

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

Version 3.0

September 25, 2025

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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
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
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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. Spiegel	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) (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.



- 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 Tuesday | July 08, 2025 | 01:25 PM

PDA Pennsylvania Department of Aging **Prime THERAPEUTICS™**

Home Cardholders Pharmacists Prescribers MMAP Links UAC Site Map Contact Us

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

Announcements Hide

Latest News

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.

CARDHOLDERS and POTENTIAL CARDHOLDERS:

- Information on PACE/PACENET and the Pennsylvania Rx Price Finder is available by clicking on the CARDHOLDERS tab beneath the Department of Aging logo.
- Want to know if your medication is covered by PACE/PACENET, CRDP (Chronic Renal Disease Program) or SPBP (Special Pharmaceutical Benefits Program)? Launch the Drug Coverage Lookup in the SERVICES AND APPLICATIONS box on the right of the screen to find Program specific drug information.
- Need to find a pharmacy or a doctor? Go to the SERVICES AND APPLICATIONS box on the right of the screen and click on "launch".
- Looking for information about another government agency? Click on LINKS beneath the Prime Therapeutics State Government Solutions LLC logo.

PROVIDERS and POTENTIAL PROVIDERS:

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**.

Please note — you will first need to register and create a User ID and Password to gain access to ***these** secured applications. To register, click on the "UAC" link at the top-right of this page. Whether you are an individual provider or are part of or manage a large practice or facility, contact the Web Support Call Center at (800) 241-8726; Hours 8:00 A.M. – 8:00 P.M., Monday through Friday should you need any assistance in creating and managing user accounts.

Once your account has been created, return to this page and click the Login button on the right side of the page. After successfully logging in, you will see additional links under Services and Applications to the secured applications you have been authorized to access.

Login

PRESCRIBERS ... Login to review your Cardholders' data, and get access to handy services like online Medical Exceptions.

PHARMACISTS ... Login to review your Cardholders' data, and get access to handy services like online Remittance Advices.

LOGIN NOW

Services and Applications Hide

Drug Coverage Lookup **Launch**

Find a Doctor **Launch**

Opioid Calculator **Launch**

Find a Pharmacy **Launch**

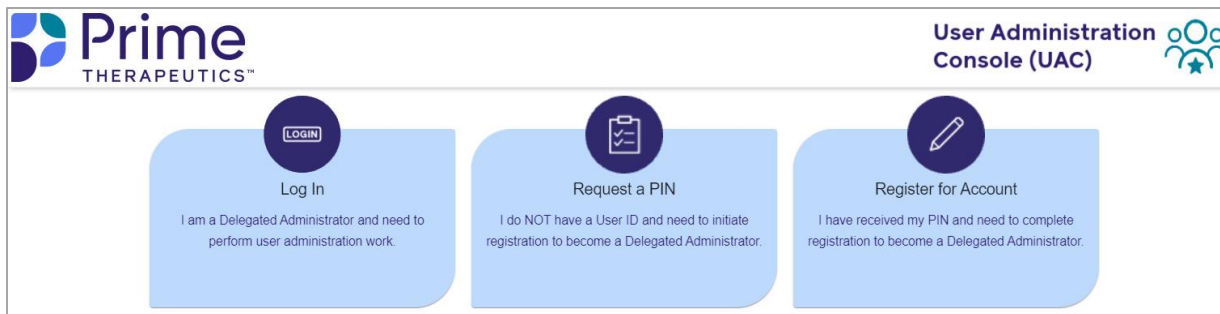
Provider Enrollment **Launch**

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.



- 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
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Pennsylvania
Department of Aging



Home
Cardholders
Pharmacists
Prescribers
MMAP
Links
UAC
Site Map
Contact Us

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Login


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PHARMACISTS ... Login to review your Cardholders' data, and get access to handy services like online Remittance Advices.

