Pharmaceutical Assistance Contract for the Elderly (PACE) Provider Enrollment/ Provider Information Management User Guide for Corporate Providers

Version 2.0 October 1, 2024

Proprietary & Confidential© 2024 by Prime Therapeutics LLC. All rights reserved.State Government Solutions is a division of Prime Therapeutics LLC.

Revision History

Document Version	Date	Name	Comments
1.0	10/26/2017	Training and Development	Initial Creation
1.1	05/24/2019	PACE Technical Writer	Updates; add Verification, update screen shots, general review
1.2	8/16/2024	PACE Technical Writer	Rebranded; general updates
1.3	09/27/2024	PACE Technical Writer	Rebranded; general updates
1.3	09/27/2024	PACE QA	QA review
2.0	10/01/2024	PACE Technical Writer	Final version

Table of Contents

1.0	Intro	oduction	.1
1.1	Сс	prporate Users	. 1
1.2	Re	egistered Users	. 2
2.0	Syste	em Access	.3
2.1	Lo	og In	. 3
2.2	Lo	og Out	. 5
3.0	Prov	ider Enrollment	.7
3.1	Ac	dd New Site's Application	. 9
3.	.1.1	Demographics Tab	13
3.	.1.2	Licenses/IDs Tab	22
3.	.1.3	Owners Tab	23
3.	.1.4	Staff Tab	26
3.	.1.5	Electronic Funds Transfer (EFT) Tab	28
3.	.1.6	Electronic Remittance Advice (ERA) Tab	30
3.	.1.7	Pharmacy Info Tab	32
3.	.1.8	Verification Tab	34
3.	.1.9	Submit Tab	35
3.2	Ac	dding a New Program	10
4.0	Prov	ider Information Management4	13
5.0	Glob	al PIM4	1 5
7.0	Revi	ew4	19
7.1	Re	eview/Revisions	19
8.0	Prac	tice Types	53

1.0 Introduction

Provider Enrollment is a web-based application that allows providers to apply for enrollment in the Pharmaceutical Assistance Contract for the Elderly (PACE) /PACE Needs Enhancement Tier (PACENET) and ancillary programs.

Provider Information Management is a web-based application that allows enrolled providers to update an application after obtaining a username/ID and password.

Provider Enrollment and Provider Information Management are accessed from the <u>Commonwealth of Pennsylvania Web Portal</u> (https://papaceportal.lh.primetherapeutics. com), the Pennsylvania Department of Aging (PDA) web site administered and maintained by Prime Therapeutics State Government Solutions LLC (Prime).

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 Corporate Users

A corporate user is someone typically from a large chain that is submitting enrollments as well as making provider information management updates on behalf of numerous providers. The corporate user needs to have access assigned to them under their Corporate NPI* to act on behalf of other providers within the corporation.

*Corporations without a Corporate NPI will not be able to use the Corporate Provider Information Management feature.

To perform work on the Commonwealth of Pennsylvania Web Portal as a corporate user, you must first complete the registration process via the User Administration Console (UAC) application. See <u>Section 1.2 – Registered Users</u> for more information.

If you are registered as a corporate user, you should not register for individual provider NPIs with the same username/ID. If you need access to other secured services (such as Web Claims Submission, Finance Portal, etc.) on behalf of a provider in addition to Provider Enrollment, it is recommended that you have a second username/ID for that access and register for those individual provider NPIs with that username/ID.

1.2 Registered Users

You must register via the User Administration Console (UAC) to gain access to secured services and applications within the Portal. After logging in with the credentials created during the registration process, Corporate users will have several additional options available from the Commonwealth of Pennsylvania Web Portal Services and Applications.

- Provider Information Management
- Global PIM

In addition, Provider Enrollment functionality is expanded to allow registered users to add programs to existing enrollments once logged in.

Each provider must have a Delegated Administrator. You must establish the privileges for this role first. Once the Delegated Administrator is set up, they can set up other standard users, establishing the login ID and password and assigning roles.

Complete the following steps to create your account.

- 1. Access the Internet by opening the Web browser.
- 2. Type <u>https://papaceportal.lh.primetherapeutics.com</u> into the **Address** bar and press **Enter**. The **Commonwealth of Pennsylvania Web Portal** home page appears.
- 3. Click the **UAC** hyperlink on the **Commonwealth of Pennsylvania Web Portal** Home page. The **User Administration Console, window** appears.



Figure 1.2.1 – User Administration Console

- 4. Refer to the *User Administration Console User Guide* for detailed instructions on the registration process. Click **Help** at the bottom of the window to access this user guide.
- 5. Once your account has been created, return to the **Commonwealth of Pennsylvania Web Portal** home page and click the **Login Now** 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.

Т

2.0 System Access

2.1 Log In

Complete the following steps to access Provider Enrollment.

- 1. Access the Internet by opening the Web browser.
- 2. Enter <u>https://papaceportal.lh.primetherapeutics.com</u> in the **Address** bar and press **Enter**. The **Commonwealth of Pennsylvania Web Portal** home page appears.

<image/> Exercise Contract Control	Commonwealth of Pennsylvania Web Portal	Tuesday September 24, 2024 03:50
Marken Cardholders Planmacist Prescribes MAP Marken Cardholders Marken	PDA pennsylvania Department of aging	
Hete T Ansumements Hete T Ansume the second of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Web Portal Control of the Pharmacy Benefits Administration (PBA) Pharmacy and the individual Control of the Pharmacy Benefits Administration (PBA) Pharmacy and the individual Control of the Pharmacy Benefits Administration (PBA) Pharmacy and the individual Control of the Pharmacy Pharmacy Benefits Administration (PBA) Pharmacy and the individual Pharmacy or a doctor? Go to the SERVICES AND APPLICATIONS box on the right of the screen to find Program specific drug. Needed thind a pharmacy or a doctor? Go to the SERVICES AND APPLICATIONS box on the right of the screen to find Program specific drug. Needed the portal incide: • Secure web access to the portal for approved users; • Access to web applications and inket to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, "Web Claims • Access to Emplified Providers to update information to there therouph "Provider Information Management. • Pharmacy Teace and a support Pharmacy Benefit Administration	Home Cardholders Pharmacists Prescribers MMAP Home I Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Prime. Therapeutics State Government	Links II UAC Site Map Contact ment Solutions II C.
Latest News PACE/PACENET PBA Web Portal Pharmacy Ender first Administration (PBA) Web Portal Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal Enhancing the quality of life of all older Pennsylvanian by empowering diverse communities, the family and the individual. CARCHOLDERS and POTENTIAL CARPHOLDERS: • Namt to know if your medication is covered by PACE/PACENET, GRDP (Chronic Renal Disease Program) or SPBP (Special Pharmaceutical Benefits Program)? Launch the Dug 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 night of the screen and click on "launch". • Locking for information about another government agency? Click on LINKS beneath the Prime Therapeutics State Government Solutions LLC logo. PROVIDERS and POTENTIAL PROVIDERS: • Access to web applications for FACE and PACENET as well as supporting documents and information that the Pennsylvania Pequentent of Aging (PDA) and its ancillary programs requee. * Scure web access to the potal for approved users; • Access to specified information, splications, and links to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and • Access to specified information, splications, and links to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and • Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and • Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and • Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and • Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and • Access to theroted Provides to update information the t		
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. CAEDHOLDERS and POTENTAL CARDHOLDERS: I Information on PACE/PACENET and the Pennsylvania RN 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) Lunch the Durg Coverage Lookup in 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 POTENTAL PROVIDERS: Nis web portal forviders to use applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania Department of Aging (PDA) and its ancillary programs require. Secure web access to the potal for approved users; Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and Access to use-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and Access to web-based applications to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and Access to the potal information applications, and links to support the Department'		
Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual. CARCHOLDERS 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 include: • Secure web access to the portal of rapproved users; • Access to specified information, applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, "Web Claims Submission,"Finance Portal, and "Medical Exception (ME) Submissions. • Access to specified information, applications to update information on their file through "Provider Information Management. • Access to meet —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 "YUCC" link at the bor-gint of this page. Whether you are an individual provider should you need any assistance in creating and managing user accounts.	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	PRESCRIBERS Login to review your Cardholders' data, and get acces to handy services like online Medical Exceptions.
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 (POA) 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 the Department's PACE, PACENET, and ancillary programs, PACECares website; and Access to the portal include: Access to the portal or approved users; Access to the portal include: Access to the portal include: Access to the portal include:	Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.	PHARMACISTS Login to review
 Aging logo. Want to know if your medication is covered by PACE/PACENET, CRDP (Chronic Renal Disease Program) or SPBP (Special Pharmaceutical Benefits Program) Zuanch 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 renolled 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" in the the provider to the an individual through Friday should you need any assistance in creating and managing user accounts. 	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	your Cardholders' data, and get acces to handy services like online Remittance Advices.
 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 (IME) Submissions. Access to renolled 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" (ink 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. 	Aging logo.	
 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 to renolled 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" (ink 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) 241-8728, Hours 8:00 A.M. – 8:00 P.M., Monday through Friday should you need any assistance in creating and managing user accounts. 	 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. 	Services and Applications Hide
 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 Pharmacry 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" ink 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. 	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".	
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. Image: Provider to update information on their file through "Provider Information on their file through "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.	Looking for information about another government agency? Click on LINKS beneath the Prime Therapeutics State Government Solutions LLC logo.	Drug Coverage Lookup
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. (ey 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. • Places 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.	PROVIDERS and POTENTIAL PROVIDERS:	Find a Doctor
 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 and provider or are part of or manage in undividual provider or are parts of or manage in an individual provider or are parts. 	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.	Opioid Calculator
 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. 	Key features of the portal include:	Prevides Caselles and
 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. 	Secure web access to the portal for approved users;	
 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. 	Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACECares website, and	
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.	 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. 	
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.	 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.	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.	

Figure 2.1.1 – Commonwealth of Pennsylvania Web Portal Home Window

3. Click Login Now. The OKTA Sign In window appears.

Sign In Email Address		Prime
Email Address		Sign In
	Email Address	
Next		Next
	Help	

Figure 2.1.2 – OKTA Sign In Window

- 4. Enter the **Email Address** and click **Next**.
- 5. Enter your and **Password** and click Verify.

Verify with your password	
@ name@domain.com	
•••••	©
Verify	

Figure 2.1.3 – Okta Sign In Verify



6. The Choose a provider to work on behalf of window appears.

Т

Commonwealth of Pennsylvania Web Portal	Tuesday September 24, 2024 03:42 PM name@domain.com
PDA pennsylvania Department of aging	
Choose a provider to work on behalf of	
Provider List: Corporate Pharmacy (NPI:1234567890) V	
SELECT	

Figure 2.1.4 – Choose a provider to work on behalf of Window

- 7. Select the provider from the **Provider List**.
- 8. Click **Select**. The **Commonwealth of Pennsylvania Web Portal** window appears with the corporate user logged in.

mmonwealth of Pennsylvania Web Portal Tuesd	lay September 24, 2024 03:50 PM n	ame@domain.
	ТНЕ	RAPEUTIC
ome Cardholders * Pharmacists * Prescribers MMAP 🛞 L	inks 🔳 UAC 🍰 Site Map 🖂 Conta	ct Us 🛗 Lo <u>c</u>
ome Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Prime Therapeutics State Gove	ernment Solutions LLC.	
ACE/PACENET PBA Web Portai	Working on behalf of	
ACE/PACENET PBA Web Portal	Name: Corporate Pharmac	cy
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal	NPI: 1234567890	
nhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.	A If you registered as a Corporate u	iser. vou
his web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania epartment of Aging (PDA) and its ancillary programs require.	should not register for individual with same User ID. If you need ac	provider NPIs cess to other
ey features of the portal include:	secured services (such as Web M Portal, etc.) on behalf of a Provide to Provider Enrollment, it is recon	E, Finance er in addition nmended that
 Secure web access to the portal for approved users; 	you have a second User ID for tha register for those individual Provi	at access and ider NPIs with
 Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and 	that user ID. Contact the Web Sup Center if you need assistance or I questions — (800) 241-8726.	oport Call have
 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. 	Services and Applications	Hide
 Access for Enrolled Providers to update information on their file through "Provider Information Management". 	Drug Coverage Lookup	🗔 Laun
Access for Cornorate Enrolled Providers to enroll a new Provider NPI	Find a Physician	🔲 Laun
	Find a Pharmacy	🔲 Laur
 Access for Corporate Enrolled Providers to update multiple sites with common information through "Global PIM". 	Opioid Calculator	🔲 Laur
	Provider Enrollment	🗔 Laur
	Brovider Information Management	🗔 Laur
ardholder Search Hide 📷	Trovider miormation management	
ardholder Search Hide 🔂	Global PIM	🗔 Laur
ardholder Search Hide 🔂	Global PIM	🛄 Laur
ardholder Search Mide 🕞 Search For: • New Patient(s) ✓ Cardholder Last Name •	Global PIM	🗔 Laur
ardholder Search Mide 😭	Global PIM	🛄 <u>Laur</u>
ardholder Search Mide Search For: New Patient(s) Cardholder Last Name Cardholder ID Cardholder ID Cardholder Date of Birth	Global PIM	

Figure 2.1.5 – Commonwealth of Pennsylvania Web Portal Home Page

2.2 Log Out

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

1. Click **Logout** at the top right-hand corner.



Figure 2.2.1 – Commonwealth of Pennsylvania Web Portal Home page, Logout

3.0 Provider Enrollment

Corporate users can access the Provider Enrollment application to enroll a new Provider NPI site, add a program to an existing NPI, or check the status of a submitted enrollment.

Complete the following steps to access Provider Enrollment.

