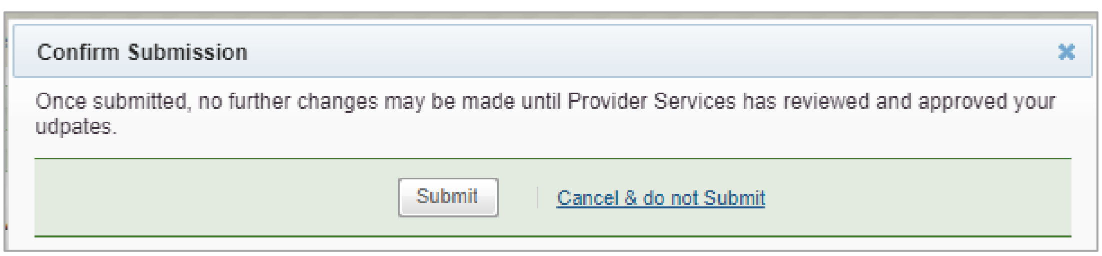
3.6 Submit Tab

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



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 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.

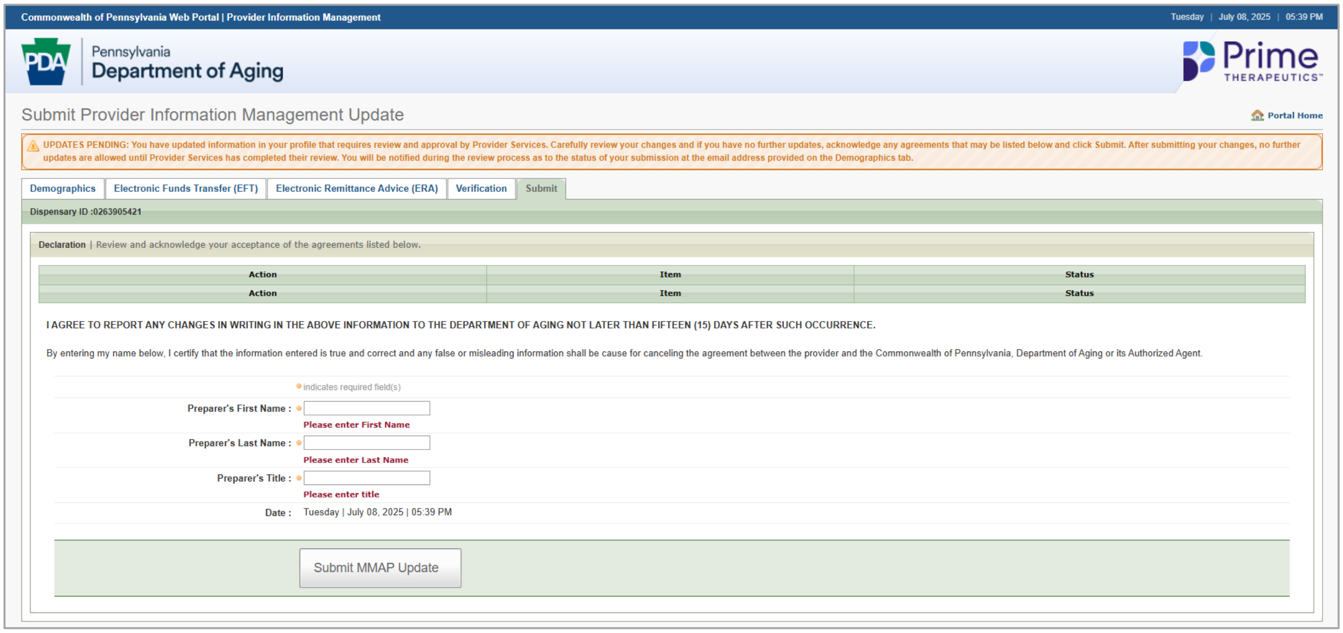
You may contact the MMAP Help Desk at 1-833-605-0629 if you have any questions.

Sincerely,

MMAP

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 where the errors occur.



Enrollment Error Message Example

Notes

- 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 the MMAP Help Desk to request that the confirmation email be resent.

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

Notes

- 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 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 information. You must access the enrollment application to make the changes.

Pennsylvania
Department of Health

DISPENSAR NAME
ADDRESS 1
CITY, STATE ZIP

MM/DD/YYYY
NPI:

Dear Dispensary:

We are unable to process your update due to the following reason(s):

NEED BANK DATA

Please visit papaceportal.lh.primetherapeutics.com and log in to make the necessary changes/corrections.

