

# **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 Introduction .....1**
  - 1.1 Corporate Users..... 1
  - 1.2 Registered Users..... 2
- 2.0 System Access.....3**
  - 2.1 Log In ..... 3
  - 2.2 Log Out ..... 5
- 3.0 Provider Enrollment.....7**
  - 3.1 Add 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 Adding a New Program..... 40
- 4.0 Provider Information Management .....43**
- 5.0 Global PIM.....45**
- 7.0 Review .....49**
  - 7.1 Review/Revisions..... 49
- 8.0 Practice 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 [Commonwealth of Pennsylvania Web Portal](https://papaceportal.lh.primetherapeutics.com) (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 [Section 1.2 – Registered Users](#) 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.



- See [Section 5.0 – Global PIM](#) for further instructions on updating all or multiple providers under the Corporate NPI. A uniform across-the-board change affecting all individual contracts would include, but is not limited to, a change in corporate tax ID, corporate officers, bank accounts, corporate phone number, or email.

## 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 <https://papaceportal.lh.primetherapeutics.com> 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.

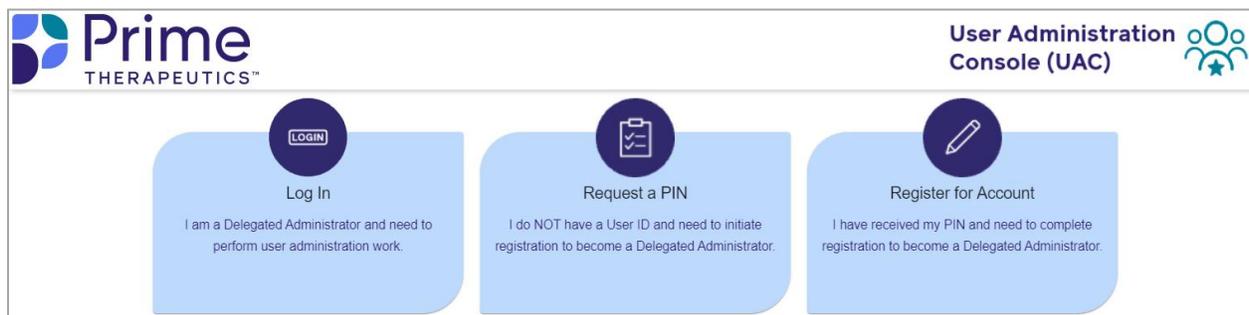


Figure 1.2.1 – User Administration Console

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.

## 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 <https://papaceportal.lh.primetherapeutics.com> in the **Address** bar and press **Enter**. The **Commonwealth of Pennsylvania Web Portal** home page appears.

The screenshot shows the Commonwealth of Pennsylvania Web Portal home page. At the top, there is a navigation bar with the PDA logo, the text 'pennsylvania DEPARTMENT OF AGING', and the Prime Therapeutics logo. Below this is a secondary navigation bar with tabs for 'Home', 'Cardholders', 'Pharmacists', 'Prescribers', and 'MMAP'. A welcome message states: 'Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Prime Therapeutics State Government Solutions LLC.' The main content area is divided into two columns. The left column is titled 'Announcements' and contains a 'Latest News' section with a headline: 'PACE/PACENET PBA Web Portal'. Below this is a sub-headline: 'Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal'. A paragraph follows: 'Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.' Below this is a section titled 'CARDHOLDERS and POTENTIAL CARDHOLDERS:' with a bulleted list of information. The right column is titled 'Login' and features two sections: 'PRESCRIBERS ... Login to review your Cardholders' data, and get access to handy services like online Medical Exceptions.' and 'PHARMACISTS ... Login to review your Cardholders' data, and get access to handy services like online Remittance Advices.' Below these is a 'LOGIN NOW' button. At the bottom of the right column is a 'Services and Applications' section with a list of services and 'Launch' buttons: Drug Coverage Lookup, Find a Doctor, Opioid Calculator, Find a Pharmacy, and Provider Enrollment.