1. Click Launch next to Provider Enrollment in the Services and Applications box.

Commonwealth of Pennsylvania Web Portal	Tuesday September 24, 2024 03:50 PM name@domain.co
pennsylvania	Prime
DEPARTMENT OF AGING	THERAPEUTIC
Home Cardholders Pharmacists Prescribers MMAP	🎇 Links 🔎 UAC 🎂 Site Map 🖂 Contact Us 🛗 Logo
Home Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Prime Therapeutics S	tate Government Solutions LLC.
PACE/PACENET PBA Web Portal	Working on behalf of
PACE/PACENET PBA Web Portal	Name: Corporate Pharmacy
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal	and NPI: 1234567890
Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.	A If you registered as a Corporate user you
This web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvan Department of Aging (PDA) and its ancillary programs require.	should not register for individual provider NPIs with same User ID. If you need access to other
Key features of the portal include:	secured services (such as Web ME, Finance Portal, etc.) on behalf of a Provider in addition to Provider Enrollment it is recommended that
Secure web access to the portal for approved users;	you have a second User ID for that access and register for those individual Provider NPIs with
 Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACECares webs and 	site; that user ID. Contact the Web Support Call Center if you need assistance or have questions — (800) 241-8726.
 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. 	Services and Applications Hide
Access for Enrolled Providers to update information on their file through "Provider Information Management".	Drug Coverage Lookup
Access for Corporate Enrolled Providers to enroll a new Provider NPI.	Find a Physician
	Find a Pharmacy
 Access for Corporate Enrolled Providers to update multiple sites with common information through "Global PIM". 	Opioid Calculator
	Provider Enrollment
Cardholder Search	Hide 🐻 Provider Information Management 🗔 Launc
	Global PIM 🗔 Launc
Search For: Vew Patient(s)	
Cardholder Last Name	
Cardholder ID •	
Cardholder Date of Birth •	
SEARCH	

Figure 3.0.1 – Commonwealth of Pennsylvania Web Portal Home page

2. The Provider Enrollment Dashboard window appears.

			(, , , , , , , , , , , , , , , , , , ,			Turaday Septem	
DA	DEPARTMENT OF A	ania _{GING}				P	Prim
ovide	er Enrollme	t Dashboard					🕌 Close
t an enr	ollment application to	iew or update below, or click the Add New button to add a new enrollment application for a new provider or program.					
hboan	d						
arch	Enter an NPI to sea	ch for a provider.					
		Indicates required field(s)					
NPI: •							
		Search) Citear Search					
pplicati	ons View or updat	existing applications.					
pplicati	ons View or updat	existing applications.					
pplicati Add Nev	ons View or updat	existing applications.					
Add New	Application	e existing applications.	n until a determinat	tion has been r	nade.		
Add New	Application TE : If you have submit Enrollment Type	e existing applications. ed an application that is pending a determination (or, you have selected an NPI for a Global Edit), you will not be able to submit a new application Program(s)	n until a determinat	tion has been r Tax ID	nade. Provider Name	Date Submitted	Status
NO [*]	Application Enrollment Type In State	e existing applications. ed an application that is pending a determination (or, you have selected an NPI for a Global Edit), you will not be able to submit a new application Program(s) [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylektonuria (PKU), Spina Bilida (SB)]	n until a determinal NPI 1234567890	tion has been r Tax ID 123456789	nade. Provider Name CORPORATE PHARMACY #1067	Date Submitted Feb 9, 2023	Status Approval Authorized
Add New NO [*]	Application E : If you have submit Enrollment Type In State In State	e existing applications. ed an application that is pending a determination (or, you have selected an NPI for a Global Edit), you will not be able to submit a new application Program(s) [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenyketonunia (PKU), Spina Bilida (SB)] [Pennsylvania Patient Assistance Program (PA PAP)]	n until a determinal NPI 1234567890 1234567890	Tax ID 123456789 123456789	nade. Provider Name CORPORATE PHARMACY #1667 CORPORATE PHARMACY #1667	Date Submitted Feb 9, 2023 Aug 23, 2024	Status Approval Authorized Unassigned

Figure 3.0.2 – Provider Enrollment Dashboard

- 3. Enter the NPI in the **NPI** field to search for a provider.
- 4. Click **Search**. The provider appears if it is currently managed by the corporate user and an enrollment has been submitted.

If the provider does not appear, an error message appears stating "*ERROR – No records found matching that NPI*." A new application can be submitted for the provider NPI. See <u>Section 3.1 – Add New Site's Application</u>.

A	DEPARTMENT OF A	ania _{SING}					Prim
vide	er Enrollme	it Dashboard					🕌 Close t
an enro	ollment application to	lew or update below, or click the Add New button to add a new enrollment application for a new provider or program.					
hboar							
mooard	·						
	Ceker on MDT to see						
arcn	Enter an NPI to sea	ch for a provider.					
		 indicates required field(s) 					
		NPI: • 1234567890					
		Search Chear Stearch					
		existing applications					
pplicati	ons View or updat	c coording approvidents.					
pplicati Add New	Application	снолену аррекалогия					
Add New	Application	country opproximation.	until a determinat	tion has been n	nade.		
Add New	Application	ecoursy opproximation. Is an application that is pending a determination (or, you have selected an NPI for a Global Edit), you will not be able to submit a new application to Program(s)	until a determinat	tion has been n Tax ID	nade. Provider Name	Date Submitted	Status
Add New	Application E : If you have submit Enrollment Type In State	executing oppendication ad an application that is pending a determination (or, you have selected an NPI for a Global Edit), you will not be able to submit a new application i Program(s) [PACE/PACENET, Chronic Renal Disease Program (Org.), Cystic Fibrosis (CF), Maple Syrup Unine Disease (MSUD), Phenylketonuria (PKU), Spina Bitida (SB)]	until a determinal NPI 1234567890	tion has been n Tax ID 123456789	nade. Provider Name CORPORATE PHARMACY #1067	Date Submitted Feb 9, 2023	Status Approval Authorized
NO1	Application + E : If you have submit Enrollment Type In State In State	ed an application that is pending a determination (or, you have selected an NPI for a Global Edit), you will not be able to submit a new application i Program(s) [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Unine Disease (MSUD), Phenylketonuria (PKU), Spina Bilfida (SB)] [Pennsylvania Patient Assistance Program (PA PAP)]	until a determinal NPI 1234567890 1234567890	tion has been n Tax ID 123456789 123456789	Provider Name CORPORATE PHARMACY #1667 CORPORATE PHARMACY #1667	Date Submitted Feb 9, 2023 Aug 23, 2024	Status Approval Authorized Unassigned

Figure 3.0.3 – Provider Enrollment Dashboard, Provider NPI found

T

3.1 Add New Site's Application

Complete the following steps to add a new application for a provider NPI.

1. Click Add New Application. The Practice Type, Enrollment Type & Program(s) window appears.

Practice Type, Enrollment	Type & Program(s)	×
Practice Type, Enrollment application has been saved	Type and Program(s) selected determine the information required to complete your enrollment application. The d. For a description of the Practice Types, Enrollment Types and Programs, click the help icon (•) next to the	se selections cannot be cha appropriate field.
To get started, enter the Pr	oviders NPI.	
	٠	
	indicates required field(s)	
	NPI : ∞	
	Continue	

Figure 3.1.1 – Practice Type, Enrollment Type & Program(s) Window

- 2. Enter the Provider's NPI.
- 3. Click **Continue**. The **Enrollment for Pharmacies & Dispensing Prescribers** window appears.

Commonwealth of Pennsylvania Web Portal Provider Enrollment	Tuesday September 24, 2024 05:05 PM
PDA pennsylvania DEPARTMENT OF AGING	
Enrollment for Pharmacles & Dispensing Prescribers (includes dispensing physicians & certified registered nurse practitioners)	
Please provide the following information:	
Indicates required field(s)	
NPI: • 1234567890	
Provider Federal Tax Identification Number (TIN)	
Employment Identification Number (EIN): ** This Provider Federal Tax Identification Number (TIN): Employment Identification Number (EIN): will auto-populate all et	nrollment tabs and will
be used for tax reporting purposes.	
E-mail: •	
name@domain.com	
This email address will be used to communicate information about the status of your enrollment.	
State License Number •	
Enter your Pharmacy Permit Number or State Medical License Number (if enrolling as Physician or CRNP)	
state License number should not include special characters such as "- and ." or spaces.	
Continue Gancel Enrollment	

Figure 3.1.2 – Enrollment for Pharmacies & Dispensing Prescribers Window

4. Enter the **Provider Federal Tax Identification Number (TIN)** or **Employment Identification Number (EIN)**, **E-mail** address and **State License Number**. The system checks each field for proper formatting. If it meets requirements, a green checkmark appears next to the field name. Required fields are indicated by an orange dot (•).



5. Click Continue. The Practice Type, Enrollment Type & Program(s) window appears.



Figure 3.1.3 – Practice Type, Enrollment Type & Programs Window

6. Select the appropriate **Practice Type** the best describes your business. The window refreshes.

Т



- 7. The **Enrollment Type** option appears. Select the **Enrollment Type** that best describes your business. The window refreshes. Options available in the **Enrollment Type** are based on the **Practice Type** selected.
- 8. Enter the Part D Organization if selecting a Part D Program.



9. Select the **Program(s)** in which the provider wants to enroll.

Commonwealth of Pennsylvania Web Portal Provider Enrollment	Tuesday September 24, 2024 05:21 PM
PDA pennsylvania Department of Aging	Prime THERAPEUTICS*
Practice Type, Enrollment Type & Program(s)	
Practice Type, Enrollment Type and Program(s) selected determine the information required to complete your enrollment application. These selected seven saved. For a description of the Practice Types, Enrollment Types and Programs, click the help icon (•) next to the appropriate field.	ections cannot be changed once your application has
Indicates required field(s)	
• Practice Type : • Pharmacy (Chain - 4 or more Pharmacies) V	
• Enrollment Type : • In State	
● Program(s): ● 🔽 PACE/PACENET	
Chronic Renal Disease Program (CRDP)	
Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria	(PKU), Spina Bifida (SB)
Special Pharmaceutical Benefits Program 2 (Mental Health)	
Pennsylvania Patient Assistance Program (PA PAP)	
Special Pharmaceutical Benefits Program 1 (ADAP)	
You must select at least one program.	
Medical Assistance Number : Medical Assistance Number is required for enrollment in the SPBP program.	
Continue Cancel Enrollment	

Figure 3.1.4 – Practice Type, Enrollment Type & Program(s) Window

- 10. Enter a **Medical Assistance Number** if selecting Special Pharmaceutical Benefits Program 1 (ADAP) or 2 (Mental Health).
- 11. Click **Continue**. The **Confirm Practice and Enrollment Type** window appears. Click **Continue** if the selections you made are correct. Click **Cancel & make changes** if they are not correct.

ou have selected the following	ng:
Practice Type:	Pharmacy (Chain - 4 or more Pharmacies)
Enrollment Type:	In State
Please ensure you have These selections cannot	selected the appropriate Practice and Enrollment type for your practice be changed once you continue beyond this screen.
Please ensure you have a These selections cannot To apply for SPBP, you mether a valid Medic	selected the appropriate Practice and Enrollment type for your practic be changed once you continue beyond this screen. Sust have a valid Medical Assistance Number. Please click Cancel and al Assistance Number or unselect SPBP
Please ensure you have These selections cannot To apply for SPBP, you m either enter a valid Medic these selections are correct	selected the appropriate Practice and Enrollment type for your practic be changed once you continue beyond this screen. Inst have a valid Medical Assistance Number. Please click Cancel and al Assistance Number or unselect SPBP , click Continue. Otherwise, click Cancel to make changes.

Figure 3.1.5 – Confirm Practice and Enrollment Type window

12. The **Demographics** tab appears.

Commonwealth of	Pennsylvania Wel	b Portal Pro	vider En	rollment			Tuesday	Septembe	er 24, 2024 05:54 PN
PDA DEPAF	TINSYLVAI	nia ^G						P	
Demograp	hics								🛃 Close Window
You may complete th Please note: Yo	e information in any ou must save your inf	order, but you ormation on eac	will not be ch tab. All	e able to submit your application until all required fields must be completed on eac	required information is entered. th tab or popup window before saving.				
Demographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy Info	Verification	Submit	Back to Dashboard
NPI :1234567890									
General Informa	tion Enter or edit	the required i	nformat	ion.					Hide 🔁
				indicates required field(s)					
		Practice	• Type :	Pharmacy (Chain - 4 or more Pharm	acies)				
		Enrollment	t Type :	In State					
		Pro	grams:	PACE/PACENET					
			NPI :	1234567890					
Provider F Em	ederal Tax Identifi ployment Identific	ication Number	er (TIN) · (EIN) :	• 123456789					
			Email :	name@domain.com					
			Name	Corporate Pharmacy (Enter the name as it appears on the pt	narmacy license.)				
				Save General Info	ts fields in this section to original values before	last Save)			

Figure 3.1.6 – Demographics Tab

	• Along with the <u>Demographics</u> tab, you have access to the following tabs: Licenses/IDs, Owners, Staff, Electronic Funds
Notes	<u>Transfer (EFT), Electronic Remittance Advice (ERA),</u> <u>Pharmacy Info, Verification</u> and <u>Submit</u> .

•	You may complete the information in any order; however, you cannot submit your application until all required information is entered.
•	You MUST save your information on each tab. All required fields must be completed on each tab or pop-up window before saving.

3.1.1 Demographics Tab

The **Demographics** tab allows you to enter contacts and addresses.

The **General Information** section displays the practice type, enrollment type, and programs you have selected above, as well as the NPI, state tax ID (TIN/EIN), and the email address submitted. Required fields on this tab are indicated by an orange dot (•).

1. Enter the **Name** of the pharmacy as it appears on the pharmacy license.

ommonwealth of Pe	nnsylvania Web P	ortal Provider En	rollment					Tuesd	ay Septemb	er 24, 2024 05:54
	ISYLVANI	а								
emographi	CS									🕌 Close Wind
u may complete the in Please note: You m	formation in any orde	er, but you will not be ation on each tab. All	e able to submit your application required fields must be complet	n until all required in ied on each tab or po	formation is ent	ered. pre saving.				
Demographics L	icenses / IDs C	Owners Staff	Electronic Funds Transfer	r (EFT) Electroi	nic Remittanc	Advice (ERA)	Pharmacy Info	Verification	n Submit	Back to Dashboard
NPI :1234567890							1			
General Information	Enter or edit the	required informat	on.							Hide 🔒
			indicates required field(s)							
		Practice Type :	Pharmacy (Chain - 4 or mor	re Pharmacies)						
	E	Enrollment Type :	In State							
		Programs:	PACE/PACENET							
		NPI :	1234567890							
Provider Fede Employ	eral Tax Identificati ment Identificatio	ion Number (TIN) on Number (EIN) :	123456789							
		Email :	name@domain.com				_			
		Name	 Corporate Pharmacy (Enter the name as it appears) 	on the pharmacy lice	ense.)					
			Save General Info	ncel (reverts fields in t	this section to or	ginal values before	e last Save)			
adaresses Enter or	eait the address in	nformation.								Hide
Add New Contact	Help on Contact/A	<u>Aaaress Types</u>								
NOTE : At a minin address may be t	num, you are require ne same. All mailings	d to add contact info will be sent to the Bi	mation for your Business/Corp Isiness/Corporate address.	orate Address, Serv	vice Address, a	nd Software Vend	or.For independent	providers, the bus	iness/corporate	e and service
Action	Туре	Contac	t/Name	Address	City	State	Zip	Phone	Fax	Email

Figure 3.1.1.1 – Demographics Tab

2. Click **Save General Info**. Click **Cancel** to revert the screen to the values before the last Save.

3. An email is sent to the address on file once **Save General Info** is clicked.



Dear Provider: Our records indicate that an application was started on our web portal (https:// papaceportal.lh.primetherapeutics.com/paceportal) for one or more of the following programs: PACE/PACENET Special Pharmaceutical Benefits Program 1 (ADAP) Special Pharmaceutical Benefits Program 2 (Mental Health) CRDP (Chronic Renal Disease Program) SB (Spina Bifida) CF (Cystic Fibrosis) MSUD (Maple Syrup Urine Disease) PKU (Phenylketonuria) • PA PAP (Pennsylvania Patient Assistance Program) You have received this response using the email provided for the registration. Please retain your Application Tracking ID Enrollme. This ID accompanied by your NPI, TAX ID and e-mail address will be required to access your application if needed. NOTE: CORPORATE users having an established USER ID and PASSWORD should use their established ID and password to access the application. You may contact the Help Desk at 1-800-835-4080 if you have any questions. Sincerely, Provider Enrollment

Figure 3.1.1.2 – Example Email

3.1.1.1 Addresses Section

At a minimum, you are required to add contact information for your business/corporate, service, and software vendor address. Required fields on this tab are indicated by an orange dot (•).

Addresses Enter or	edit the address	information.							Hide
Add New Contact	Help on Contact	/Address Types							
i NOTE : At a minim address <i>may</i> be th	um, you are requir e same. All mailing	ed to add contact information for your Busine s will be sent to the Business/Corporate addre	ss/Corporate Address, Ser SS.	vice Address, ai	nd Software Vendo	r.For independ	lent providers, the busin	ness/corporate	and service
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

Figure 3.1.1.1.1 – Addresses Section



3.1.1.1.1 Business/Corporate

The business/corporate address is required. The business/corporate address is the public mailing address.