[LOGIN NOW](#)

Services and Applications
Hide

Drug Coverage Lookup

[Launch](#)

Find a Doctor

[Launch](#)

Opioid Calculator

[Launch](#)

Find a Pharmacy

[Launch](#)

Provider Enrollment

[Launch](#)

Commonwealth of Pennsylvania Web Portal Home Window, Login Now button

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



Sign In

Email Address

Next

[Unlock account?](#)
[Help](#)

Sign In Window





Verify with your password

 mmaptestingb@mmap.com

Password

Verify

[Forgot password?](#)
[Back to sign in](#)

Okta Sign In Verify

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

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MMAP Dispensary Provider Enrollment/Provider Information Management Guide



- 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.

Commonwealth of Pennsylvania Web Portal Tuesday | July 08, 2025 | 01:41 PM | mmatestingb@mmap.com

 Pennsylvania Department of Aging 

Choose a provider to work on behalf of

Provider List:

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 Tuesday | July 08, 2025 | 01:50 PM | mmatestingb@mmap.com

 Pennsylvania Department of Aging 

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

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- 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](#)
- My Claims [Launch](#)

Cardholder Search [Hide](#)

Search For:

Cardholder Last Name

Cardholder ID

Cardholder Date of Birth

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.

Commonwealth of Pennsylvania Web Portal
Tuesday | July 08, 2025 | 01:50 PM | mmmaptestingb@mmap.com

Pennsylvania
Department of Aging

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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

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- 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

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

Cardholder Search

Search For: New Patient(s)

Cardholder Last Name

Cardholder ID

Cardholder Date of Birth (mm/dd/yyyy)

SEARCH Clear

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.

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MMAP Dispensary Provider Enrollment/Provider Information Management Guide

Commonwealth of Pennsylvania Web Portal | Provider Information Management
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Pennsylvania
Department of Aging

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) :
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
	Business/Corporate		123 TEST BOULEVARD	PITTSBURGH	PA	15232 -	1231231234	NAME@DOMAIN.COM
	Service		123 TEST BOULEVARD	PITTSBURGH	PA	15232 -	1231231234	NAME@DOMAIN.COM
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email

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

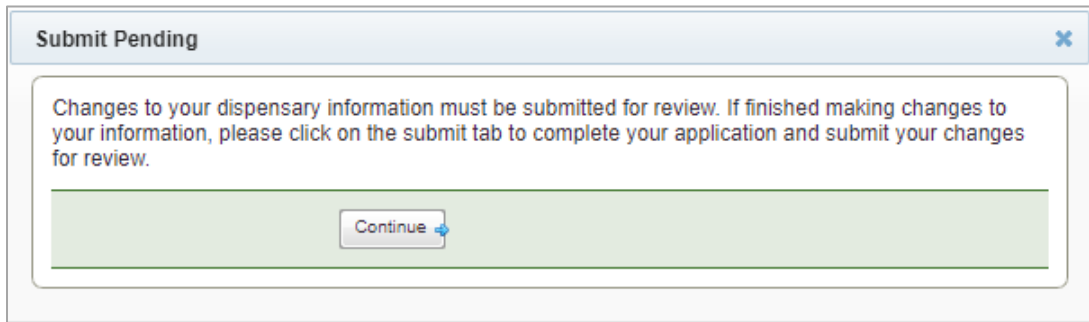
Complete the following steps to edit the remaining fields in the **General Information** section.

- Click **Edit** to enable the fields.
- 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 | Enter or edit the required information.

• indicates required field(s)

Contact / Address Type : * Business/Corporate
Contact / Address Types marked with an * are required.

Use a previously entered address? Select

Corporation Name : * DISPENSARY NAME

Contact First Name : *

Contact Last Name : *

Street Address 1 : * 123 TEST BOULEVARD

Street Address 2 :

City : * PITTSBURGH

State : * PENNSYLVANIA

Zip : * 15232 99999-9999

Phone : * 1231231234 x 999999999 x99999999

Email : * name@domain.com email@domain.com

Changes to any of the required fields for this contact/address type will require review and approval by Provider Services.

Save Information Cancel & do not save

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.

Commonwealth of Pennsylvania Web Portal | Provider Information Management
Tuesday | July 08, 2025 | 05:30 PM

Pennsylvania
Department of Aging

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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.

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

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): 555555555 ** 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): 555555555

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.

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.