Figure 2.1.1 – Commonwealth of Pennsylvania Web Portal Home Window

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

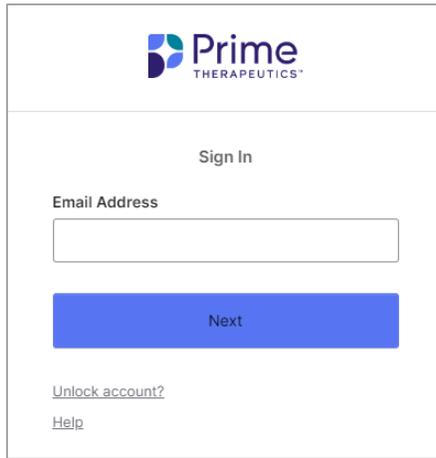


Figure 2.1.2 – OKTA Sign In Window

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

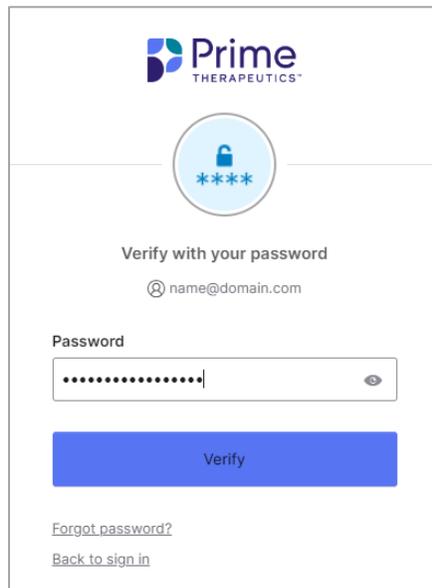


Figure 2.1.3 – Okta Sign In Verify



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

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

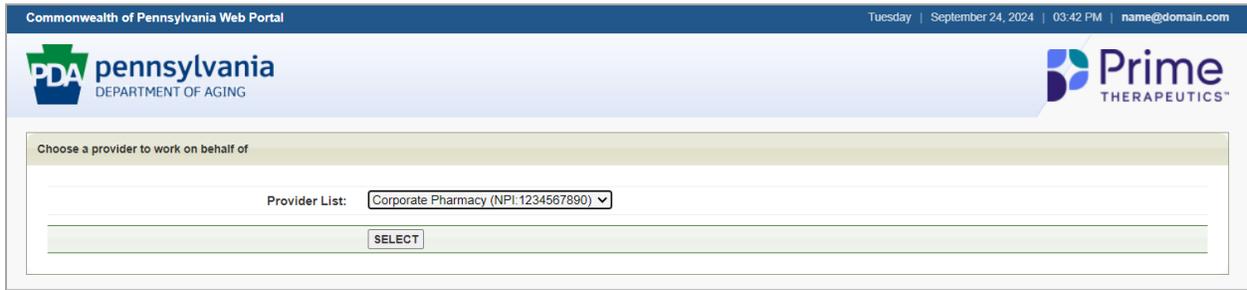


Figure 2.1.4 – Choose a provider to work on behalf of Window

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.