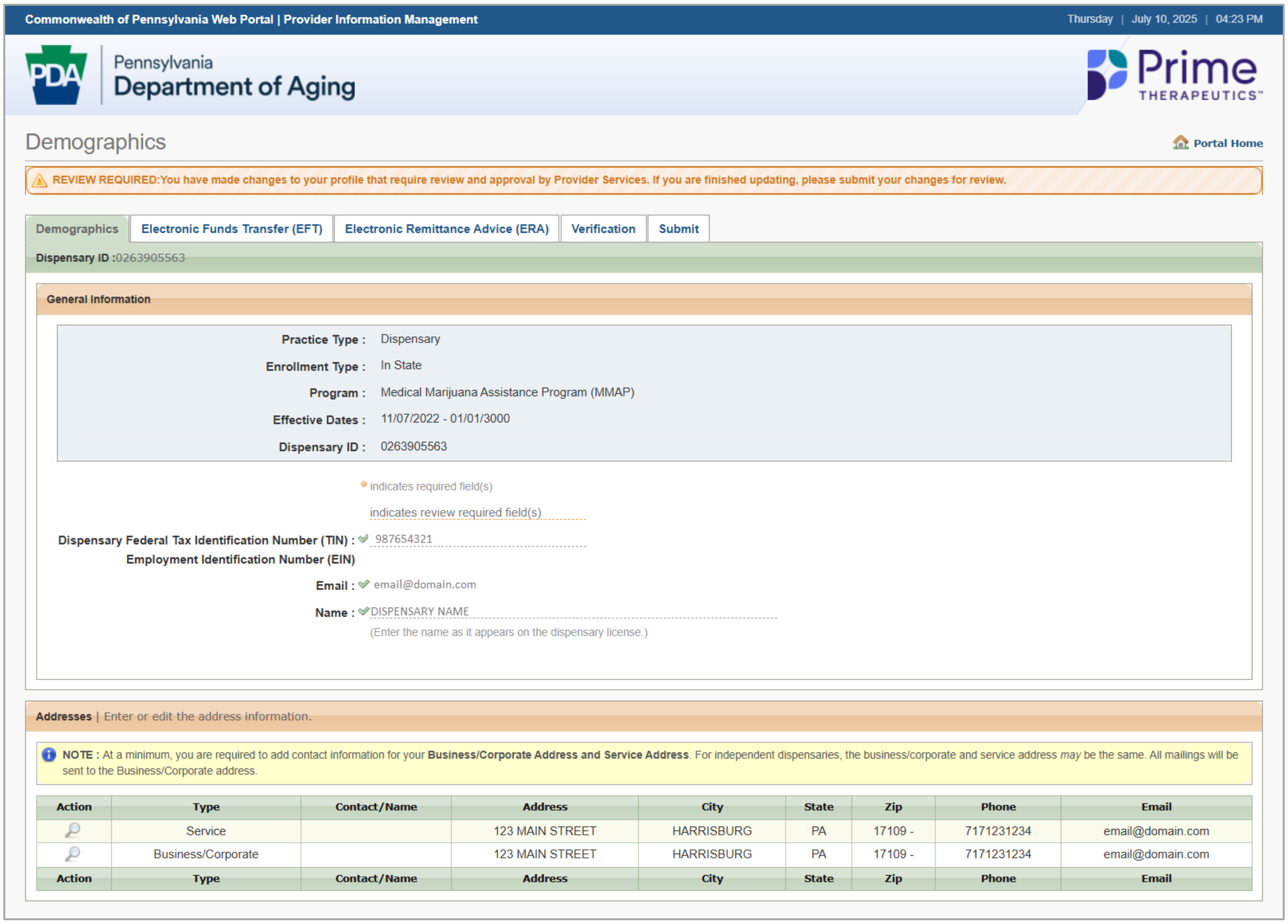
If you have any questions, please call 1-833-605-0629.