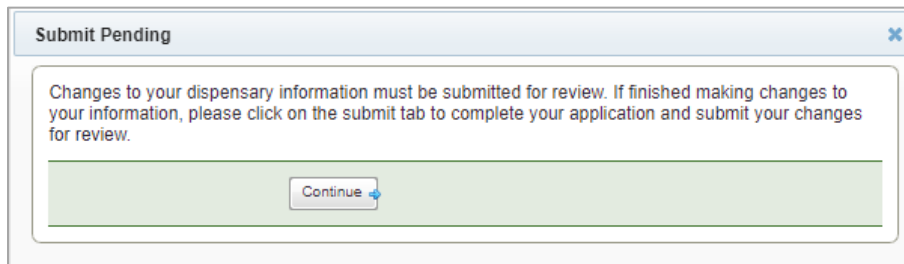
- The **Dispensary ID** is required and is prefilled.
- **EIN/TIN** is required on the **Demographics** tab. If it does not display here, you must update it on the Demographics tab and save that tab; the **EIN/TIN** entered there will then appear on the **EFT** tab.

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.

Commonwealth of Pennsylvania Web Portal | Provider Information Management
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Pennsylvania
Department of Aging

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.

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

Electronic Remittance Advice (ERA)
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): 555555555 ** 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

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: * x 999999999x99999999

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): 555555555

Employment Identification Number (EIN)

Dispensary ID: * 0123456789

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.

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.

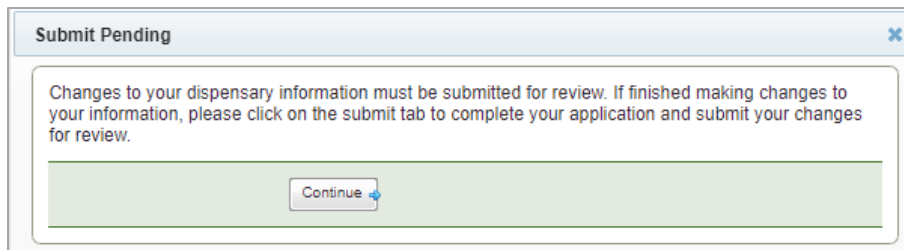
3.4.5 Submission Information

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 following message displays.



Submit Pending

Changes to your dispensary information must be submitted for review. If finished making changes to your information, please click on the submit tab to complete your application and submit your changes for review.

[Continue](#)

Submit Pending Message



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

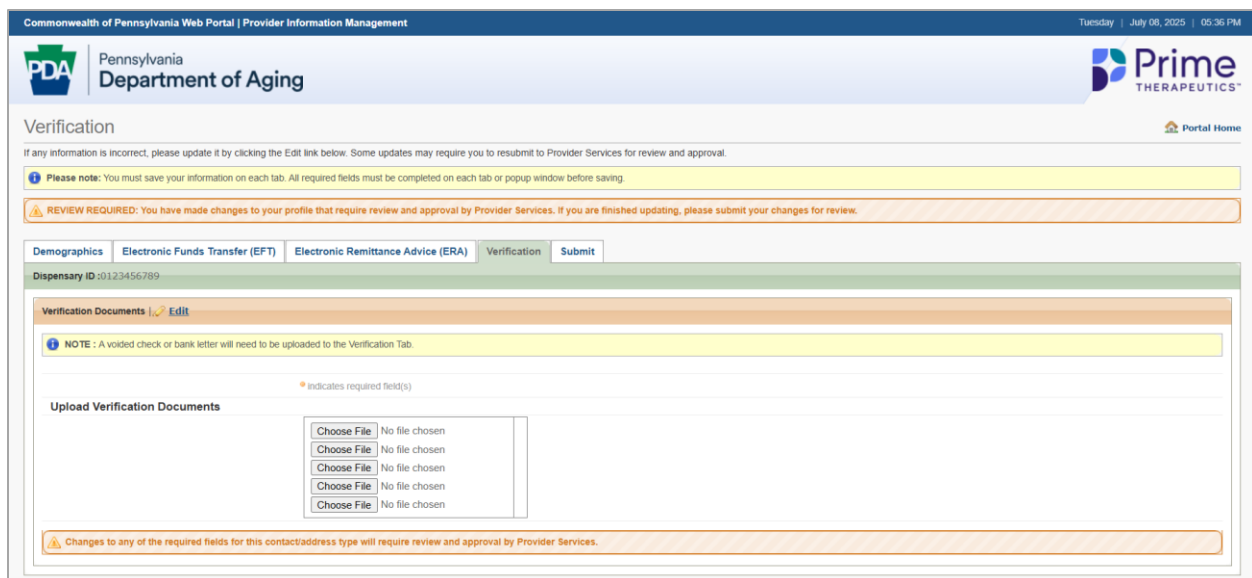
3. After all information has been added and saved, click on the **Verification** tab.