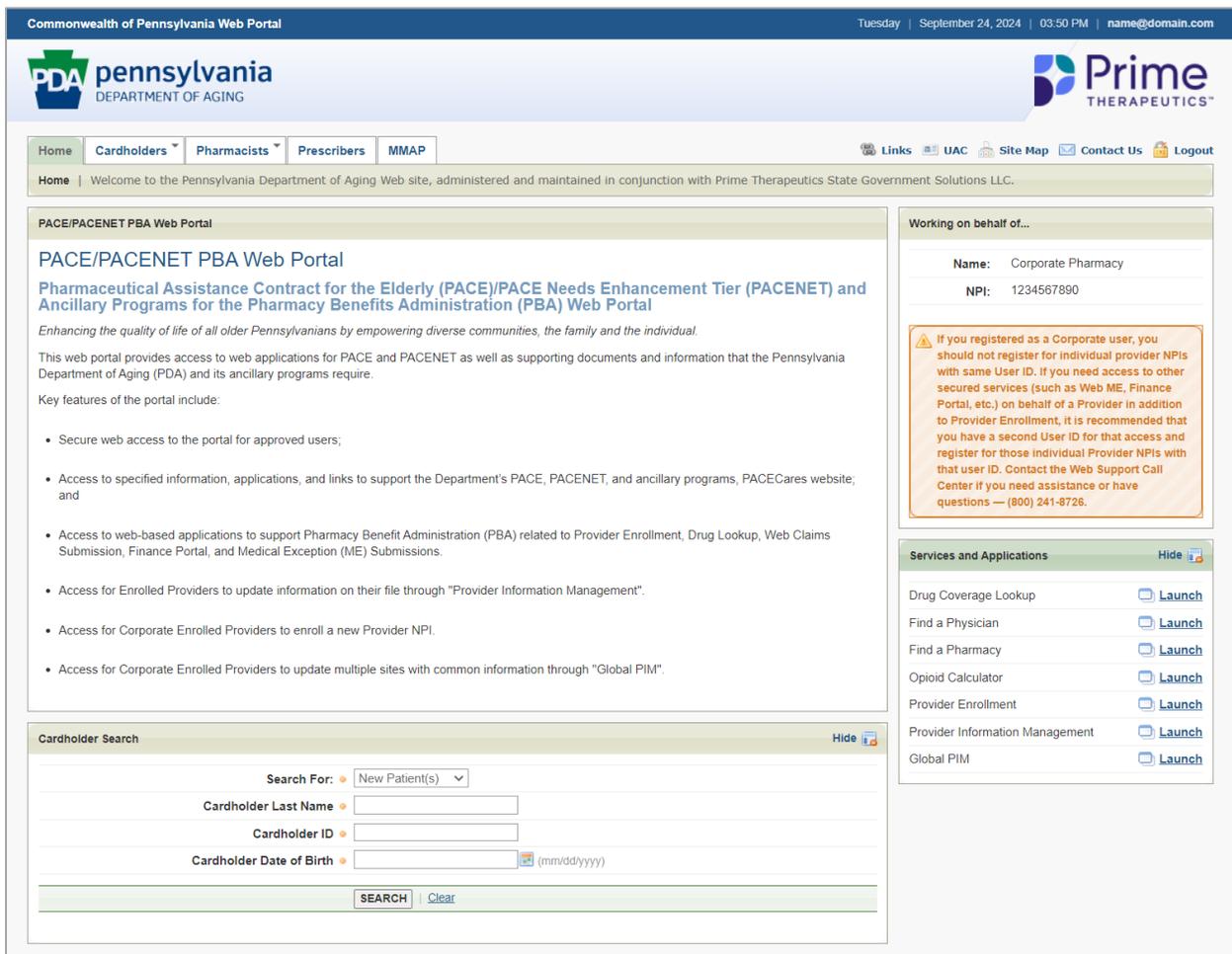


Figure 2.1.5 – Commonwealth of Pennsylvania Web Portal Home Page

## 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.

The screenshot shows the Commonwealth of Pennsylvania Web Portal Home page. At the top, there is a header with the PDA logo and the text 'pennsylvania DEPARTMENT OF AGING'. To the right, there is a Prime Therapeutics logo. Below the header, there are navigation tabs: Home, Cardholders, Pharmacists, Prescribers, and MMAP. A 'Working on behalf of...' section shows 'Name: Corporate Pharmacy' and 'NPI: 1234567890'. A warning message states: 'If you registered as a Corporate user, you should not register for individual provider NPIs with same User ID. If you need access to other secured services (such as Web ME, Finance Portal, etc.) on behalf of a Provider in addition to Provider Enrollment, it is recommended that you have a second User ID for that access and register for those individual Provider NPIs with that user ID. Contact the Web Support Call Center if you need assistance or have questions — (800) 241-8726.' The 'Services and Applications' section lists several options with 'Launch' buttons: Drug Coverage Lookup, Find a Physician, Find a Pharmacy, Opioid Calculator, **Provider Enrollment** (highlighted with a red box), Provider Information Management, and Global PIM. At the bottom, there is a 'Cardholder Search' section with fields for 'Search For' (New Patient(s)), 'Cardholder Last Name', 'Cardholder ID', and 'Cardholder Date of Birth' (mm/dd/yyyy), along with 'SEARCH' and 'Clear' buttons. The footer contains the text '© 2024 Prime Therapeutics LLC Legal Notices'.

Figure 3.0.1 – Commonwealth of Pennsylvania Web Portal Home page

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

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Tuesday | September 24, 2024 | 04:54 PM

**pennsylvania** DEPARTMENT OF AGING **Prime THERAPEUTICS™**

### Provider Enrollment Dashboard

Select an enrollment application to view or update below, or click the Add New button to add a new enrollment application for a new provider or program.

**Dashboard**

**Search** | Enter an NPI to search for a provider.

• indicates required field(s)

NPI:

**Applications** | View or update existing applications.

**NOTE** : If you have submitted 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 until a determination has been made.

Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status
	In State	[PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)]	1234567890	123456789	CORPORATE PHARMACY #1667	Feb 9, 2023	Approval Authorized
	In State	[Pennsylvania Patient Assistance Program (PA PAP)]	1234567890	123456789	CORPORATE PHARMACY #1667	Aug 23, 2024	Unassigned
Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status

**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 [Section 3.1 – Add New Site’s Application](#).

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Tuesday | September 24, 2024 | 04:54 PM

**pennsylvania** DEPARTMENT OF AGING **Prime THERAPEUTICS™**

### Provider Enrollment Dashboard

Select an enrollment application to view or update below, or click the Add New button to add a new enrollment application for a new provider or program.

**Dashboard**

**Search** | Enter an NPI to search for a provider.

• indicates required field(s)

NPI:

**Applications** | View or update existing applications.

**NOTE** : If you have submitted 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 until a determination has been made.

Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status
	In State	[PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)]	1234567890	123456789	CORPORATE PHARMACY #1667	Feb 9, 2023	Approval Authorized
	In State	[Pennsylvania Patient Assistance Program (PA PAP)]	1234567890	123456789	CORPORATE PHARMACY #1667	Aug 23, 2024	Unassigned
Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status