1. Click Add New Contact. The Add New Contact/Address window appears.

Addresses Enter or edit the address information.	lide 🔂
Add New Contact Help on Contact/Address Types	
Add New Contract/Address L Enter or adily the required information	
Add New Contact/Address Enter of edit the required information.	
 indicates required field(s) 	
Type : • * Business/Corporate * •	
Contract / Address Types marked with an * are required.	
Use a previously entered address? Select *	
Corporation Name : •	
Contact First Name : •	
Contact Last Name : •	
Street Address 1 : •	
Street Address 2 :	
City : •	
State : • Select State •	
Zip:•	
99999-9999	
Phone : • x	
9999999999	
Fax : •	
999999999	
Email : •	
email@domain.com	
	_
Save Information Cancel & do not save	

Figure 3.1.1.1.1.1 – Add New Contact/Address, Business/Corporate

2. Select **Business/Corporate** from the **Type** drop-down list.



3. Enter the name of the pharmacy in the Corporation Name field.

- 4. Enter the first and last names of the business/corporate contact in the **Contact First Name** and **Contact Last Name** fields.
- 5. Enter the street address or P.O. box in the **Street Address 1** field.
- 6. Optionally, enter additional address information or P.O. box, if applicable, in the **Street Address 2** field.
- 7. Enter the city in the **City** field.
- 8. Select the state from the **State** drop-down list.
- 9. Enter the zip code and the additional four digits, if known, in the Zip field.
- 10. Enter the telephone number in the **Phone** field. If there is an extension, enter up to eight digits. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 11. Enter the fax number in the **Fax** field. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 12. Enter the email address in the **Email** field.
- 13. Click **Save Information**. Click **Cancel & do not save** to revert the screen to the values before the last Save.
- 14. The information entered appears on the Demographics tab, in the **Addresses** window. The **Type** column displays the type of address entered.

Addresses E	Enter or edit the address info	mation.							Hide
Add New Cont	act 🕂 🕴 Help on Contact/Addr	ess Types							
NOTE : A address n	t a minimum, you are required to nay be the same. All mailings will	add contact information for your E be sent to the Business/Corporate	Business/Corporate A e address.	Address, Service A	ddress, and	d Software Ve	ndor.For independent	providers, the busines	s/corporate and service
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
0 X	Business/Corporate	Firstname Lastname	123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

Figure 3.1.1.1.1.2 – Demographics Tab, Addresses section, Business/Corporate Type

3.1.1.1.2 Correspondence

The correspondence address should be completed to direct program mailings to another address, if desired.

- 1. Click Add New Contact. The Add New Contact/Address window appears.
- 2. Select **Correspondence** from the **Type** drop-down list.



Т

Add New Contact/Address Enter or edit the required	information.
•	indicates required field(s)
Туре: •	Correspondence Contract / Address Types marked with an * are required.
Use a previously entered address?	Select
Street Address 1 : •	
Street Address 2 :	
City : •	
State : •	Select State
Zip: •	- 99999-9999
	Save Information Cancel & do not save

Figure 3.1.1.1.2.1– Add New Contact/Address, Correspondence

- 3. Enter the street address or P.O. box in the Street Address 1 field.
- 4. Enter additional address information or P.O. box, if applicable, in the **Street Address 2** field.
- 5. Enter the city in the **City** field.
- 6. Select the state for the correspondence address from the State drop-down list.
- 7. Enter the zip code and the additional four digits (if known) in the **Zip** field.
- 8. Click **Save Information**. Click **Cancel & do not save** to revert the screen to the values before the last save.
- 9. The information entered appears on the **Demographics** tab. The Type column displays the type of address entered.

Addresses Entr	er or edit the address information.								Hide
Add New Contact	Help on Contact/Address Types								
NOTE : At a Business/Co	minimum, you are required to add conta prporate address.	ct information for your Business/Corpor	rate Address, Service Addr	ress, and Software Ve	ndor.For indep	endent providers,	the business/corporate and	d service address <i>may</i> be th	ne same. All mailings will be sent to the
A	Turne	Contract (Norma	Add	City	Chata	7:-	Dhawa	Fau	Email
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
Action	Туре Business/Corporate	Contact/Name Firstname Lastname	Address 123 Main St.	City Harrisburg	State PA	Zip 17112 -	Phone 1231231234	Fax 1231231234	Email email@domain.com
Action	Type Business/Corporate Correspondence	Contact/Name Firstname Lastname	Address 123 Main St. POB 123	City Harrisburg Harrisburg	State PA PA	Zip 17112 - 17109 -	Phone 1231231234	Fax 1231231234	Email email@domain.com

Figure 3.1.1.1.2.2– Demographics Tab, Correspondence Type

3.1.1.1.3 Lessor

The Lessor address should be completed with the address of the person or company who leases property (landlord) where the provider renders services.



- 1. Click Add New Contact. The Add New Contact/Address window appears.
- 2. Select **Lessor** from the **Type** drop-down list.

Addresses Enter or edit the address information.	Hide 🐻
Add New Contact Help on Contact/Address Types	
Add New Contact/Address Enter or edit the required information.	
 indicates required field(s) Type : Lessor Contract / Address Types marked with an * are required. 	
Use a previously entered address? Select v	
Contact First Name : Contact Last Name :	
Street Address 1 : Street Address 2 :	
City: State: Select State	
Zip: • 99999-9999	

Figure 3.1.1.1.3.1- Add New Contact/Address, Lessor

- 3. Enter the first name and last name of the lessor contact in the **Contact First Name** and **Contact Last Name** fields.
- 4. Enter the street address or P.O. box in the Street Address 1 field.
- 5. Enter additional address information or P.O. box, if applicable, in the **Street Address 2** field.
- 6. Enter the city in the **City** field.
- 7. Select the state from the **State** drop-down list.
- 8. Enter the zip code and the additional four digits (if known), in the Zip field.
- 9. Click **Save Information**. Click **Cancel & do not save** to revert the screen to the values before the last Save.
- 10. The information entered appears on the **Demographics** tab. The **Type** column displays the type of address entered.

Т

Addresses Enter or edit the address information.										
Add New Conta	Add New Contact 🕌 Help on Contact/Address Types									
NOTE : At a minimum, you are required to add contact information for your Business/Corporate Address, Service Address, and Software Vendor. For independent providers, the business/corporate and service address <i>may</i> be the same. All mailings will be sent to the Business/Corporate address.										
same. All n	mailings will be sent to the Busines	s/Corporate address.		0 ¹ 1	01-1-		Di		5	
same. All n	mailings will be sent to the Busines	s/Corporate address. Contact/Name	Address	City	State	Zip	Phone	Fax	Email	
same. All n	Type Business/Corporate	s/Corporate address. Contact/Name Firstname Lastname	Address 123 Main St.	City Harrisburg	State PA	Zip 17112 -	Phone 1231231234	Fax 1231231234	Email email@domain.com	
Action	mailings will be sent to the Busines Type Business/Corporate Correspondence	s/Corporate address. Contact/Name Firstname Lastname	Address 123 Main St. POB 123	City Harrisburg Harrisburg	State PA PA	Zip 17112 - 17109 -	Phone 1231231234	Fax 1231231234	Email email@domain.com	
Action	Type Business/Corporate Correspondence Lessor	s/Corporate address. Contact/Name Firstname Lastname Firstname Lastname	Address 123 Main St. POB 123 111 Test Ave.	City Harrisburg Harrisburg Harrisburg	State PA PA PA	Zip 17112 - 17109 - 17112 -	Phone 1231231234	Fax 1231231234	Email email@domain.com	

Figure 33.1.1.1.3.2– Demographics Tab, Addresses section, Lessor Type

3.1.1.1.4 Service

The service address is required. The service address is the physical location of the pharmacy.



1. Click Add New Contact. The Add New Contact/Address window appears.

Add New Contact/Address Enter or edit the required	information.
• Туре : •	indicates required field(s) * Service *
Use a previously entered address?	Select
Street Address 1 : •	
Street Address 2 : City : ●	
State : • Zip : •	Select State 99999-9999
County : •	
Phone : •	x 999999999 ×9999
Fax: •	9999999999
Email : •	email@domain.com
	Save Information Cancel & do not save

Figure 3.1.1.1.4.1– Add New Contact/Address, Service

- 2. Select **Service** from the **Type** drop-down list.
- 3. Enter the street address in the **Street Address 1** field.
- 4. Enter additional address information, if applicable, in the Street Address 2 field.
- 5. Enter the city in the **City** field.

- 6. Select the state from the **State** drop-down list.
- 7. Enter the zip code and the additional four digits (if known) in the **Zip** field.
- 8. Enter the name of the county where the Pharmacy is located In the **County** field.
- 9. Enter the telephone number in the **Phone** field. If there is an extension, enter up to eight digits. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 10. Enter the fax number in the **Fax** field. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 11. Enter the email address in the **Email** field.
- 12. Click **Save Information** if the entered information is correct. Click **Cancel & do not save** to revert the screen to the values before the last Save.
- 13. The information entered appears on the **Demographics** tab. The **Type** column displays the type of address entered.

Addresses Enter or edit the address information.									
Add New Conta	tet + Help on Contact/Addres	<u>s Types</u>							
NOTE : At same. All n	a minimum, you are required to ac mailings will be sent to the Busines	Id contact information for your Busir s/Corporate address.	ness/Corporate Addres	s, Service Address,	and Softwar	re Vendor.For ir	ndependent providers, ti	ne business/corporate a	nd service address may be the
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
🥒 🗙	Business/Corporate	Firstname Lastname	123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com
🥒 🗙	Correspondence		POB 123	Harrisburg	PA	17109 -			
🥒 🗙	Lessor	Firstname Lastname	111 Test Ave.	Harrisburg	PA	17112 -			
Ø 🗙	Service		123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com

Figure 3.1.1.1.4.2 – Demographics Tab, Addresses section, Service Type

3.1.1.1.5 Software Vendor

The software vendor contact information is required.



- 1. Click Add New Contact. The Add New Contact/Address window appears.
- 2. Select **Software Vendor** from the **Type** drop-down list.

Add New Contact/Address Enter or edit the required information.							
• Type: •	 indicates required field(s) Type: * Software Vendor * Contract / Address Types marked with an * are required. 						
Use a previously entered address?	Select						
Software Vendor Name : 9							
Street Address 1 :							
Street Address 2 :							
City :							
State:	Select State						
Zip :	- 99999-9999						
Phone : 🧕	x 999999999 x9999						
Email : 🍳	email@domain.com						
	Save Information Cancel & do not save						

Figure 3.1.1.1.5.1– Add New Contact/Address, Software Vendor

- 3. Enter the software vendor name in the Software Vendor Name field.
- 4. Enter the street address or P.O. box in the Street Address 1 field.
- 5. Enter additional address information or P.O. box, if applicable, in the **Street Address 2** field.
- 6. Enter the city in the **City** field.
- 7. Select the state from the **State** drop-down list.
- 8. Enter the zip code and the additional four digits (if known) in the **Zip** field.
- 9. Enter the telephone number in the **Phone** field. If there is an extension, enter up to eight digits. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 10. Enter the email address in the **Email** field.
- 11. Click **Save Information** if the entered information is correct. Click **Cancel & do not save** to revert the screen to the values before the last Save.

Addresses Enter or edit the address information.									
Add New Conta	act 🕂 Help on Contact/Addres	<u>s Types</u>							
i NOTE : A same. All	at a minimum, you are required to ac mailings will be sent to the Busines	ld contact information for your Busir s/Corporate address.	ess/Corporate Address	, Service Address,	and Softwar	re Vendor.For ir	dependent providers, th	ne business/corporate ar	nd service address may be the
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
0 🗙	Business/Corporate	Firstname Lastname	123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com
0 X	Correspondence		POB 123	Harrisburg	PA	17109 -			
a 🗶	Lessor	Firstname Lastname	111 Test Ave.	Harrisburg	PA	17112 -			
@ 🗙	Service		123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com
Ø 🗙	Software Vendor	Software Vendor	555 First Ave.	Harrisburg	PA	17112 -	1231231234		email@domain.com
	-								

Figure 3.1.1.1.5.2 – Demographics Tab, Addresses section, Software Vendor Type

12. The information entered appears in the **Addresses** section. The **Type** column displays the type of address entered.

3.1.1.6 Edit Contact/Address

You can delete or edit the addresses you entered by clicking the appropriate icon.

lcon	Action	Description
	Edit	Allows you to the Edit Contact/Address window.
6		• Appears only if you have the information previously saved.
		• Edit the information and click Save Information to save the changes or
		click the Cancel & do not delete hyperlink to keep the information as is
0.0	Delete	Allows you to delete the address type previously saved.
45		• Appears only if you have the information previously saved.
		• Once you click the icon, a warning window appears advising you that you
		have selected to delete the information. To confirm the action, click Delete
		or click the Cancel & do not delete hyperlink to keep the information as is.

3.1.2 Licenses/IDs Tab

The Licenses/IDs tab requires you to enter any license or IDs for the pharmacy. For example, NPI, NCPDP (National Council for Prescription Drug Programs) number, etc.

Commonwealth of Pennsylvania Web Portal Provider Enroll	ment	Thursday September 26, 2024 11:00 AM
PDA pennsylvania DEPARTMENT OF AGING		Prime THERAPEUTICS"
Licenses / IDs		🛃 Close Window
You may complete the information in any order, but you will not be ab Please note: You must save your information on each tab. All req	e to submit your application until all required information is entered. uired fields must be completed on each tab or popup window before saving.	
Demographics Licenses / IDs Owners Staff E	ectronic Funds Transfer (EFT) Electronic Remittance Advice (ERA) Pharmacy Info Verification	Submit Back to Dashboard
NPI :1234567890		
Licenses / ID Information Enter or edit the required inform	ation.	Hide 📷
• in	dicates required field(s)	
State License Number	2012C Your Pharmacy Permit Number.	
(From) Effective Date 📍	(mm/dd/yyyy)	
(To) Effective Date 🤏	(mm/dd/yyyy)	
Medical Assistance Status 📍 🔿	Chrolled O Terminated/Suspended O Withdrawn O Not Enrolled	
Medical Assistance Number : [(C Me	io not include dashes.) dical Assistance Number is required for enrollment in the SPBP program.	
DEA Number 🧕		
NCPDP Number :		
Corporate NPI : 1	113335556 nly a Corporate NPI, identifying a chain or corporation should be entered in this field. e NPI would be different from the individual site that is being entered.	
Medicare Number :		
S	ave License /ID Info	

Figure 3.1.2.1 – Licenses/IDs Tab





- 2. Select the option that best describes your Medical Assistance Status.
- 3. Enter the Drug Enforcement Agency (DEA) number in the **DEA Number** field. The DEA number is a combination of two alphas and seven numerals.
- 4. Click **Save License/ID Info** if the entered information is correct. Click **Cancel** to revert to the original values before the last save and make necessary corrections.

3.1.3 Owners Tab

The **Owners** tab is used to list your owners. Required fields on this tab are indicated by an orange dot (\bigcirc).

The **Ownership General Information** section allows you to select the ownership type that best describes your business. The **Owner/Officer Information** section then allows you to enter contact information for any owners. You are required to add contact information for at least one owner.

Complete the following steps to add ownership type and contact information.