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.



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PDA Pennsylvania Department of Aging **Prime THERAPEUTICS™**

Verification [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

Verification Documents [Edit](#)

NOTE: A voided check or bank letter will need to be uploaded to the Verification Tab.

Upload Verification Documents

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Changes to any of the required fields for this contact/address type will require review and approval by Provider Services.

Verification Tab

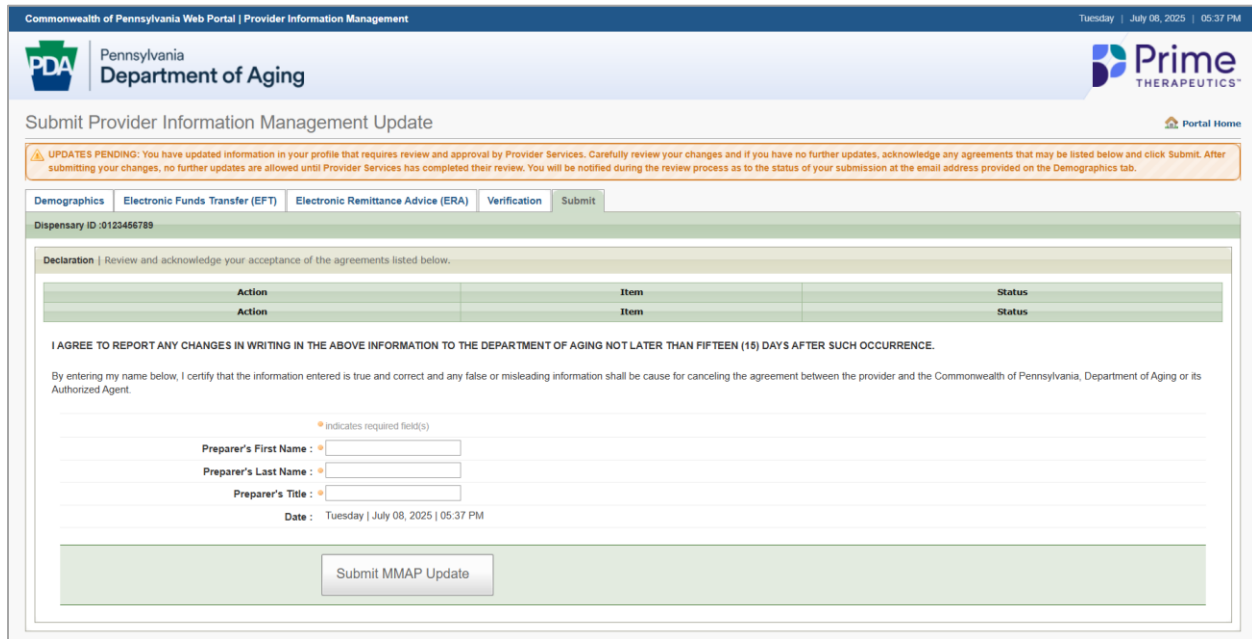
Complete the following steps to provide the required documentation.

- Click **Edit** to enable adding documents.
- Click **Choose File** to select a document from your local computer to attach.
- Choose a file from your local computer and click **OK**.
- 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.