**Figure 3.0.3 – Provider Enrollment Dashboard, Provider NPI found**

### 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.

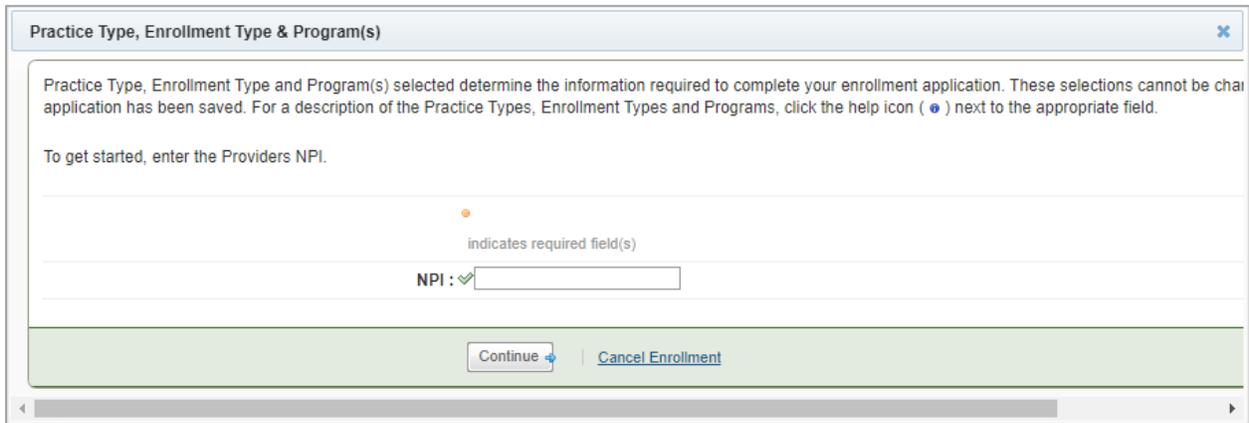


Figure 3.1.1 – Practice Type, Enrollment Type & Program(s) Window

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

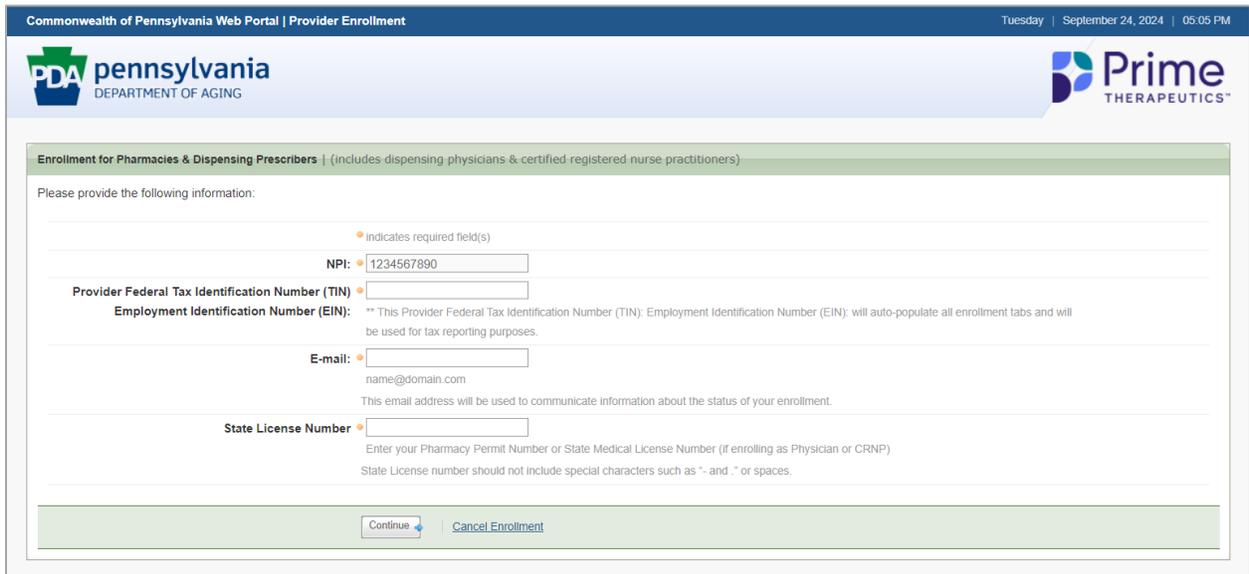


Figure 3.1.2 – Enrollment for Pharmacies & Dispensing Prescribers Window

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 (●).



- The email entered here will be used for all communication regarding the status of the enrollment application.
- The NPI field must contain 10 digits. If you enter an invalid NPI, you receive an error message advising you, *Field must contain 10 digits* or *Field may contain only numbers*.
- If you do not enter the valid number of digits for the TIN/EIN, you receive an error message advising you, *Field must contain 9 digits*.
- If you enter an invalid email address format, you receive an error message advising you, *E-mail address must be of valid format*.
- To view or edit an existing application, you must enter the application tracking number assigned to your application. The tracking number is assigned after completing the first two screens and is sent to you in an email and displayed on the screen.

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



- See the **Practice Type, Enrollment Type, and Programs** table in [Section 8.0 – Practice Types](#) for a list of options.
- If you need to change your Practice Type, contact Provider Enrollment at 1-800-835-4080.

**Figure 3.1.3 – Practice Type, Enrollment Type & Programs Window**

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



- Once you select the **Practice Type**, your selection can't be changed after saving the application.
- Click the **Help** icon (📘) next to the **Practice Type** list to see a description of the **Practice Types**, **Enrollment Types**, and **Programs**.
- Click the **Cancel Enrollment** hyperlink to cancel the enrollment.

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.



- The Part D Organization field displays only when the **Practice Type** is **Mail Order/Specialty Pharmacy** and the **Enrollment Type** is **Out Of State**.
- Provider must be the primary preferred Mail Order/Specialty Pharmacy for the plan indicated.

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

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.