- 1. Select the ownership type from the **Ownership Type** drop-down list.
 - The Ownership Type list is customized based on the practice type selected.
 The ownership type of Other requires you to complete a description.

ommonwealth of P	Pennsylvania Web	b Portal Provider Enroll	ment						Thursday September 26, 2024 11:10 AM
PDA pen DEPART	MENT OF AGING	nia ³							Prime THERAPEUTICS
Ownership									🛃 Close Window
ou may complete the Please note: You	information in any must save your info	order, but you will not be ab ormation on each tab. All req	le to submit your application until a uired fields must be completed on e	Il required information is ach tab or popup window	entered. before saving.				
Demographics	Licenses / IDs	Owners Staff El	ectronic Funds Transfer (EFT)	Electronic Remitta	ance Advice (ER	A) Pharmacy Ir	fo Verification	Submit	Back to Dashboard
NPI :1234567890									
Ownership Gener	al Information Er	nter or edit the required i	nformation.						Hide 🕞
		• inc	dicates required field(s)						
		Ownership Type ♥ F	Franchise V Select						
		[F	ndividual Partnership <u>cel</u> (n	everts fields in this sectio	n to original values	before last Save)			
		F	Professional Corporation						
Owner/Officer Inform	mation Enter or	edit the owner/officer ii	Private Corporation Public Corporation						Hide 📷
Add New Owner/Offic	cer Info 🛖	F	Franchise .imited Liability						
NOTE : You are required to add contact information for at lea									
Action	Title	First Name	Last Name	Address	City	State	Zip Phor	e Email	Ownership Percentage %
Action	Title	First Name	Last Name	Address	City	Ctate	The Discou	e Email	Ownership Percentage %

Figure 3.1.3.1 – Ownership Type

- 2. Click **Save Ownership Info** to save your selection or click **Cancel** to revert fields to the values prior to the last save.
- 3. Click Add New Owner/Officer Info. The Add New Owner/Officer Information window appears.

vner/Officer Information Enter or edit the owner/offi	cer information. Hid
dd New Owner/Officer Info 🛖	
Add New Owner/Officer Information Enter the require	ed information.
	Indicates required field(s)
Use a previously entered address	s? Select V
Contact First Name	e : •
Contact Last Name	e : •
Titl	ie: •
Street Address	1:•
Street Address	2:
Cit	y:•
Stat	xe: ● Select State ✓
Zij	ə: •
	99999-9999
Ownership Percentag	e: • 99.9 (%)
Phone	e: •
	9999999999 x99999999
Emai	1:•
	email@domain.com
	Save Information

Figure 3.1.3.2 – Add New Owner/Officer Information



- 4. Enter the ownership contact's first and last names in the **Contact First Name** and **Contact Last Name** fields.
- 5. Enter the ownership contact's title In the **Title** field.
- 6. Enter the street address or P.O. box in the Street Address 1 field.
- 7. Enter additional address information or P.O. box, if applicable, in the **Street Address 2** field.
- 8. Enter the city in the **City** field.
- 9. Select the state from the **State** drop-down list.
- 10. Enter the zip code and the additional four digits (if known) in the Zip field.
- 11. Enter the percentage of the business owned in the **Ownership Percentage** field.



- 12. Enter the phone number in the **Phone** field. If there is an extension, you can enter up to eight digits. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 13. Enter the email address In the **Email** field.
- 14. Click **Save Information** to save the information. Click **Cancel & do not save** to revert to the original values before the last save.
- 15. Repeat these steps until all owners or officers are listed.

Owner/Officer Information Enter or edit the owner/officer Information.										
Add New Owner/Officer Info										
NOTE : You are required to add contact information for at least one owner.										
Action	Title	First Name	Last Name	Address	City	State	Zip	Phone	Email	Ownership Percentage %
0 ×	President	Firstname	Lastname	123 Main St.	Harrisburg	PA	17112	1231231234	email@domain.com	100.0 %
Action	Title	First Name	Last Name	Address	City	State	Zip	Phone	Email	Ownership Percentage %

Figure 3.1.3.3 – Owner/Officer Information, Saved

Click the H action on o	dit (≠)or Delete (×) icon to take the appropriate wner/officer information.
-----------------------------	--

3.1.4 Staff Tab

The **Staff** tab is used to list your staff members. The options available in the **Staff Type** list are customized based on the practice type selected. You are required to add information for the Pharmacy Manager. Required fields on this tab are indicated by an orange dot (•).

DA pen DEPART	INSYLVAI	nia G							Prin THERAPEL)E
aff									🖣 Close	Wind
may complete the	information in any	order, but you	i will not b	be able to submit your application until all	required information is entered.					
Please note: You	u must save your inf	ormation on ea	ach tab. Al	Il required fields must be completed on ea	ch tab or popup window before saving.					
						Discourse ou la fa	Mariflantian	Cutherald	Back to Davi	
emographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy into	verification	Submit	Date to Das	nboari
emographics PI :1234567890	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy Into	verification	Submit	L Dack to Data	nboari
emographics PI :1234567890 Staff Information	Licenses / IDs	Owners e address int	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy Info	vermeation	Submit	Hid	nboar
emographics PI :1234567890 Staff Information	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (EKA)	Pharmacy into	vernication	Submit	Hid	e 🔁
emographics PI :1234567890 Staff Information Add Staff Informati	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (EKA)	Pharmacy into	vernication	Submit	Hid	e
emographics PI :1234567890 Staff Information Add Staff Informatio	I Enter or edit th	Owners e address int	Staff formation	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy into	vernication	Submit	Hid	e (
emographics PI :1234567890 Staff Information Add Staff Informatio MOTE : You a Action	I Enter or edit the	Owners e address int information for Firs	Staff formation the Phan	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	License Number	vernication	Degree	Hid	e I

Figure 3.1.4.1 – Add New Staff Information Window

3.1.4.1 Add Staff Information

Complete the following steps to add staff information.

1. Click Add Staff Information. The Add New Staff Information window appears.



Т

Staff Information Enter or edit the address information.	Hide 🔂
Add Staff Information	
Add New Staff Information Enter the required information.	
Indicates required field(s)	
Staff Type : Pharmacy Manager	
First Name : ●	
Last Name : •	
NPI: •	
License Number : •	
Specialty :	
Degree : • (i.e. RPh, Pharm D, M.D., D.O., etc.)	
Save Cancel & do not save	

Figure 3.1.4.2 – Staff Information

- 2. Select the staff type from the **Staff Type** drop-down list.
- 3. Enter the staff member's first and last names in the First Name and Last Name fields.
- 4. Enter the staff member's NPI number in the NPI field.
- 5. Enter the staff member's license number in the License Number field.
- 6. Enter the staff member's specialty (if applicable) in the Specialty field.
- 7. Enter the staff member's degree in the **Degree** field.
- 8. Click **Save Information** to save the information. Click **Cancel & do not save** to revert to the original values before the last save.
- 9. The information entered appears on the **Staff** tab. The **Title** column displays the type of staff entered.
- 10. Repeat these steps until all staff members are listed.

DA pen	INSYLVAN	ia								P	Prim
aff											🚑 Close Wir
may complete the	information in any o	rder, but you v	will not be	able to submit your application	n until all required info	mation is entered.					
Please note: You	I must save your infor	mation on eac	ch tab. All	required fields must be complete	ed on each tab or popu	p window before saving.					
Your information	n has been saved.						<u> </u>				
mographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashboa
emographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashboa
mographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashbo
mographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashbo
emographics PI :1234567890 Staff Information	Licenses / IDs	Owners address info	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashbo
Prographics Pl :1234567890 Staff Information Add Staff Informati	Licenses / IDs	Owners address info	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashbo
Prographics Pl :1234567890 Staff Information Add Staff Informati	Licenses / IDs	Owners address info	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashbo
emographics PI :1234567890 Staff Information Add Staff Informati	Licenses / IDs	Owners address info	Staff	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit		Back to Dashbo
mographics	Licenses / IDs	Owners address info	Staff ormation	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit	ree	Back to Dashbo
Mographics	Licenses / IDs	Owners address info formation for th Title acy Manager	Staff prmation	Electronic Funds Transfer	(EFT) Electronic	Remittance Advice (ERA)	Pharmacy Info	Verification Number 1234	Submit Degu	ree Ph	Back to Dashbo





Click the **Edit** (\mathscr{I}) or **Delete** (\bigstar) icon to take the appropriate action on the staff information.

3.1.5 Electronic Funds Transfer (EFT) Tab

The **Electronic Funds Transfer (EFT)** tab allows you to provide the information that authorizes Prime, on behalf of the program(s) you signed up for, to initiate entries to the account indicated on the application and the depository named on the application. Required fields on this tab are indicated by an orange dot (•).

3.1.5.1 Adding EFT Information

Some information in the **Provider Information** and **Provider Identifier** sections of the **Electronic Funds Transfer** tab cannot be edited on this window. Messages in red advise where to navigate in the application to make any necessary adjustments to this information. For example, the **Provider Name** must be modified on the **Demographics** tab; that change will then be carried over to the **EFT** tab.

Commonwealth of Pennsylvania Web Portal Provider En	roliment			Thursday September 26, 2024 11:44
pennsylvania Department of aging				
Electronic Funds Transfer (EFT)				🚛 Close Wind
ou may complete the information in any order, but you will not be Please note: You must save your information on each tab. All	able to submit your application until al required fields must be completed on ea	I required information is entered.		
Demographics Licenses / IDs Owners Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy Info Verification	Submit Back to Dashboard
NPI :1234567890				
EFT Enter or edit the required information.				
	indicates required field(s)			
Provider Information Provider Name:	Corporate Pharmacy ** Changes to	Provider Information in the "grayed out" fields m	ust be made in the Demographics tab.	
Street:	123 Main St.			
City:	Harrisburg			
State/Province:	PA			
Zin Code/Postal Code:	17112 -			
Provider Identifier				
Provider Federal Tax Identification Number(TIN): Employment Identification Number(EIN)	123456789 ** Changes to the "grayed	d out" Provider Federal Tax Identification Numbe	er (TIN): Employment Identification Numb	ber (EIN): in the Provider
National Provider Identifier(NPI):	1234567890	e made in the Demographics (ab.		
Provider Contact Information	1201001000			
Provider Contact Hirst Name (Name of a contact in				
the provider office for handling EFT issues):	** Changes to the EFT Provider Conta etc. on the Demographics tab must be	ct Information affect only this tab. Changes to th made separately.	e Business/Corporate Contact Name, P	hone Number,
Provider Contact Last Name				
Telephone Number				
leiepnone number:	9999999999 x99999999			
Email Address:				
Fax Number:				
Retail Pharmacy Information				
Chain Number:				
EET Authorization Form				
I (we) hereby authorize Prime Therapeutics State Governme	ent Solutions LLC Corporation (on be	half of the Pharmaceutical Assistance Contr	ract for the Elderly (PACE) Program]	hereinafter called "Company" to initiate
credit or debit entries to my (our) account indicated below a	nd the depository named below, here	inafter called the "Depository," to accept su	ch credit or debit entries to such acco	sunt.
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 OBusin	ness Savings 🔿 Personal Savings 📿	Personal Checking Other	
Provider's Account Number with Financial Institution:	•			
Account Number Linkage to Provider Identifie Provider Federal Tax Identification Number(TIN): Employment Identification Number(EIN)	r 123456789			
National Provider Identifier(NPI):	1234567890			
Submission Information				
Reason for Submission:	New Enrollment O Change	Enrollment O Cancel Enrollment		
Drinted Name of Barrow Submitting For				
Frinted Name of Person Submitting Enrollment:				
Printed Title of Person Submitting Enrollment: This authority is to remain in full force until the COMPANY h such time and in such manner as to afford COMPANY and I	 as provided written notification to the DEPOSITORY a reasonable opporture 	provider or has received written notification ity to act on it.	from the provider's authorized agent	t of termination of this EFT agreement in
	Save EFT Info	fields in this section to original values before la	st Save)	

Figure 3.1.5.1.1 – Electronic Funds Transfer (EFT) Tab

Complete the following steps to enter information on the **Electronic Funds Transfer (EFT)** tab.

- 1. Enter the first and last names of the person in the office who handles the EFT issues in the **Provider Contact First Name** and **Provider Contact Last Name** fields.
- 2. Enter the EFT contact's **Telephone Number**. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 3. Enter the name of the bank where your account is in the **Financial Institution Name** field.
- 4. Enter the Financial Institution address using the Street, City, State/Province, and Zip Code/Postal Code fields.
- 5. Enter the Financial Institution Routing Number.
- 6. Select the **Type of Account at Financial Institution** from the available radio buttons.
- 7. Enter the Provider's Account Number with Financial Institution.
- 8. Select the Reason for Submission from the radio buttons.
- 9. Enter the **Printed Name of Person Submitting the Enrollment**.
- 10. Enter the **Printed Title of Person Submitting the Enrollment**.
- 11. Click **Save EFT Info** to save the information. Click **Cancel** to revert the screen to the values before the last Save.

3.1.6 Electronic Remittance Advice (ERA) Tab

The **Electronic Remittance Advice (ERA)** tab allows you to provide information that authorizes Prime, on behalf of the program(s) you signed up for, to provide you with weekly remittance information on claims processed. Required fields on this tab are indicated by an orange dot (\bigcirc).

3.1.6.1 Adding ERA Information

Some information at the top of the **ERA** tab cannot be edited on this window. Messages in red advise where to navigate in the application to make any necessary adjustments to this information. For example, the **Provider Name** must be modified on the **Demographics** tab; that change will then be carried over to the **ERA** tab.

imonwealth of Pennsylvania we	b Portal Pro	vider En	rollment				Thursday	y September 26, 2024 11:4
pennsylva	nia							Prime
DEPARTMENT OF AGIN	G							THERAPEUTI
ectronic Remittance	e Advice	e (ER	A)					🕌 Close Wir
may complete the information in any Please note: You must save your inf	order, but you formation on ea	will not be ch tab. All	able to submit your application until all required fields must be completed on eac	required information is entered.				
mographics Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy Info	Verification	Submit	Back to Dashbo
91 :1234567890								Application Tracking
Electronic Remittance Advice (ERA) Enter or ea	dit the re	quired information.					
			indicates as wind field(s)					
Provider Information			Indicates required field(s)					
	Provider	r Name:	Corporate Pharmacy ** Changes to P	rovider Information in the "grayed out" fields m	ust be made in the De	mographics tab.		
		Street:	123 Main St.					
		City:	Harrisburg					
	State/Pr	ovince:	PA					
Provider Identifier	p Gode/Posta	ii Code:	- 17 112 -					
Provider Federal Tax Identifi	cation Numb	er(TIN):	123456789 ** Changes to the "grayed	out" Provider Federal Tax Identification Number	er (TIN): Employment	dentification Nur	nber (EIN): in	the Provider
Employment Identif	ication Numb	per(EIN)	Identifier segment must be	made in the Demographics tab.				
Other Identifiers	vider Identifi	er(NPI):	1234567890					
Does your pharmacy have a Cle	earinghouse i	number	Yes 🔿 No					
	(TPA nur	mber)?:	"TPA" refers to Third Party Administrato	r.				
Provider Contact Informati	on							
Provider Contact First Name (the provider office for ha	Name of a co andling ERA i	ntact in issues):	** Changes to the ERA Provider Contac	t Information affect only this tab. Changes to th	he Business/Corporate	Contact Name,	Phone Numbe	ər,
			etc. on the Demographics tab must be	made separately.				
Provider	Contact Last	t Name:						
	Telephone N	lumber:	> X 3999999999 x99999999					
	Email A	ddress:						
	Fax N	lumber:						
Electronic Remittance Adv Preference for Aggregation Provider Federal Tax Identifi	ice Informat of Remittai	tion nce Dat er(TIN):	a (e.g., Account Number Linkag 123456789	je to Provider Identifier)				
Employment Identif	ication Numb	per(EIN)						
National Pro	vider Identifi	er(NPI):	1234567890					
	method of Re	erreval:	FTP 835 O Finance Portal	 Third Party Vendor 				
Electronic Remittance Adv Clearinghouse Name	ICE Clearing	nouse l e of the	nformation					
provi	der's clearing	ghouse)						
Clearinghouse	Contact First	t Name:						
Clearinghouse	Contact Last	t Name:						
	Email A	ddress:						
			(format: user@domain.com)					
Submission Information								
Rea	son for Subm	nission:	New Enrollment O Change	Enrollment O Cancel Enrollment				
Printed Name of Person Su	bmitting Enro	ollment:						
Printed Title of Person Su	bmitting Enro	ollment:						
	Supmissio	on Date:	(mm/dd/yyyy)					
Domicated		o Dato -						
Requested	ERA Effective	e Date :	(mm/dd/yyyy)					
Requested Request	ERA Effective	e Date : cel Date	(mm/dd/yyyy)					

Figure 3.1.6.1.1 – Electronic Remittance Advice (ERA) Tab

Complete the following steps to enter information on the **Electronic Remittance Advice (ERA)** tab.