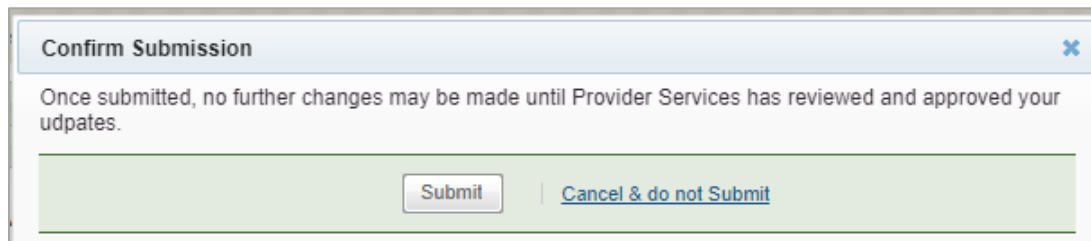


Submit Enrollment Application Button

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

- 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.

Commonwealth of Pennsylvania Web Portal | Provider Information Management

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PDA Pennsylvania Department of Aging **Prime THERAPEUTICS™**

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: 0263905421

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 :

Please enter First Name

Preparer's Last Name :

Please enter Last Name

Preparer's Title :

Please enter title

Date : Tuesday | July 08, 2025 | 05:39 PM

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

- 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.

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

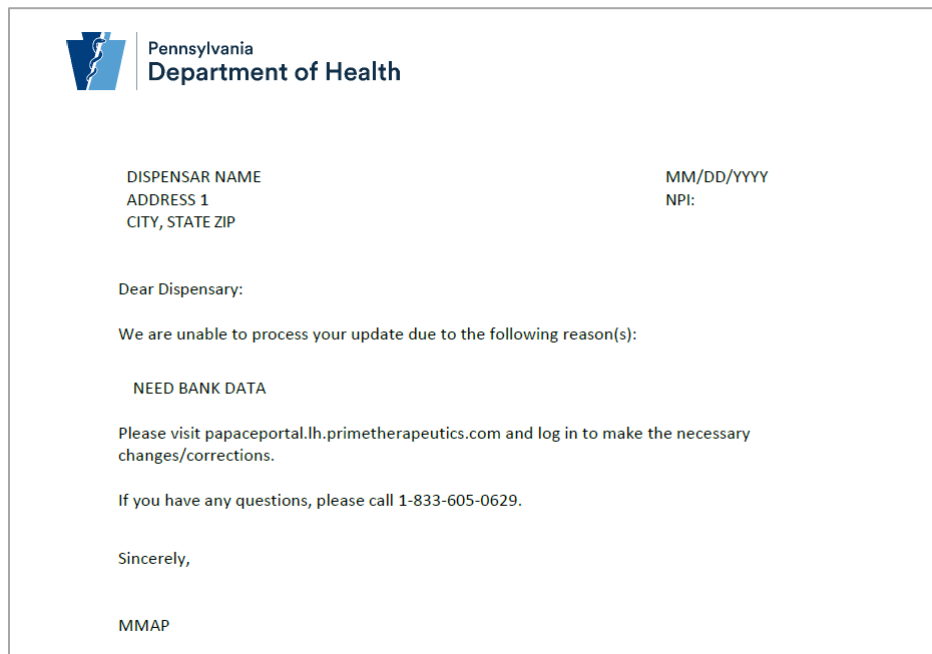
4.0 Review

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.



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.

Commonwealth of Pennsylvania Web Portal | Provider Information Management
Thursday | July 10, 2025 | 04:23 PM

Pennsylvania
Department of Aging

Demographics

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 : 0263905563

General Information

Practice Type : Dispensary
Enrollment Type : In State
Program : Medical Marijuana Assistance Program (MMAP)
Effective Dates : 11/07/2022 - 01/01/3000
Dispensary ID : 0263905563

Indicates required field(s)
Indicates review required field(s)

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

Addresses | Enter or edit the address information.

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.

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email
	Service		123 MAIN STREET	HARRISBURG	PA	17109 -	7171231234	email@domain.com
	Business/Corporate		123 MAIN STREET	HARRISBURG	PA	17109 -	7171231234	email@domain.com

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email

Enrollment Application, Demographics Tab

- Select the appropriate tab where modifications need to be made.
- 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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MMAP Dispensary Provider Enrollment/Provider Information Management Guide

Commonwealth of Pennsylvania Web Portal | Provider Information Management

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PDA Pennsylvania Department of Aging

Prime THERAPEUTICS™

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 :

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Submit MMAP Update

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