Figure 3.1.5 – Confirm Practice and Enrollment Type window

12. The **Demographics** tab appears.

Figure 3.1.6 – Demographics Tab



- Along with the [Demographics](#) tab, you have access to the following tabs: [Licenses/IDs](#), [Owners](#), [Staff](#), [Electronic Funds Transfer \(EFT\)](#), [Electronic Remittance Advice \(ERA\)](#), [Pharmacy Info](#), [Verification](#) and [Submit](#).

- 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.

The screenshot shows the 'Demographics' tab in the Pennsylvania Provider Enrollment system. The 'General Information' section is expanded, showing the following fields:

- Practice Type: Pharmacy (Chain - 4 or more Pharmacies)
- Enrollment Type: In State
- Programs: PACE/PACENET
- NPI: 1234567890
- Provider Federal Tax Identification Number (TIN): 123456789
- Employment Identification Number (EIN):
- Email: name@domain.com
- Name: Corporate Pharmacy (This field is highlighted with a red box in the original image)

Below the 'General Information' section is the 'Addresses' section, which includes a table for contact information:

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
Action	Type	Contact/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.



- If edits are needed in the **TIN/EIN, Email, or Name** fields, modify the information in those fields and click **Save General Info**.

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](#)

**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 may be the same. All mailings will be sent to the Business/Corporate address.

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

Figure 3.1.1.1.1 – Addresses Section



- Click **Help on Contact/Address Types** to view more information on **Contact/Address Types**.
- Click **Close** to exit the **Help** feature of the **Contact/Address Types** window.
- Click **Hide** to hide the address fields. Click **Show** to show the address fields.

### 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. Hide

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

**Add New Contact/Address** | Enter or 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 x99999999

Fax : •   
9999999999

Email : •   
email@domain.com

Save Information | [Cancel & do not save](#)

Figure 3.1.1.1.1 – Add New Contact/Address, Business/Corporate

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



- If the address has been entered previously, click the **Use a previously entered address?** list and select the address that was previously submitted. The fields will be populated with the address.

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.

The screenshot shows a window titled 'Addresses | Enter or edit the address information.' with a 'Hide' button in the top right. Below the title bar, there are links for 'Add New Contact' and 'Help on Contact/Address Types'. A yellow note box contains the following text: '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 may be the same. All mailings will be sent to the Business/Corporate address.' Below the note is a table with the following columns: Action, Type, Contact/Name, Address, City, State, Zip, Phone, Fax, and Email. The table contains one row of data: Business/Corporate, Firstname Lastname, 123 Main St., Harrisburg, PA, 17112 - 1231231234, 1231231234, email@domain.com.

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
	Business/Corporate	Firstname Lastname	123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com

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.



- If the address has been entered previously click the drop-down arrow on the **Use a previously entered address?** and choose the address that was previously submitted. The fields will be populated with the address.

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.

Action	Type	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 -			

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.



- If the address has been entered previously, click the **Use a previously entered address?** list and select the address that was previously submitted. The fields will be populated with the address.

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

The screenshot shows a web form titled "Add New Contact/Address" with the subtitle "Enter or edit the required information." The form includes a "Type" dropdown menu set to "Lessor". Below this is a "Use a previously entered address?" dropdown set to "Select". The form contains several text input fields: "Contact First Name", "Contact Last Name", "Street Address 1", "Street Address 2", "City", and "Zip". The "State" field is a dropdown menu set to "Select State". A legend indicates that orange dots next to field labels denote required fields. At the bottom of the form are two buttons: "Save Information" and "Cancel & do not save".

**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.

Addresses | Enter or edit the address information. Hide

[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 may be the same. All mailings will be sent to the Business/Corporate address.

Action	Type	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 -			
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

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.

- If the address has been entered previously, click the **Use a previously entered address?** list and select the address that was previously submitted. The fields will be populated with the address.

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

Add New Contact/Address | Enter or edit the required information.

• indicates required field(s)

Type:  Contract / Address Types marked with an \* are required.

Use a previously entered address?

Street Address 1:

Street Address 2:

City:

State:

Zip:

County:

Phone:

Fax:

Email:

| [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.



Action	Type	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 -			
	Service		123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

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.



- If the address has been entered previously click the **Use a previously entered address?** list and select the address that was previously submitted. The fields will be populated with the address.

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.

○ indicates required field(s)

Type : ○ \*Software Vendor\* ▼  
Contract / Address Types marked with an \* are required.

Use a previously entered address? Select ▼

Software Vendor Name : ○

Street Address 1 :

Street Address 2 :

City :

State: Select State ▼

Zip :  99999-9999

Phone : ○  x  9999999999 x99999

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. Hide

[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 may be the same. All mailings will be sent to the Business/Corporate address.