Sincerely,

MMAP

Sample of Returned for Information Email

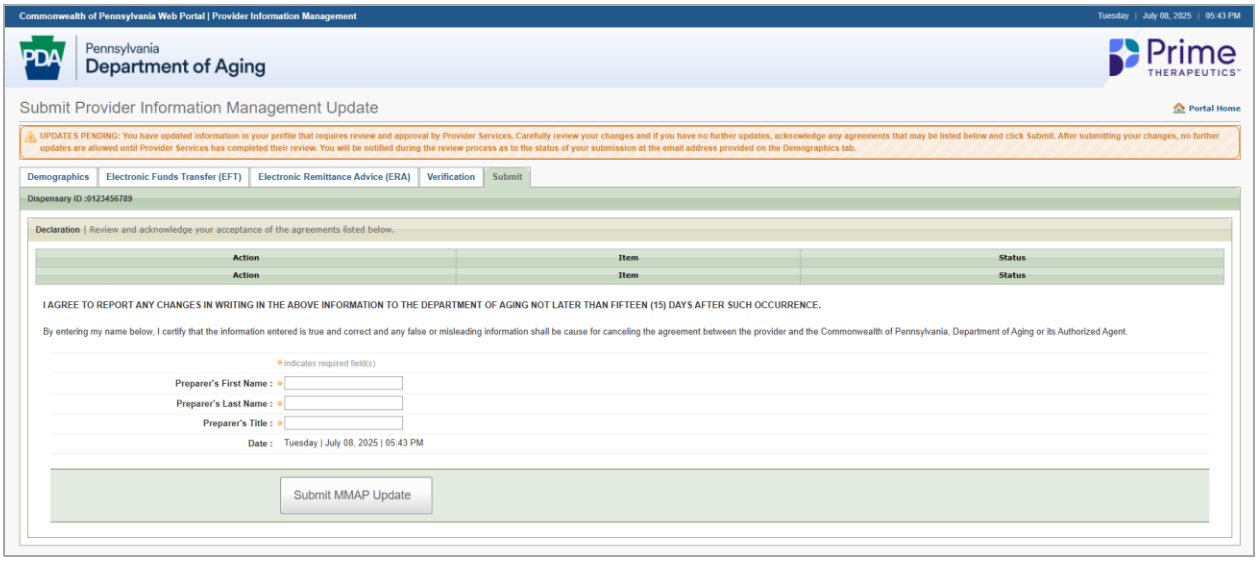
1. Log into the Commonwealth of Pennsylvania Web Portal (https://papaceportal.lh.primetherapeutics.com by following the steps in *Section 2.1 – Log In*.
2. Click **Launch** next to **Provider Information Management** in the **Services and Applications** section to access your enrollment record.
3. The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



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.

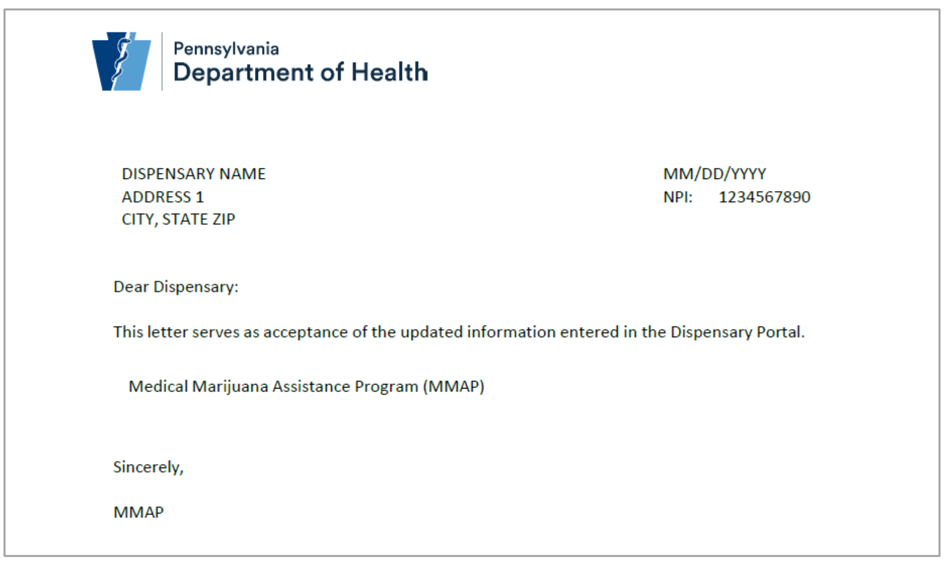
- Once the changes are made, it is critical that you access the **Submit** tab, complete the required fields, and click **Submit MMAP Update** to resubmit the application with the changes. The revised application is sent to Provider Services for review.



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.



Pennsylvania Department of Health

DISPENSARY NAME
ADDRESS 1
CITY, STATE ZIP

MM/DD/YYYY
NPI: 1234567890

Dear Dispensary:

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

Medical Marijuana Assistance Program (MMAP)

Sincerely,

MMAP

Sample Approval letter