1. Click Yes or No in the Does your pharmacy have a Clearinghouse number (TPA number)? option. If Yes, go to *step 2*. If No, go to *step 3*.

- 2. In the **Trading Partner ID** (**TPA Number**) field, enter the TPA (third-party administrator) number. This is a 10-digit field.
- 3. Enter the first name of the person in the office who handles the ERA issues in the **Provider Contact First Name** field.
- 4. Enter the last name of the person in the office who handles the ERA issues in the **Provider Contact Last Name** field.
- 5. Enter the **Telephone Number**. Enter numbers only; hyphens, spaces, or other special characters are not allowed.
- 6. Select the Method of Retrieval from the radio button options.
- 7. Select the **Reason for Submission** from the radio button options.
- 8. Enter the **Printed Name of Person Submitting Enrollment**.
- 9. Enter the Printed Title of Person Submitting Enrollment.
- 10. Click **Save ERA Info** to save the information. Click **Cancel** to revert the screen to the values before the last Save.

3.1.7 Pharmacy Info Tab

The **Pharmacy Info** tab allows you to enter information about your pharmacy, such as store hours, if you offer delivery service or are open 24 hours for emergency services. Required fields on this tab are indicated by an orange dot (•).

3.1.7.1 Pharmacy Information

Complete the following step to add your pharmacy information.

1. Click Yes or No in the Open 24 hours? option.



2. Enter the hours your pharmacy is open. Click in the appropriate option to display the **Hour and Minute** options. Slide the bar on the **Hour and Minute** option to select the time you open and close for the selected day. The minutes adjust in 15-minute increments. When you are finished entering the time, click **Done**. The pop-up window

closes.

Q

Notes

Open Every Day From : 🧕	hh:mm am/pm	Open Every Day Until : hh:mm am/pm Not Applicable
Open Monday-Friday From : 🧕	Use Sliders to Select Hour and Minute	1 Monday-Friday Until : hh:mm am/pm Not Applicable
Open Saturday From : 🤗	Time 12:00 cm	Open Saturday Until : hh:mm am/pm ONot Applicable
Open Sunday From : 🧕	Hour	Open Sunday Until : hh:mm am/pm Not Applicable
Toll Free Number :	Minute	
Toll Free Hours From :	Now Done	Toll Free Hours Until : hh:mm am/pm

Figure 3.1.7.1.1 – Pharmacy Information, Sliders to Select Hour and Minute



DEPAR	RTMENT OF AGIN	G										THERAPEUT
armacy	Informatio	n										🕌 Close W
may complete th	e information in any	order, but you will not	be able to su	ıbmit your ap	plication until	all required infor	mation is enter	ed.				
Please note: Yo	u must save your inf	ormation on each tab. A	Il required fie	elds must be (completed on	each tab or popu	window before	e saving.				
mographics	Licenses / IDs	Owners Staff	Electron	ic Funds Tr	ansfer (EFT) Electronic	Remittance /	Advice (ERA)	Pharmacy Info	Verification	Submit	Back to Dashbo
1 :1234567890			1									
		dia da ante da contra da tar Car										
harmacy Inform	nation Enter or e	dit the required info	mation.									
			indicates	required field	(S)							
		Open 24 Hours 7	• 🔿 Yes	○ No								
	Ор	en Every Day From	•	hh	:mm am/pm	Open Ev	ery Day Until	:	hh:mm am/pm	Not Applicable	•	
	Open M	londay-Friday From	•	hh	:mm am/pm	Open Monday	-Friday Until	:	hh:mm am/pm	Not Applicable		
	0	pen Saturday From	•	hh	:mm am/pm	Open Sa	turday Until		hh:mm am/pm	Not Applicable		
		Open Sunday From	•	hh	:mm am/pm	Open	Sunday Until	:	hh:mm am/pm	Not Applicable		
		Toll Free Number	0000000	000								
	то	oll Free Hours From		hh	:mm am/pm	Toll Free	Hours Until	:	hh:mm am/pm			
	Offe	er Delivery Service?	• O Yes	O No								
Offer	Delivery Service to	o Dialysis Centers?	• Oves	O No								
	Offer 24 Hour E	mercency Service?	- Ou	0.0								
	oner 24 Hour E	mergency service:	 Ves 	∪ No								
	Colle	ect Calls Accepted?	○ Yes	○ No								
	Pric	e Matching Policy?	O Yes	○ No								
Do you partio	cipate in the follow	ving Medicare Part E Plan(s)?	•									
f you participa	ate in ALL Medicar	re Part D plans listed										
	b	elow, please check										
If you DO N Pa	rt D plans listed b	elow, please check										
lf you parti	cipate in SOME of	f the Medicare Part D	Silve	er Script Cho	ice Plan							
plans,	please check thos	se with whom you do participate	Well	Care Classi	Plan							
A	re you approved a	is a 340B Provider?	• O Yes	O No								
			Selecting;	Yes; only mea	ans you may s	ell 340B designal	ed drugs. Patie	nts receiving 340	B drugs may or may	not be cardholders	in any of the	
			programs	in which you	are enrolling y	our pharmacy.						

Figure 3.1.7.1.2 – Pharmacy Information Tab

- 3. Optionally, enter the toll-free phone number and available hours in the **Toll Free Number** and **Toll Free Hours From** and **Toll Free Hours Until** fields.
- 4. Click Yes or No in the Offer Delivery Service? option.
- 5. Click Yes or No in the Offer Deliver Service to Dialysis Centers? option.
- 6. Click Yes or No in the Offer 24 Hour Emergency Service? option.
- 7. Click Yes or No in the Collect Calls Accepted? option.
- 8. Click Yes or No in the Price Matching Policy? option.
- 9. Select all applicable check box(es) in the **Do you participate in the following Medicare Part D Plan(s)** section.
- 10. Click Yes or No in the Are you approved as a 340B provider? option.





Figure 3.1.7.1.3 – Pharmacy Info, Mail Order Questions

11. Click **Save General Info** to save the information. Click **Cancel** to revert the fields to the original values before the last save.

3.1.8 Verification Tab

The **Verification** tab allows you to upload documentation verifying banking information. Required fields on this tab are indicated by an orange dot (•).



Т

Complete the following steps to upload your banking supporting documentation.

1. Click Choose File.

Department of Aging									
erification									🕌 Close Wir
a may complete the Please note: Yo	e information in any u must save your inf	order, but you ormation on e	u will not b ach tab. Al	e able to submit your application until all Il required fields must be completed on eac	required information is entered. ch tab or popup window before saving.				
Demographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy Info	Verification	Submit	Back to Dashboa
PI :1234567890									Application Tracking
Verification Doc	uments Enter or o	edit the requ	uired info	rmation. baded to the Verification Tab.					
Verification Doci	uments Enter or o bided check or bank fication Docume	edit the requ letter will need ents	uired info	rmation. Deded to the Verification Tab. Indicates required field(s)					
Verification Doci	uments Enter or o	edit the requ letter will need ents	aired info	mation.					
Verification Doc	uments Enter or a	edit the requ letter will need ents	uired info	mation.					
Verification Doce	uments Enter or a	edit the requi	aired info	mation.					
Verification Door	uments Enter or or bank	edit the requ letter will need	aired info	mation.					
Verification Doce	uments Enter or or bank	edit the requ letter will need	aired info	Indicates required field(s) Choose File No file chosen					
Verification Doce	uments Enter or or bank	edit the requ	aired info	mation.					

Figure 3.1.8.1 – Verification Tab

- 2. Click Upload. Click Cancel to revert the fields to the original values before the last save.
- 3. Click on the **Submit** tab after all information has been added and saved.

3.1.9 Submit Tab

The **Submit** tab allows you to finish the application and submit it for review.

3.1.9.1 Declaration

Agreement forms for each program you selected display in the **Declaration** section of the window. Each form must be viewed and signed.

Complete the following steps to view and sign each form.

1. Click View And Acknowledge under the Action column.

commonwealth of	Pennsylvania Wel	b Portal Pr	ovider Er	nroliment				Thursday Sep	tember 26, 2024 12:35 P
PDA DEPAR	RTMENT OF AGING			Prime					
Submit En	rollment Ap	plicatio	on						🕌 Close Windo
ou may complete th	ne information in any	order, but you	ı will not b	e able to submit your application until all	required information is entered.				
OPlease note: Yes	ou must save your infi	ormation on e	ach tab. Al	I required fields must be completed on ea	ch tab or popup window before saving.				
Demographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Pharmacy Info	Verification	Submit	Back to Dashboard
NPI :1234567890									
Destaution 1.0				fat.					
Declaration	eview and acknowl	edge your at	ceptance	e of the agreements listed below.					
	A	ction			Item		Status		
	View And	Acknowledge	2	PA	ACE/PACENET	A	cknowledgmen	t Required	

Figure 3.1.9.1 – Declaration, View And Acknowledge Hyperlink

2. Click the scroll bar on the Adobe® reader window to scroll down to locate the acknowledgement fields.



Wind Acknowledge Agreement aease review the following agreement. After reviewing, you are required to enter the authorized agent's first and last name along with their life to indicate their acceptance of these continues and provisions the encoliment application. If they do not accept these containes and provisions the encoliment application by the processed.			
ease rever we to following agreement. After reviewing, you are required to enter the authorized agent's first and last name along with their title to indicate their acceptance of these control into the enrolment application will not be processed.		Igreement	ew / Acknowledge Agreement
Vol will need Adobe Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe Reader. Image: Click the button to the left to download a free copy of Adobe	ditions and provisions associat	ing agreement. After reviewing, you are required to enter the authorized agent's first and last name along with their title to indicate their acceptance of these conditions and ication. If they do not accept these conditions and provisions the enrollment application will not be processed.	ease review the following agreement. After th the enrollment application. If they do n
Model Asittane No Image: Control of the control		dobe Reader to view any printable PDF document(s). to the left to download a free copy of Adobe Reader.	You will need Adobe Reader to viet Click the button to the left to down
	7 9 :	te 1 / 3 − 150% + E Ø	
C PENNSYLVANIA PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY AND THE PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT THE MINING PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY AND MINING PHARMACEUTICAL ASSISTANCE CONTRACTOR FOR THE ELDERLY ADD MINING PHARMACEUTICAL ASSISTANCE CONTRACTOR FOR THE ADD MINING PHARMACEUTICAL		National Provider Identifier No.: N.C.P.D.P. No.: PROVIDER AGREEMENT FOR	
 PROVIDER RESPONSIBILITIES I. PROVIDER RESPONSIBILITIES A. The Provider agrees to participate in the PACE and PACENET Programs and in the course of such participation to comply with all reit of permission and policies of the Pogram generally and specifically governing participation in the ourse of such participations, rates and fees promulgated under such haves and any amendments there to the Program generally and specifically governing participation in the ourse of such partin the ourse of such	c and the m°) and conditions ading to be	PENNSYLVANIA PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY AND THE PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT TIER This Agreement made by and between the Pennsylvania Department of Aging, Pharmaceutical Assistance Contract for the Elderly (hereinafter "PACE"), and the Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier (hereinafter "PACE") or its Authorized Agent (hereinafter the "Program") and 	2
Indicates required field(s) Authorized Agent's First Name : Authorized Agent's Last Name :	ral and be PACE schedules ent with 7E ider that: vider	PROVIDER RESPONSIBILITIES A. The Provider agrees to participate in the PACE and PACENET Programs and in the course of such participation to comply with all Federal and Pennsylvania laws and current and full reregulations and policies of the Program generally and specifically governing participation in the PACE and PACENET Programs. The Provider agrees to be knowledgeable of and to comply with applicable rules, regulations, nates and fees schedules promulgated under such laws and any amendments theretor. The Provider agrees to be knowledgeable of and to comply with applicable rules, regulations, nates and fees schedules promulgated under such laws and any amendments theretor. The Provider agrees to be knowledgeable of any of the Agreement is inconsistent with existing State or Federal statutory or regulatory authority, the statute or regulation, whichever is consistent with current authorizing PACE legislation, shall govern. B. The submission by or on behalf of the Provider for any claim for payment under these Programs shall constitute certification by the PACE/PACENET Provider Merce 1. Networked by the PACE PACENET Provider Merce 1. Networked by the PACE/PACENET Provider Merce 1. Networked by the PACE PACENET Provider Merce 1. Networked PACENET Provider Merce 1. Networked PACENET Provider Me	3
Authorized Agent's First Name : • Authorized Agent's Last Name : •		indicates required field(s)	
Autorized Agent's East Name : -		uthorized Agent's First Name : *	Authorized Agent's
Authorized Agent's Title : •		Authorized Agent's Title : •	Authorized Agent s
Date : Thursday September 26, 2024 12:38 PM		Date : Thursday September 26, 2024 12:38 PM	
Save Changes Cancel Do Not Save		Save Changes Cancel Do Not Save	



T

- 3. Enter authorized agent's first and last names in the **Authorized Agent's First Name** and **Authorized Agent's Last Name** fields.
- 4. Enter the authorized agent's title in the **Authorized Agent's Title** field. The current date and time appear on the acknowledgement form.
- 5. Click **Save Changes**. Click **Cancel Do Not Save** to close out of the agreement without signing it.



- 6. Repeat these steps for every agreement form.
- 7. Once you have acknowledged all agreements, the **Submit Enrollment Application** button appears along with fields to sign the preparer's name.

Commonwealth o	f Pennsylvania We	b Portal Pr	ovider Ei	nrollment					Thursday Se	ptember 26, 2024 12:40 PM
PDA pe	NNSYLVAI	nia ⁵							5	Prime
Submit En	rollment Ap	plicatio	on							🚑 Close Window
You may complete t	ne information in any	order, but you	u will not b	e able to submit your application	until all required inform	ation is entered.				
1 Please note: Y	ou must save your inf	ormation on e	ach tab. A	I required fields must be complete	d on each tab or popup	window before saving.				
Demographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EFT) Electronic F	Remittance Advice (ERA)	Pharmacy Info	Verification	Submit	Back to Dashboard
NPI :1234567890										1
Declaration	eview and acknowl	edge vour a	ccentance	of the agreements listed held	2147					
Declaration	eview and acknown	euge your a	cceptono	or the agreements listed beit						
		Action				Item			Status	
	Vi	ew And Ackn	owledge			PACE/PACENET			Acknowledg	led
By entering n Commonwea	ny name below, I ce Ith of Pennsylvania,	rtify that the i Department	nformatio of Aging	n entered is true and correct an or its Authorized Agent. • indicates required field(s)	d any false or mislead	ling information shall be cau	ise for canceling the	agreement betw	ween the provid	er and the
		Preparer's	First Nan	ie : •						
		Preparer's	Last Nan	ie : •						
		Prep	arer's Tit	le : •						
			Da	te: Thursday September 26	6, 2024 12:40 PM					
			iraining	r: OYes ONO						
				Select 'Yes' if you would like	to be contacted about t	raining.				
				Submit Enrollmer	nt Application					

Figure 3.1.9.3 – Submit Enrollment Application Button

- 8. Enter the preparer's first and last names in the **Preparer's First Name** and **Preparer's** Last Name fields
- 9. Enter the preparer's title in the **Preparer's Title** field.
- 10. Click **Yes** or **No** in the **Training?** option.