Action	Type	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 -			
	Service		123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	email@domain.com
	Software Vendor	Software Vendor	555 First Ave.	Harrisburg	PA	17112 -	1231231234		email@domain.com
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

**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.

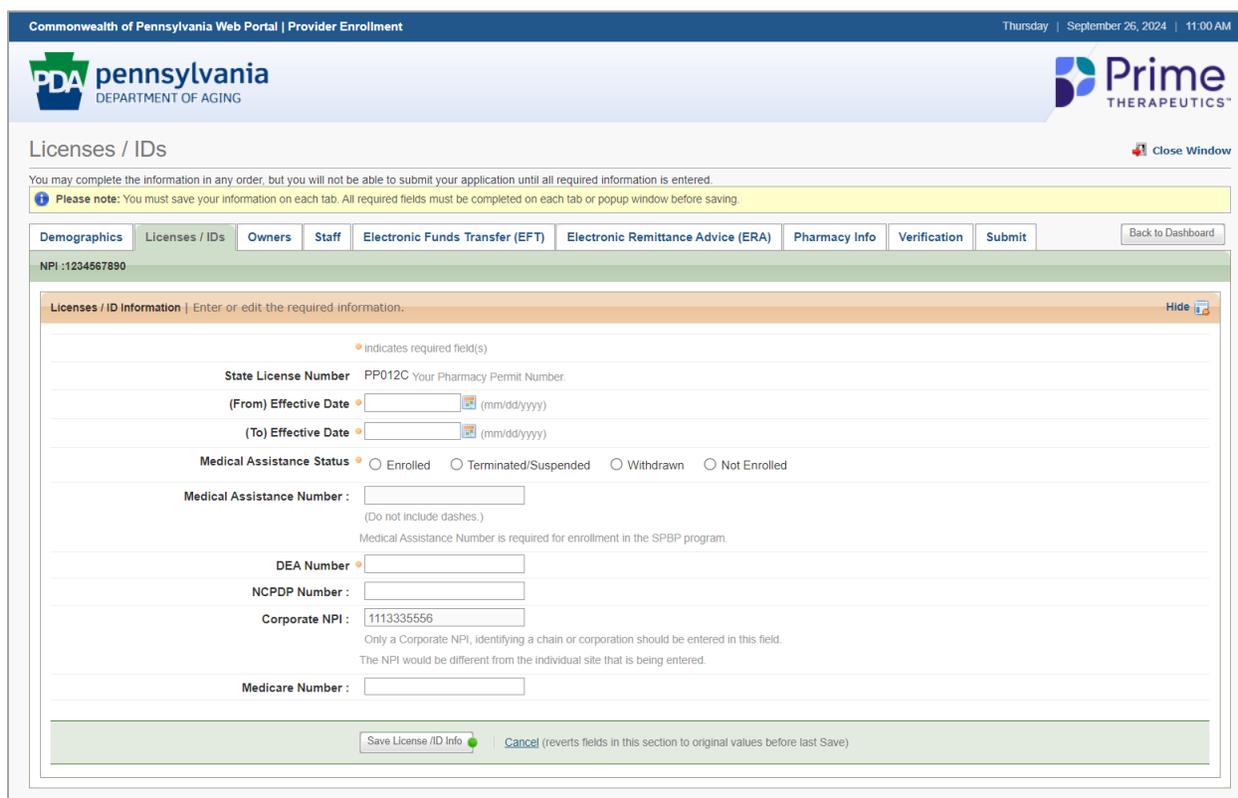
### 3.1.1.6 Edit Contact/Address

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

Icon	Action	Description
	Edit	<ul style="list-style-type: none"> <li>Allows you to the Edit Contact/Address window.</li> <li>Appears only if you have the information previously saved.</li> <li>Edit the information and click <b>Save Information</b> to save the changes or click the <b>Cancel &amp; do not delete</b> hyperlink to keep the information as is</li> </ul>
	Delete	<ul style="list-style-type: none"> <li>Allows you to delete the address type previously saved.</li> <li>Appears only if you have the information previously saved.</li> <li>Once you click the icon, a warning window appears advising you that you have selected to delete the information. To confirm the action, click <b>Delete</b> or click the <b>Cancel &amp; do not delete</b> hyperlink to keep the information as is.</li> </ul>

### 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 Enrollment 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 able to submit your application until all required information is entered.

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

Demographics | **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 information. 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:  Enrolled  Terminated/Suspended  Withdrawn  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: 1113335556  
Only a Corporate NPI, identifying a chain or corporation should be entered in this field.  
The NPI would be different from the individual site that is being entered.

Medicare Number:

|

Figure 3.1.2.1 – Licenses/IDs Tab



- The **State License Number** is populated based on what was entered on the **Enrollment for Pharmacies & Dispensing Prescribers** window. Refer to Figure 3.1.2.
- The **Corporate NPI** is populated with the corporate NPI number.

1. Enter the (from) effective date in the **(From) Effective Date** field or select the date by using the **Calendar** icon (📅).



- Click the single arrow pointing left to go back a month, on the calendar; click the single arrow pointing to the right to go forward a month; or click the month and year drop-down lists to select the specific month or year.
- Click **Today** to select the current date.
- If entering the date manually, you must enter it in DD/MM/YYYY format.

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 (🟠).

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Thursday | September 26, 2024 | 11:10 AM

**pda** pennsylvania DEPARTMENT OF AGING **Prime THERAPEUTICS™**

### Ownership 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.

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

Demographics | Licenses / IDs | **Owners** | Staff | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Pharmacy Info | Verification | Submit Back to Dashboard

NPI :1234567890

**Ownership General Information** | Enter or edit the required information. Hide

Indicates required field(s)

Ownership Type: Franchise

- Select
- Individual
- Partnership
- Proprietary
- Professional Corporation
- Private Corporation
- Public Corporation
- Franchise**
- Limited Liability
- Other

Reverts fields in this section to original values before last Save

**Owner/Officer information** | Enter or edit the owner/officer information. Hide

Add New Owner/Officer Info +

**NOTE:** You are required to add contact information for at least one owner/officer.

Action	Title	First Name	Last Name	Address	City	State	Zip	Phone	Email	Ownership Percentage %
Action	Title	First Name	Last Name	Address	City	State	Zip	Phone	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.

**Owner/Officer information** | Enter or edit the owner/officer information. Hide

Add New Owner/Officer Info +

**Add New Owner/Officer Information** | Enter the required information.

Indicates required field(s)

Use a previously entered address? Select

Contact First Name:

Contact Last Name:

Title:

Street Address 1:

Street Address 2:

City:

State: Select State

Zip:  -

99999-9999

Ownership Percentage:  %

99.9 (%)

Phone:  x

9999999999 x99999999

Email:

email@domain.com

Save Information + | Cancel & do not save

**Figure 3.1.3.2 – Add New Owner/Officer Information**



- If the address has been entered previously, click **Use a previously used address?** and select the address type from the drop-down list that was previously submitted. The fields will be populated with the address.

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.



- Do not enter the percent sign.
- If the percentage entered is more than a whole number, it is rounded up. However, it must total 100 percent.
- The percentage entered does not display a total until you submit the application, so if the percentages do not add up to 100 percent, you receive an error message after you submit the application.

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.



**Figure 3.1.3.3 – Owner/Officer Information, Saved**



- Click the Edit (✎) or Delete (✖) icon to take the appropriate action on owner/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 (●).

Action	Title	First Name	Last Name	NPI Number	License Number	Degree	Specialty
Action	Title	First Name	Last Name	NPI Number	License Number	Degree	Specialty

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.



- If you are a monitoring physician, you must enter your information under the **Staff** type.
- If you are a Dispensing Physician entering this application and you select that option on the **Practice Type**, you must enter someone else's information on the **Staff** tab (the other physician/ physicians in the practice).
- If you are a Certified Nurse Practitioner (CRNP) entering this application and you select that option on the **Practice Type**, you must add the Collaborating Physician's information on the **Staff** tab.

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Thursday | September 26, 2024 | 11:40 AM

**pda** pennsylvania DEPARTMENT OF AGING **Prime** THERAPEUTICS™

Staff 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.

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

✔ Your information has been saved.

Demographics | Licenses / IDs | Owners | Staff | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Pharmacy Info | Verification | Submit | Back to Dashboard

NPI :1234567890

Staff Information | Enter or edit the address information. Hide

Add Staff Information +

i NOTE : You are required to add information for the Pharmacy Manager.

Action	Title	First Name	Last Name	NPI Number	License Number	Degree	Specialty
<span style="color: red;">✖</span>	Pharmacy Manager	Pharmacy	Manager	9876543210	PP1234	RPh	Specialty
Action	Title	First Name	Last Name	NPI Number	License Number	Degree	Specialty

**Figure 3.1.4.5 – Add Staff Information, Saved**



- Click the **Edit** (✎) or **Delete** (✖) 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.



### Electronic Funds Transfer (EFT)

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.

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

Demographics
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 must be made in the Demographics tab.

**Street:** 123 Main St.

**City:** Harrisburg

**State/Province:** PA

**Zip Code/Postal Code:** 17112 -

**Provider Identifier**

**Provider Federal Tax Identification Number(TIN):** 123456789 \*\* Changes to the "grayed out" Provider Federal Tax Identification Number (TIN); Employment Identification Number (EIN); in the Provider Identifier segment must be made in the Demographics tab.

**Employment Identification Number(EIN)**

**National Provider Identifier(NPI):** 1234567890

**Provider Contact Information**

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

**Provider Contact Last Name:**

**Telephone Number:**  x

999999999 x99999999

**Email Address:**

**Fax Number:**

**Retail Pharmacy Information**

**Chain Number:**

**EFT Authorization Form**

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

**Financial Institution Information**

**Financial Institution Name:**

**Street:**

**City:**

**State/Province:** Select State ▾

**Zip Code/Postal Code:**

**Financial Institution Telephone Number:**  x

999999999 x99999999

**Financial Institution Routing Number:**

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

**Provider's Account Number with Financial Institution:**

**Account Number Linkage to Provider Identifier**

**Provider Federal Tax Identification Number(TIN):** 123456789

**Employment Identification Number(EIN)**

**National Provider Identifier(NPI):** 1234567890

**Submission Information**

**Reason for Submission:**  New Enrollment  Change Enrollment  Cancel Enrollment

**Printed Name of Person Submitting Enrollment:**

**Printed Title of Person Submitting Enrollment:**

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

Save EFT Info Cancel (reverts fields in this section to original values before last 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 (●).