11. Click **Submit Enrollment Application**. The **Confirm Submission** window appears. Click Submit to submit your application for review. Click **Cancel & do not Submit** if you do not wish to submit your application at this time. You are taken back to the **Submit** tab.

(Confirm Submission	×
1	You have chosen to submit your application for review. Once submitted, no further changes may be made until the Provider Services unit has made a determination on your application. Confirm your desire to submyour application by clicking the Submit button below, or click Cancel to return to the application.	nit
	Submit Cancel & do not Submit	

Figure 3.1.9.4 – Confirm Submission Window

12. If there are no errors, the *application successfully submitted* message appears.

ommonwealth of	Pennsylvania We	b Portal Pr	ovider E	nrollment				Thursday September 26, 2024 01:07 PM
PDA DEPAR	RTMENT OF AGIN	nia ^G						
Submit Eni	rollment Ap	oplicatio	on					🚚 Close Window
ou may complete th	e information in any ust save your information	order, but yo ation on each	u will not b tab. All re	e able to submit your application unt quired fields must be completed on e	il all required information is entered. ach tab or pop-up window before saving.			
Demographics	Licenses / IDs	Owners	Staff	Electronic Funds Transfer (EF	T) Electronic Remittance Advice (ERA)	Pharmacy Info	Submit	
NPI :1234567890								
Declaration Re	eview and acknowl	edge your a Action	cceptance	e of the agreements listed below.	Item			Status
	<u>Vi</u>	ew And Ackn	owledge		PACE/PACENET			Acknowledged
		Action			Item			Status
Your applic containing these mess After a det Click the C	cation was success electronic copies o sages. ermination is made Close button below a	fully submitte f your enrolle , you will rec and you will	ed. An em ment appl eive notifi return to t	all was sent to the email address p ication and agreement(s) for your r cation via email as well as U.S. m he Enrollment start page where yo	rovided containing your application tracking n ecords. Please add the email address PaceP all from Provider Services. u can begin another enrollment application or	umber. Within the r S@primetherapeuti exit to the portal lar	next 24 hours ics.com to yo nding page.	, you will also receive an email ur address book to ensure delivery of
					Close			

Figure 3.1.9.5 – Successful Message

13. 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 contains the errors. See the example below.

Т

Commonwealth of Pennsylvania Web Portal Provider En	oliment	Thursday September 26, 2024 12:44 PM
PDA pennsylvania Department of AGING		
Licenses / IDs		🕌 Close Window
You may complete the information in any order, but you will not be	able to submit your application until all required information is entered.	
1 Please note: You must save your information on each tab. All	equired fields must be completed on each tab or popup window before saving.	
C ERROR:Enter required information.		
Demographics Licenses / IDs Owners Staff	Electronic Funds Transfer (EFT) Electronic Remittance Advice (ERA) Pharmacy Info Verification	Submit Back to Dashboard
NPI :1234567890		
Licenses / ID Information Enter or edit the required info	rmation.	Hide 🔂
	indicates required field(s)	
State License Number	PP012C Your Pharmacy Permit Number.	
(From) Effective Date	(mm/dd/yyyy)	
(To) Effective Date) (mm/dd/yyyy)	
Medical Assistance Status	C Enrolled O Terminated/Suspended O Withdrawn O Not Enrolled	
Medical Assistance Number :		
	(Do not include dashes.) Medical Assistance Number is required for enrollment in the SPBP program.	
DEA Number		
NCPDP Number :		
Corporate NPI :	1720255979	
	Only a Corporate NPI, identifying a chain or corporation should be entered in this field.	
No di sero Numbero	The NPI would be different from the individual site that is being entered.	
Medicare Number :		
	Save License //D Info	
	STUTION (OFORTA HOLDA III URA AUGUNI IO ORGINAI FAIGURA URIONO 4331 GRVD)	
L		

Figure 3.1.9.6 – Enrollment Error message example

14. An email is sent to the address provided containing the application tracking number. You also receive an email within 24 hours containing electronic copies of your enrollment application and agreement(s).



PACE/PACENET APPLICATION ID	
PacePS@primetherapeutics.com	$\textcircled{$\bigcirc$} \bigcirc Reply & \textcircled{\land} Reply All & \rightarrow Forward & \textcircled{\Downarrow} & \cdots$
To [●] Firstname Lastname Retention Policy PRIME - Delete "Inbox" items > 180 days (6 months) Expires	Thu 9/26/2024 1:47 PM
PACEPACENET.pdf 75 KB	
Start your reply all with: Thank you for your confirmation. Thank you. I look forward to hearing	ig from you. Here is the information. (i) Feedback
Dear Provider:	
Thank you for submitting your application to enroll as a provider through the De received and is now being processed. You will be notified within three (3) busin	epartment of Aging's web portal. Your application was less days of the status of your enrollment.
You may contact the Help Desk at 1-800-835-4080 if you have any questions.	
Sincerely,	
Provider Enrollment	



PACE/PACENET APPLICATION ID	
PacePS@primetherapeutics.com	$ \bigcirc \qquad \bigcirc \qquad Reply \qquad \overset{(\wedge)}{\frown} \qquad Reply All \qquad \rightarrow Forward \qquad \boxed{1} \qquad \cdots $
To [©] Firstname Lastname	Thu 9/26/2024 1:47 PM
Retention Policy PRIME - Delete "Inbox" items > 180 days (6 months)	Expires 3/25/2025
Enrollment.pdf 152 KB	
Start your reply all with: Thank you for your confirmation. Thank you. I look for	rward to hearing from you. Here is the information. (i) Feedback
Dear Provider:	
Thank you for submitting your application to enroll as a provider thr received and is now being processed. You will be notified within thr	ough the Department of Aging's web portal. Your application was 'ee (3) business days of the status of your enrollment.
You may contact the Help Desk at 1-800-835-4080 if you have any o	questions.
Sincerely,	
Provider Enrollment	

Figure 3.1.9.1.8 – Email confirmation with enrollment attached

- 15. Click Return to Dashboard to return to the Provider Enrollment Dashboard window.
- 16. Click **Close Window** to return to the **Commonwealth of Pennsylvania Web Portal Home** window.

3.2 Adding a New Program

Complete the following steps to add a new program to an existing pharmacy provider and wish to enroll in additional programs.

1. From the **Commonwealth of Pennsylvania Web Portal Home** window, click **Launch** next to **Provider Enrollment** in the **Services and Applications** box.

commonwealth of Pennsylvania Web Portal	Thursday Septem	ber 26, 2024 03:20 PM name@domain.co
pennsylvania Department of Aging		
Home Cardholders Pharmacists Prescribers MMAP	🏶 Links 💻 UA	د 🎰 Site Map 🖂 Contact Us 👸 Logo
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	Working	on behalf of
PACE/PACENET PBA Web Portal		Name: GIANT EAGLE. INC
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (for the Pharmacy Benefits Administration (PBA) Web Portal	PACENET) and Ancillary Programs	NPI: 1720255979
Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.		ou registered as a Corporate user, you
This web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that its ancillary programs require.	the Pennsylvania Department of Aging (PDA) and with	uld not register for individual provider NPIs same User ID. If you need access to other
Key features of the portal include:	Port	ared services (such as Web ME, Finance tal, etc.) on behalf of a Provider in addition
Secure web access to the portal for approved users;	to P you regi	rovider Enrollment, it is recommended that have a second User ID for that access and ster for those individual Provider NPIs with
Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, P	ACECares website; and Cen	user ID. Contact the Web Support Call ter if you need assistance or have stions = (800) 241,8726
 Access to web-based applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Looku Medical Exception (ME) Submissions. 	p, Web Claims Submission, Finance Portal, and	
Access for Enrolled Providers to update information on their file through "Provider Information Management".	Services	and Applications Hide 📊
	Drug Cov	/erage Lookup 📃 Launch
Access for Corporate Enrolled Providers to enroll a new Provider NPI.	Find a Ph	iysician 🛄 Launch
Access for Corporate Enrolled Providers to update multiple sites with common information through "Global PIM".	Find a Ph	armacy
	Opioid Ca	alculator 🔲 Launch
	Provider	Enrollment Durch
Cardholder Search	Hide de Provider	Information Management 📃 Launch
Search For: Vew Patient(s)	Global PI	M 🛄 Launch
Cardholder Last Name 🔸		
Cardholder ID •		
Cardholder Date of Birth		
SEARCH		

Figure 3.2.1 – Commonwealth of Pennsylvania Web Portal Home window

2. The **Provider Enrollment Dashboard** window appears.

nmonwealth of Po	ennsylvania Web Portal Provid	er Enrollment					Friday September 27, 2024 08:19 Al
DA pen	NSYLVANIA MENT OF AGING						
ovider En	rollment Dashboard	d					🕌 Close Window
ect an enrollment ap	plication to view or update below, or	r click the Add New button to add a new e	nrollment application for a ne	w provider or program.			
ashhaard							
ashboard							
Search Enter an	NPI to search for a provider.						
		indicates required field(s)					
	,	NPI: • 1234567890					
		Search Clear Search					
Applications Vie	w or update existing applications	a.					
Add New Application	-						
0							
NOTE : If you	have submitted an application that is	pending a determination (or, you have sele	ected an NPI for a Global Edit), you will not be able to sub	mit a new application until a determination has	been made.	
Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status
2	In State	[PACE/PACENET]	1234567890	123456789	Corporate Pharmacy	Sep 26, 2024	Approval Authorized
Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status

Figure 3.2.2 – Provider Enrollment Dashboard window

3. Click Add New Application. The Practice Type, Enrollment Type & Program(s) window appears.

	Practice Type, Enrollment Type & Program(s)
	Practice Type, Enrollment Type and Program(s) selected determine the information required to complete your enrollment application. These selections cannot be char application has been saved. For a description of the Practice Types, Enrollment Types and Programs, click the help icon () next to the appropriate field.
	To get started, enter the Providers NPI.
	•
	indicates required field(s)
	NPI : ≫ 1234567890
	Continue Cancel Enrollment
4	

Figure 3.2.3 – Practice Type, Enrollment Type & Program(s) window

- 4. Enter the **NPI**.
- 5. Click **Continue**. The **Practice Type**, **Enrollment Type & Program(s)** window appears. Only those programs still available to enroll in are displayed.

Commonwealth of Pennsylvania Web Portal Provider Enrollment	Friday September 27, 2024 08:24 AM
DEPARTMENT OF AGING	Prime THERAPEUTICS
Practice Type, Enrollment Type & Program(s)	
Practice Type, Enrollment Type and Program(s) selected determine the information required to complete your enrollment application. These selections cannot be changed once your application has been saved. For a desc and Programs, click the help icon (•) next to the appropriate field.	ription of the Practice Types, Enrollment Types
Indicates required field(s)	
Practice Type : Pharmacy (Chain - 4 or more	
e Enrollment Type : In State	
Program(s): Chronic Renal Disease Program (CRDP) Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bilida (SB) Special Pharmaceutical Benefits Program 2 (Mental Health) Pennsylvania Patient Assistance Program (PA PAP) Special Pharmaceutical Benefits Program 1 (ADAP)	
Medical Assistance Number : Medical Assistance Number is required for enrollment in the SPBP program.	
Continue Cancel Enroltment	

Figure 3.2.4 – Practice Type, Enrollment Type & Program(s) window

6. Follow the steps for enrollment above to add one or more additional programs.



4.0 Provider Information Management

Corporate users can access Provider Information Management to view all providers registered under the corporate NPI. **Corporations without a Corporate NPI will not be able to use this feature.** The Corporate Provider Enrollment Management Dashboard displays the enrollment applications you have submitted. From this window, you can edit and resubmit provider information that has been returned for information from Provider Services; you can view applications that have been approved, to perform ongoing maintenance and add an enrollment.

Complete the following steps to access Provider Information Management.

1. Click Launch next to Provider Information Management in the Services and Applications box on the Commonwealth of Pennsylvania Web Portal Home window. Refer to Figure 2.1.4. The Corporate Provider Information Management Dashboard window appears.

Commonwealth of Pen	nsylvania Web Portal Provider Enr	oliment				Friday September 27, 2024 08:33.
PDA penn DEPARTME	Sylvania					
Corporate Pro	ovider Information Ma	anagement Dashboard				🏠 Portal Ho
Select a Provider below to	view or update their information.					
Dashboard						
Corporate NPI :1113335	556					
Search Enter an Ni	PI to search for a provider.					
	• NPI: •	indicates required field(s)				
		Search Clear Search>				
Applications View	or update existing applications.					
Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Status
2	In State	[PACE/PACENET]	1234567890	123456789	Corporate Pharmacy	Approval Authorized
Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Status

Figure 4.0.1 – Corporate Provider Information Management Dashboard window

2. All pharmacies attached to the corporate NPI will appear in the **Applications** section of the window. To search for a particular provider, enter the pharmacy **NPI** and click **Search**. The **Dashboard** will refresh and only list that provider.



•	Any changes made to contact information (adding new
	contacts, deleting existing contacts, or changing contact
	information) will require review and approval by Provider
	Services.

- To return to the Corporate Provider Information Management Dashboard, click the Back to Dashboard tab.
- To return to the **Commonwealth of Pennsylvania Web Portal Home** window, click the **Portal Home** hyperlink.

mmonwealth o	of Pennsylvania Web Portal F	Provider Information Managemer	t						Friday September 27, 2024 08:4
DA DEPA	ARTMENT OF AGING	PLEASE data. It is PACE but Program	NOTE: The information cap critical that you update you failing to provide the same ploads periodic file update	ptured and maintained or rofficial NCPDP record is Information to NCPDP of is from NCPDP.	n the Provie with any up could result	der Information Man odates that apply to y t in your file being up	agement screens your NCPDP profil odated with dated,	is not linked to your NCPDP fill e. Updating your information w incorrect information when the	
emograp	ohics								🔝 Portal H
ny information is	s incorrect, please update it by clic	king the Edit link below. Some updat	es may require you to resu	Ibmit to Provider Service	s for reviev	v and approval.			
Please note: \	You must save your information on	each tab. All required fields must be o	ompleted on each tab or po	pup window before savin	ıg.				
REVIEW REQ	UIRED: You have made changes	to your profile that require review	and approval by Provider	Services. If you are finit	shed upda	ting, please submit	your changes for	review.	
			1						Back To Dashboar
emographics	Licenses / IDs Owners	Staff Electronic Funds Tr	ansfer (EFT) Electron	nic Remittance Advice	e (ERA)	Pharmacy Info	Verification	Submit	
PI :123456789	90								
Company Linform	and and the Product								
Seneral Inform	hadon // Eult								
	Enro Program(s) / Eff	ective Dates : PACE/PACENE NPI : 0000000013	F 09/26/2024 - 01/01/3000	0					
		indicates required field	ld(s)						
		indicates review re	quired field(s)						
Provide	er Federal Tax Identification N Employment Identification Nu	mber (EIN) • 123450769							
		Co Email : • name@domain.com	porate Pharmacy						
		Name . Corporate Pharma	х						
		(Enter the name as it	appears on the pharmacy li	icense.)					
idresses Enti	er or edit the address information	tion.							
Add New Contact	Help on Contact/Address	Types							
NOTE : At a	minimum, you are required to add	contact information for your Busines	s/Corporate Address, Serv	vice Address, and Softw	vare Vendo	r.For independent pr	oviders, the busine	ess/corporate and service addre	ess may be the same. All mailings will be sent to the
	sporate address:								
Any change	es to contact information (add ne	ew contact, delete existing contact,	change existing contact in	nfo) will require review	and appro-	val by Provider Serv	vices.		
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
0 ×	Business/Corporate	Firstname Lastname	123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	barbara.silsley@primetherapeutics.com
0 ×	Service		123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	barbara.silsley@primetherapeutics.com
0 X	Software Vendor	Software Vendor	555 First Ave.	Harrisburg	PA	17109 -	1231231234		email@domain.com
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

Figure 4.0.2 – Provider Information Management, Demographics Tab

5.0 Global PIM

Corporate users can access Global PIM to update multiple providers/sites with common information that applies to them as a whole. Corporations without a Corporate NPI will not be able to use this feature.

To access and utilize the Global PIM application, please use the following steps:

1. Click Launch next to Global PIM in the Services and Applications box on the Commonwealth of Pennsylvania Web Portal Home window. The Global Edit Dashboard window appears.

Decknice with the database Program (S) Program (S) in State Program (S) Program (S) Program (S) Program (S) Program	A	pennsy	lvania				P	Prim
	-	EPARTMENT O	FAGING				TF	IERAPEU
Before the special base to detail all providers Interpreter to a providers base to be base to detail all providers Interpreter to all all all all all all all all all al	bal B	Edit Dash	board					🏠 Porta
Sector Insurance	k at least	2 providers below	for Global Edits, or check the SelectAll box to edit all providers.					
	shboard							
Period of the Web and the Web								
No where made changes to the MPS: checked below that inguare nerview and appoindly phrowder Services. Seecel: "Bigin Edd" is nerveligionnane com The email address will be used to communicient information adout 16 status of your Global Edd application. Secret. Email: * Immedigionnane com The email address will be used to communicient information adout 16 status of your Global Edd application. Secret. Email: * Immedigionnane com The email address will be used to communicient information adout 16 status of your Global Edd application. Secret. Email: * Immedigionnane com The email address will be used to communicient information adout 16 status of your Global Edd application. Nerve Provider Name Dele Substitution Status Secret. Email: * Immedigionnane com The email address will be used to communicient information adout 16 status of your Global Edd application. Nerve Provider Name Dele Substitution Status Secret. Email: * Immedigionnane com The email address will be used to communicient information adout 16 status of your Global Edd application. Nerve Nerve Nerve Dele Substitution Status Provider Name Dele Substitution Status Provider Name Dele Substitution Status Provider Name Dele Substitution Status Provider Name Dele Substitution	pplicatio	ns Choose exis	ting applications for Global Edits.					
Email: *	You hav	ve made changes	o the NPIs checked below that require review and approval by Provider Services. Select "Begin Edit" to review and save owners and enter any remaining information below	fore submitting the	e edits for revie	w.		
Taining gabatation The enhal address will be used to communicate Hidenakon adout the status of your Oldoid Edit application. Banch Search Exter an MPI to search for a provider. Image data address will be used to communicate Hidenakon adout the status of your Oldoid Edit application. Search Exter an MPI to search for a provider. Image data address will be used to communicate Hidenakon adout the status of your Oldoid Edit application. Search Exter an MPI to search for a provider. Image data address will be used to communicate Hidenakon adout the status of your Oldoid Edit application. Search Exter an MPI to search for a provider. Image data address will be used to communicate Hidenakon adout the status of your Oldoid Edit application. Search Exter an MPI to search for a provider. Search Exter an MPI to search for a provider. Search Exter an MPI to search for a provider. Search Exter an MPI to search for a provider. Search Exter an MPI to search for a provider. Search Exter an MPI to search for a provider. Search Exter an MPI to search for a provider. Search Exter an MPI to search for a provider.			Ensil: 0 esert didentic see					
Begen Gicket Eil Begen Gicket Eil Begen Gick			This email address will be used to communicate information about the status of your Global Edit application.					
Search Enter an NPII to search for a provider. Search Enter an NPII to search for a provider. NPI :								
Search Enter an NPI to search for a provider. Search Enter an NPI to search for a provider. NPI	Begin Glo	bal Edit 🛉						
Search [Exter an NPI to search for a provider. INPI :								
Search [Enter an NPI to search for a provider. NPI :								
NPI : (The NPI Number will be highlighted in the results-if found.) Sector NPI : Tax D Pooler Name Data Submitted Sector 6 In State 100000001 00000001 00000001 00000001 Corporate Submitted Approval Authorized 1 In State 100000001 00000001 00000001 00000001 Mode Palamescubic Benefits Continuants Palamescubic Benefits Program ((ADAP)) 00000001 00000001 Void Mala 3.022 Manasegies 1 In State (PACE/PACENET, Chronic Renal Disease Program (CRDP), Oytic E Forosis (CP), Magle Sympu Intro Disease (MSUD), Phenylketonuria (RKD, Sprina Bifdida (SB), Special Pharmaceubic Benefits Continuants Palamescubic Benefits Program (MAPAP), Special Pharmaceubic Benefits Program (MAPAPAP), Special Pharmaceubic Benefits Program (MAPAP) <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
MPI : (The MPI Number will be fightighted in the results-# found.) Select Instate Provider Name Date Submitted Select Instate Provider Name Date Submitted Select Select In State Provider Name Select Select Select Provider Name Select Select Select In State Provider Name Select	Search	Enter an NPI to	search for a provider.					
Select Instate Instate Instate Instate Instate InProgram (CRDP), Cystic Farosis (CF), Magle Synup Unine Disease (MSUD), Phenylketonuria (PKU), Spina South State In Program (CRDP), Cystic Farosis (CF), Magle Synup Unine Disease (MSUD), Phenylketonuria (PKU), Spina South State Add 3, 2024 Unassigne In State IPACE/PACENET Chronic Rena	Search	Enter an NPI to	search for a provider.					
State In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fkroiss (CP), Magle Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spria Bildida (SB), Special Pharmaceutical Benefits Program 2 (Mertal Heath), Pennsylvania Patent Assistance Program (PA PAP), Special Pharmaceutical Benefits Program 1 (MADP)] In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fkroiss (CP), Magle Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spria Bildida (SB), Special Pharmaceutical Benefits Program 2 (Mertal Heath), Pennsylvania Patent Assistance Program (PA PAP), Special Pharmaceutical Benefits Program 1 (MADP)] In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fkroiss (CP), Magle Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spria Bildida (SB), Special Pharmaceutical Benefits Program 2 (Mertal Heath), Pennsylvania Patent Assistance Program (PA PAP), Special Pharmaceutical Benefits Program 1 (MADP)] In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fkroiss (CP), Magle Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spria Bildida (SB), Special Pharmaceutical Benefits Program 2 (Mertal Heath), Pennsylvania Patent Assistance Program (PA PAP), Special Pharmaceutical Benefits Program 1 (MADP)] In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fkroiss (CP), Magle Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spria Bildida (SB), Special Pharmaceutical Benefits Program 2 (Mertal Heath), Pennsylvania Patent Assistance Program (PA PAP), Special Pharmaceutical Benefits Program 1 (MADP)] In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fkroiss (CP), Magle Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spria Bildida (SB), Special Pharmaceutical Benefits Program 1 (MADP)] I	Search	Enter an NPI to	search for a provider. (The NPI Number will be highlighted in the results-if found.)					
Belect Involment Provider Reme Date for Edit Type Provider Reme Output Status in State In State [PACE/PACENET] 000000013 000000014 Output Provider Reme Approval in State In State [PACE/PACENET] 000000014 000000015 000000015 000000015 Output In Progress in State [PACE/PACENET] 000000014 000000015 000000015 000000015 Output In Progress in State [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Florosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spriaa In Progress Jul 3, 2024 Unassigner In State [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Florosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spriaa In Progress Jul 3, 2024 Unassigner In State [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Florosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spriaa In Progress Jul 3, 2024 Unassigner In State [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Florosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (P	Search	Enter an NPI to	search for a provider. NPI :(The NPI Number will be highlighted in the results-if found.)					
Stede: Instate Instate Corporate Phase Stepse Stepse Phase Provide Figure Phase Stepse Stepse Phase Stepse Phase Step	Search	Enter an NPI to	search for a provider. NPI:(The NPI Number will be highlighted in the results-if found.) Search () Clear Search					
In State In State 00000013 0000013 0000013 0000013 0000013 0000013 0000013 000013 000013 000013 000013 000013 000013 000013 000013 000013 000013 0	Search	Enter an NPI to	search for a provider. NPI: (The NPI Number will be highlighted in the results-if found.) Search :					
In State In Conception 00000001 00000001 00000001 Mail Order: Pharmacy In Progress In State In State (PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Synup Unne Disease (MSUD), Phenylketonuria (PKU), Spina Bildid (SB), Special Pharmaceutical Benefits Frogram (Lettar), Fensing Vension Paterna, Special Pharmaceutical Benefits Program (Lettar), Fensing Vension Paterna, Special Pharmaceutical Benefits Program (Lettar), Pensing Vension Paterna, Spical Pharmaceutical Benefits Program (Lettar), Pensing Vensing Assistance Program (PAPAP), Spical Pharmaceutical Benefits Pro	Select for Edit	Enter an NPI to Enrollment Type	search for a provider. NPI :	NPI	Tax ID	Provider Name	Date Submitted	Status
In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Magle Syrup Urine Disease (MSUD), Phenyiketonuria (PKU), Spina Bifda (SB), Special Pharmaceutical Benefits Program 2 (Metral Health), Pennsylvania Patent Assistance Program (PA PAP), Workers' Compensational Security Fund (WCSF), Automotive Catastrophic Loss Benefits Continuation Fund (AutoCAT), Special Pharmaceutical Benefits Program 2 (Metral Health), Pennsylvania Patent Assistance Program (PA PAP), Workers' Compensational Security Fund (WCSF), Automotive Catastrophic Loss Benefits Continuation Fund (AutoCAT), Special Pharmaceutical Benefits Program 1 (ADAP)] Mail 3, 2024 Unassigne In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Magle Syrup Urine Disease (MSUD), Phenyiketonuria (PKU), Spina Bifda (SB), Special Pharmaceutical Benefits Program 1 (ADAP)] Approval Approval In State (PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Magle Syrup Urine Disease (MSUD), Phenyiketonuria (PKU), Spina Bifda (SB), Special Pharmaceutical Benefits Program 1 (ADAP)] Moil Automotive Automotive Automotive Automotive Benefits Program 1 (ADAP)] Approval Automotive Automotive Automotive Automotive Automotive Automotive Benefits Program 1 (ADAP)] Nov 1, 2018 Approval Automotive Automotive Automotive Benefits Program 1 (ADAP)] Approval Automotive Automotive Benefits Program 1 (ADAP)] Phenyiketonuria (PKU), Spina Bifda (SB), Special Pharmaceutical Benefits Program 1 (ADAP)] Special Pharmaceutical Benefits Program 1 (ADAP)] Approval Automotive Automotive Benefits Program 1 (ADAP)] Phenyiketonuria (PKU), Spina Bifda (SB), Special Pharmaceutical Benefits Program	Select for Edit	Enter an NPI to Enrollment Type In State	search for a provider.	NPI 000000013	Tax ID 000000013	Provider Name Corporate Pharmacy	Date Submitted Sep 26, 2024	Status Approval Authorized
In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Oyatic Ekrosis (CF), Maple Syrup Unime Disease (MSUD), Phenylketonuria (PKU), Spina Jul 3, 2024 Unassigne In State Bifda (SB), Special Pharmaceutical Benefits Continuation Fund (AutoCAT), Roginar (PAPAP), Workers' Compensation Security Fund (WCSF), Automotive Catastrophic Loss Benefits Continuation Fund (AutoCAT), Roginar (PAPAP), Workers' Compensation Approval In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Oyatic Ekrosis (CF), Magle Syrup Unine Disease (MSUD), Phenylketonuria (PKU), Spina Approval In State IPACE/PACENET, Chronic Renal Disease Program (CADP), Oyatic Ekrosis (CF), Magle Syrup Unine Disease (MSUD), Phenylketonuria (PKU), Spina Automotee In State IPACE/PACENET, Chronic Renal Disease Program (CADP), Oyatic Ekrosis (CF), Magle Syrup Unine Disease (MSUD), Phenylketonuria (PKU), Spina Nov 1, 2018 Approval Bifda (SB), Special Pharmaceutical Benefits Program 2 (Mental Heath), Premylymaina Patent Assistance Program (PA PAP), Special Pharmaceutical Nov 1, 2018 Approval Bifda (SB), Special Pharmaceutical Benefits Program 2 (Mental Heath), Premylymaina Patent Assistance Program (PA PAP), Special Pharmaceutical Nov 1, 2018 Approval Bifda (SB), Special Pharmaceutical Benefits Program 2 (Mental Heath), Premylymain Patent Assistance Program (PA PAP), Special Pharmaceutical Security Patent Assistance Program (PA PAP), Special Pharmaceutical Approval<	Select for Edit	Enter an NPI to Enrollment Type In State In State	search for a provider. NPI : (The NPI Number will be highlighted in the results-if found.) Search (Clear Search Program(s) [PACE/PACENET] [PACE/PACENET]	NPI 0000000013 0000000014	Tax ID 000000013 000000014	Provider Name Corporate Pharmacy Mail Order Pharmacy	Date Submitted Sep 28, 2024	Status Approval Authorized In Progres
In State [PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Approval Bifda (SB), Special Pharmaceutical Benefits Program (CADP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Nov 1, 2018 Approval In State IPACE/PACENET, Chronic Renal Disease Program (CADP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Nov 1, 2018 Approval In State IPACE/PACENET, Chronic Renal Disease Program (CADP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Nov 1, 2018 Approval In State IPACE/PACENET, Chronic Renal Disease Program (CADP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Nov 1, 2018 Approval In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Feb 9, 2023 Approval In State IPACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Feb 9, 2023 Approval	Select for Edit	Enter an NPI to Enrollment Type In State In State In State In State	search for a provider.	NPI 0000000013 000000014 000000015	Tax ID 00000013 00000014 00000015	Provider Name Corporate Pharmacy Mail Order Pharmacy	Date Submitted Sep 26, 2024	Status Approval Authorizec In Progress
In State IPACE/PACENET, Chronic Rehal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifda (SB), Special Pharmaceutical Benefits Program 2 (Mental Health), Pennsylvania Patent Assistance Program (PA PAP), Special Pharmaceutical Benefits Program 1 (ADAP)] Nov 1, 2018 Approval Authorized In State IPACE/PACENET, Chronic Rehal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifda (SB) Feb 9, 2023 Approval Authorized	Select for Edit	Enter an NPI to Enrollment Type In State In State In State	search for a provider.	NP1 000000013 000000014 000000015	Tax ID 000000013 000000014 000000015	Provider Name Corporate Pharmacy Mail Order Pharmacy	Date Submitted Sep 28, 2024	Status Approval Authorized In Progres Unassigne
In State (PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Brifda (SB))	Select for Edit	Enter an NPI to Enrollment Type In State In State In State In State	search for a provider.	NP1 000000013 000000014 000000015	Tax 1D 00000013 00000014 000000015	Provider Name Corporate Pharmacy Mail Order Pharmacy	Date Submitted Sep 28, 2024	Status Approval Authorizee In Progres Unassigne Approval Authorizee
	Select Gr Edit	Enter an NPI to Encollment Type In State In State In State In State In State	search for a provide:	NPI 000000013 000000014 000000015	Tax 1D 000000013 000000014 000000015	Provider Name Corporate Pharmacy Mail Order Pharmacy	Date Submitted Sep 28, 2024 Jul 3, 2024 Nov 1, 2018	Status Approval Authorizec In Progress Unassigned Approval Authorizec Approval
Select Invollment Program(s) PNP Tax ID Provider Name Date Submitted	Search Se	Enter an NPI to Enrollment Type In State In State In State In State In State	search for a provider.	NP2 000000013 000000014 000000015	Tex 1D 00000013 00000014 00000015	Provider Name Corporate Pharmacy Mail Order Pharmacy	Date Submitted Sep 28, 2024 Jul 3, 2024 Nov 1, 2018 Feb 9, 2023	Status Approval Authorized In Progress Unassigned Authorized Approval Authorized
	Select Select Cor Edit	Enter an NPI to Enrollment Type In State Enrollment Type	search for a provide:	NP1 000000013 000000014 0000000015 NP1	Tax 1D 00000013 00000014 00000015	Provider Name Corporate Pharmacy Mail Order Pharmacy	Date Submitted Sep 28, 2024 Jul 3, 2024 Nov 1, 2018 Feb 9, 2023 Date Submitted	Status Approval Authorized In Progress Unassigned Approval Authorized Approval Authorized Status
	Select Gor Edit Select Select for Edit	Enter an NPI to Fundiment Type In State In State In State In State In State In State Encolment Type	search for a provide: NPI: (The NPI Number will be highlighted in the results-if bound.) Search (The NPI Number will be highlighted in the results-if bound.) Search Program(s) PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET] (PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fbrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bidid (SB), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient Assistance Program (PA PAP), Special Pharmaceukcal Benefits Program 2 (Mental Health), Pennsylvana Patient A	NPI 000000013 000000014 000000015 NP1	Tax ID 000000013 000000014 000000015	Provider Name Corporate Pharmacy Mail Order Pharmacy Pharmacy	Date Submitted Sep 28, 2024 Jul 3, 2024 Jul 3, 2024 Nev 1, 2018 Feb 9, 2023 Date Submitted	Status Approval Authorized In Progress Unassigner Unassigner Unassigner Approval Authorized Approval Authorized Approval Status

Figure 5.0.1 – Global Edit Dashboard

- 2. Enter an **Email** address. This email address will be used to communicate information about the status of your Global Edit application.
- 3. Select at least two providers from the **Select for Edit** column or click the **Select next 100 Approved Items** box. If fewer than 100 sites exist under the corporate NPI, the chain's enrolled number appears.



- Click **Clear All** to deselect all check boxes if you selected Next 100.
- 4. Click Begin Global Edit. The Provider Enrollment, Demographics tab appears.

Commonwealth of Pennsylvania Web Portal Provider Enrollment Fridary September 27, 2022						mber 27, 2024 08:51 AM		
DA pennsylvania DEPARTMENT OF AGING							P	Prime THERAPEUTICS"
Demographics								4 Close Window
Please note: You must save your information on REVIEW REQUIRED: You have made Global E	each tab dit changes that require review and approval by Provider	Services. Please review and save	owners, and if you a	are finished updating, s	ubmit your changes	for review.		
Demographics Licenses / IDs Owners Submitting Corporate NPI : 1113335556	Electronic Funds Transfer (EFT) Electronic Re	emittance Advice (ERA) Sub	mit					
General information Enter or edit the follow	ng information.							Hide 🕞
Provider Federal Tax Identification Nu Employment Identification Num	nber (TIN) ** This Provi ber (EIN): be used for t	der Federal Tax Identification Numbe ax reporting purposes.	er (TIN): Employment I	Identification Number (EII	v): will auto-populate	all enrollment tabs and will		
	Save General Info	s in this section to original values bet	fore last Save)					
Addresses Enter or edit the address informa	ion.							Hide 🕞
Action Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
Action Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
Affected NPIs for this Global Edit Application								Hide 🕞
Row		Edited NPIs that h	ave been Modified ((10 per row)				1
1	000000	0013 - 1044225972 - 104381	7800 109377227	1 1510972447 1	598073442			
Row	Edited NPIs that have been Hodified (10 per row)							

Figure 5.0.2 – Provider Enrollment, Demographics Tab

- 5. You can edit the **Provider Federal Tax Identification Number (TIN)/Employment Identification Number (EIN)** or **Add New Contact** information on this tab.
- 6. If the **TIN/EIN** is updated, click **Save General Info**. The **Confirm Save for All Selected NPIs** window appears.



Figure 5.0.3 – Confirm Save for All Selected NPIs window

- 7. Click **Continue**. The screen refreshes.
- 8. Make additional changes on each tab, as needed.
- 9. Click the **Submit** tab once all desired changes are made on all applicable tabs

T

Commonwealth o	Commonwealth of Pennsylvania Web Portal Provider Enrollment					Friday September 27, 2024 09:14 AM	
	PDA pennsylvania DEPARTMENT OF AGING						
Submit En	rollment Ap	pplicatio		🛃 Close Window			
You may complete the	ne information in any	order, but you	u will not be able to submit your applicati	on until all required information is entered.			
1 Please note: Y	ou must save your inf	formation on ea	ach tab. All required fields must be comple	eted on each tab or popup window before saving	g.		
Demographics	Licenses / IDs	Owners	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Submit		
Submitting Corpo	rate NPI : 11133355	556					
Declaration R	eview and acknow	ledge your a	cceptance of all changes to all selected	ed NPIs.			
By entering n Commonwea	NEPORTANY CH.	ertify that the i , Department Preparer's I	Information entered is true and correct of Aging or its Authorized Agent.	and any false or misleading information sha	all be cause	for canceling the agreement between the provider and the	
		Preparer's	Last Name : 📍				
		Prep	oarer's Title : •				
	Date : Friday September 27, 2024 09:14 AM						
			Submit Enrollm	ent Application			

Figure 5.0.4 – Submit Tab

10. Enter the Preparer's First Name, Preparer's Last Name, and Preparer's Title.

11. Click Submit Enrollment Application. The Confirm Submission window appears.

Confirm Submission		×					
You have chosen to submit your application for review. Once submitted, no further changes may be made until the Provider Services unit has made a determination on your application. Confirm your desire to submit your application by clicking the Submit button below, or click Cancel to return to the application.							
Depending upon the number of NPI	s selected for Global Edit, clicking Submit could take awhile.						
PLEASE WAIT until you have seen a message indicating that your application has been submitted successfully before closing your browser session.							
	Submit Cancel & do not Submit						

Figure 5.0.5 – Confirm Submission window

12. Click **Submit**. The **Declaration** window appears.

Commonwealth of Pennsylvania Web Portal Provider Enrolment Haussiag September						
PDA P	ennsylv	vania	3			
Submit En	rollment Ap	oplicatio	on			Close Window
You may complete th Please note: You m	e information in any o ust save your informa	order, but you don on each t	will not be able to submit your application ab. All required fields must be completed	until all required information is entered. on each fab or pop-up window before saving.		
Demographics	Licenses / IDs	Owners	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)	Submit	
Submitting Corpo	acate NPI :					
Vour appl add the e After a de Click the Dependin PLEASE	cation was success mail address PaceP termination is made Close button below g on the number of WALT until you are r	stully submit Sigmagetta h, you will rec and you will NPIs selecta redirected to	er all changes to all section recut ed. An email was sent to the email ad nheath com to your address book to e eave notification via email as well as t return to the Clobal Edit start page wh of for the Clobal Edit, clicking "close" o the Global Edit, clicking "close" o the Global Edit Start Page to contin	Tress provided . Within the next 24 hours, insure delivery of these messages. 1.5. mail from Provider Services. ere you can begin another global edit app "may take awhite. ue working, return to Portal Hone or clo	you will also re lication or exit! se your brows	o receive an email containing an electronic copy of your edits and selected NPIs for your records. Please will to the portal landing page.
				Close		

Figure 5.06 – Declaration Window

13. Click Close. You are returned to the Global Edit Dashboard.



Figure 5.0.7 – Global Edit Dashboard window

14. Click the **Portal Home** hyperlink to return to the **Commonwealth of Pennsylvania Web Portal Home** window.

7.0 Review

7.1 Review/Revisions

If there are any changes needed after the enrollment application has been reviewed, you will receive an email notification with a letter attached advising you that your application is returned for additional information. You are able to access the enrollment application to make the changes.

PDA pennsylvania DEPARTMENT OF AGING	PACE Pharmaceutical Assistance Contract for the Elderly	
Corporate Pharmacy Address1 Address2 Address3	DATE: MM/DD/YYYY NPI:	
Dear Provider:		
We are unable to process your Enrollment Application reason(s):	n and Agreement due to the following	
Corporate Address is incorrect		
Please visit paceportal.lh.primetherapeutics.com and that was previously provided at the start of the applica changes/corrections.	log in using the Application Tracking Number ation process to make the necessary	
If you have any questions, please call 1-800-835-4080	0.	
Sincerely		
Provider Services	RSD740P1	
4000 Crums Mill Road, Suite 30)3 ⊐ Harrisburg, PA 17112	

Figure 7.1.1 – Sample incomplete/incorrect information letter

 Log in to the Provider Enrollment application by following the steps in <u>Section 2.1 – Log</u> <u>In.</u> 2. Refer to <u>Section 3.0 – Provider Enrollment</u> for detailed instructions on making revisions to the enrollment application and re-submitting for approval.



•

Once the changes are made, it is critical that you access the **Submit** tab and click **Submit Enrollment Application** to resubmit the application with the changes. The revised application is sent to PACE Provider Services for review

Commonwealth o	ommonwealth of Pennsylvania Web Pontal Provider Enrollment Friday September 27, 2024 09.49 AU								
Pennsylvania DEPARTMENT OF AGING									Prime HERAPEUTICS-
Submit Er	rollment Ap	plicatio	n						🛃 Close Window
You may complete	the information in any /ou must save your inf	order, but you ormation on ea	will not be ich tab. All	able to submit your application until all requ required fields must be completed on each tal	ired information is entered. or popup window before saving.				
Demographics	Licenses / IDs	Owners	Staff	Electronic Remittance Advice (ERA)	Electronic Funds Transfer (EFT)	Pharmacy Info	Verification	Submit	Back to Dashboard
NPI :1234567890									
By entering Authorized A	Review and acknowl REPORT ANY CH / my name below, I ce gent.	ANGES IN W rtify that the in	RITING IN	of the agreements listed below. THE ABOVE INFORMATION TO THE D entered is true and correct and any false indicates required field(s) is if [Fistname]	EPARTMENT OF AGING NOT LATER	R THAN FIFTEEN (1	5) DAYS AFTER agreement betw	een the prov	CURRENCE.
		Preparer's I	ast Nam	e : • Lastname					
		Prep	arer's Title	e: • Title					
	Date : Friday September 27, 2024 09 49 AM Training? : * O Yes No Select Yes if you would like to be contacted about training.								
				Submit Enrollment Applica	ation				

Figure 7.1.2 – Submit Tab

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

PDA pennsylvania DEPARTMENT OF AGING	PACE Pharmaceutical Assistance Contract for the Elderly
CONTACT NAME ADDRESS1 ADDRESS2 ADDRESS3	MM/DD/YYYY NPI:
Dear Provider:	
This is to confirm your enrollment in, and v	welcome you to, the following program(s):
Program Name	Program Group ID Program Effective Date
We have included your approved docume enrollment is included above.	nts with this notification. Your effective date of
Please use your NPI number, and Group ID provided to eligible cardholders. Rememb agreements require that <u>all</u> other prescrip their respective Program. It is the provider than two (2) payers if necessary.	D, listed above, when billing for payment of drugs ber that PACE/PACENET, CRDP, SPBP1 and SPBP2 tion insurance be billed before submitting a claim to 's responsibility to insure their software can bill more
During the enrollment process you were in Pennsylvania, of an on-site training session The training includes an overview of the en areas such as billing procedures.	nformed of the availability, for providers located in n offered for the program(s) in which you enrolled. nrolled program(s) as well as specific information in
At the time of enrollment you declined on-	site training.
Any questions regarding billing, eligibility, directed to the following toll-free number eligibility should be referred to Cardholde including manuals and bulletins, can be fo	Program policy and Provider training should be : 1-800-835-4080. Questions concerning cardholder r Services at 1-800-225-7223. Program information, und at papaceportal.lh.primeterhapeutics.com.
4000 CRUMS MILL ROAD	, SUITE 303 🗆 HARRISBURG, PA 17112



8.0 Practice Types

Practice Type	Enrollment Type	Programs				
Certified Registered Nurse	Different Office from Physician	PACE/PACENET				
Practitioner	Same Office As Physician	PACE/PACENET				
Home Health Agency	In State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
Home Infusion	In State	PACE/PACENET				
		Chronic Renal Disease Program (CRDP) Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)				
		Special Pharmaceutical Benefits Program 2 (Mental Health)				
		Pennsylvania Patient Assistance Program (PA PAP)				
		Special Pharmaceutical Benefits Program 1 (ADAP)				
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
		Special Pharmaceutical Benefits Program 1 (ADAP)				
Long Term Care	In State	PACE/PACENET				
rnarmacy		Chronic Renal Disease Program (CRDP) Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)				
		Special Pharmaceutical Benefits Program 2 (Mental Health)				
		Pennsylvania Patient Assistance Program (PA PAP)				
		Special Pharmaceutical Benefits Program 1 (ADAP)				
Mail	In State	PACE/PACENET				
Order/Specialty Pharmacy		Chronic Renal Disease Program (CRDP) Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)				
		Special Pharmaceutical Benefits Program 2 (Mental Health)				

Practice Type	Enrollment Type	Programs				
		Pennsylvania Patient Assistance Program (PA PAP)				
		Special Pharmaceutical Benefits Program 1 (ADAP)				
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
		PACE/PACENET- Part D				
		Chronic Renal Disease Program (CRDP)- Part D				
		Special Pharmaceutical Benefits Program 2 (Mental Health) – Part D				
		Special Pharmaceutical Benefits Program 1 (ADAP)				
		Special Pharmaceutical Benefits Program 1 (ADAP) – Part D				
Medical Supplier	In State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
Outpatient Psyc Clinic	In State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
Outpatient Psyc Partial Hospital	In State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
Services	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
Pharmacy (Chain	In State	PACE/PACENET				
4 – or more Pharmacies)		Chronic Renal Disease Program (CRDP) Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)				
		Special Pharmaceutical Benefits Program 2 (Mental Health)				
		Pennsylvania Patient Assistance Program (PA PAP)				
		Special Pharmaceutical Benefits Program 1 (ADAP)				
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)				
		Special Pharmaceutical Benefits Program 1 (ADAP)				

Practice Type	Enrollment Type	Programs			
Pharmacy	In State	PACE/PACENET			
(Independent)		Chronic Renal Disease Program (CRDP) Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)			
		Special Pharmaceutical Benefits Program 2 (Mental Health)			
		Pennsylvania Patient Assistance Program (PA PAP)			
		Special Pharmaceutical Benefits Program 1 (ADAP)			
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)			
		Special Pharmaceutical Benefits Program 1 (ADAP)			
Pharmacy	In State	PACE/PACENET			
(Institutional)		Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)			
		Special Pharmaceutical Benefits Program 2 (Mental Health)			
		Pennsylvania Patient Assistance Program (PA PAP)			
		Special Pharmaceutical Benefits Program 1 (ADAP)			
Physician	In State	PACE/PACENET			
Dispensing		Special Pharmaceutical Benefits Program 2 (Mental Health) Monitoring			
		Pennsylvania Patient Assistance Program (PA PAP)			
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health) Monitoring			