#### **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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Thursday | September 26, 2024 | 11:49 AM




## Electronic Remittance Advice (ERA) 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.

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

Demographics
Licenses / IDs
Owners
Staff
Electronic Funds Transfer (EFT)
Electronic Remittance Advice (ERA)
Pharmacy Info
Verification
Submit
Back to Dashboard

NPI :1234567890 Application Tracking # :

**Electronic Remittance Advice (ERA) | 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 must be made in the Demographics tab.

**Street:** 123 Main St.

**City:** Harrisburg

**State/Province:** PA

**Zip Code/Postal Code:** 17112 -

**Provider Identifier**

**Provider Federal Tax Identification Number(TIN):** 123456789 \*\* Changes to the "grayed out" Provider Federal Tax Identification Number (TIN), Employment Identification Number (EIN), in the Provider Identifier segment must be made in the Demographics tab.

**Employment Identification Number(EIN)**

**National Provider Identifier(NPI):** 1234567890

**Other Identifiers**

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

**Provider Contact Information**

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

**Provider Contact Last Name:**

**Telephone Number:**  x   
999999999 x99999999

**Email Address:**

**Fax Number:**

**Electronic Remittance Advice Information Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)**

**Provider Federal Tax Identification Number(TIN):** 123456789

**Employment Identification Number(EIN)**

**National Provider Identifier(NPI):** 1234567890

**Method of Retrieval:**  FTP 835  Finance Portal  Third Party Vendor

**Electronic Remittance Advice Clearinghouse Information**

**Clearinghouse Name (Official Name of the provider's clearinghouse):**

**Clearinghouse Contact First Name:**

**Clearinghouse Contact Last Name:**

**Telephone Number:**

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

**Submission Information**

**Reason for Submission:**  New Enrollment  Change Enrollment  Cancel Enrollment

**Printed Name of Person Submitting Enrollment:**

**Printed Title of Person Submitting Enrollment:**

**Submission Date:**  (mm/dd/yyyy)

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

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

**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.



- If you selected **Yes** in the **Open 24 hours** option, the **Not Applicable** check boxes are automatically selected next to each row of fields and the fields are disabled for editing.
- If you selected **Open Every Day From** and **Open Every Day To**, you must select **Not Applicable** in the remaining fields. This is not selected automatically.

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.

Open Every Day From : <input type="text"/> hh:mm am/pm	Open Every Day Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Monday-Friday From : <input type="text"/> hh:mm am/pm	Open Monday-Friday Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Saturday From : <input type="text"/> hh:mm am/pm	Open Saturday Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Sunday From : <input type="text"/> hh:mm am/pm	Open Sunday Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Toll Free Number : <input type="text"/>	
Toll Free Hours From : <input type="text"/> <input type="text"/>	Toll Free Hours Until : <input type="text"/> hh:mm am/pm

**Use Sliders to Select Hour and Minute**

Time 12:00 am

Hour

Minute

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



- When selecting the time using the sliders pop-up window, you can select the current time by clicking **Now**.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Thursday | September 26, 2024 | 12:01 PM



### Pharmacy Information 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.

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

Demographics | Licenses / IDs | Owners | Staff | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Pharmacy Info | Verification | Submit [Back to Dashboard](#)

NPI :1234567890

Pharmacy Information | Enter or edit the required information.

\* indicates required field(s)

Open 24 Hours?  Yes  No

Open Every Day From : <input type="text"/> hh:mm am/pm	Open Every Day Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Monday-Friday From : <input type="text"/> hh:mm am/pm	Open Monday-Friday Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Saturday From : <input type="text"/> hh:mm am/pm	Open Saturday Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Sunday From : <input type="text"/> hh:mm am/pm	Open Sunday Until : <input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable

Toll Free Number :

Toll Free Hours From :  hh:mm am/pm    Toll Free Hours Until :  hh:mm am/pm

Offer Delivery Service? :  Yes  No

Offer Delivery Service to Dialysis Centers? :  Yes  No

Offer 24 Hour Emergency Service? :  Yes  No

Collect Calls Accepted? :  Yes  No

Price Matching Policy? :  Yes  No

Do you participate in the following Medicare Part D Plan(s)?

If you participate in ALL Medicare Part D plans listed below, please check :

If you DO NOT participate in ANY of the Medicare Part D plans listed below, please check :

If you participate in SOME of the Medicare Part D plans, please check those with whom you do participate :  Silver Script Choice Plan  WellCare Classic Plan

Are you approved as a 340B Provider? :  Yes  No

Selecting 'Yes,' only means you may sell 340B designated drugs. Patients receiving 340B drugs may or may not be cardholders in any of the programs in which you are enrolling your 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.



- If you selected the **Practice** type of **Mail Order**, you have three additional questions to answer.
- If you clicked **No** to **Signature reference** file, you are required to answer **Signature reference waiver**. Mail order pharmacies utilizing a package tracking tool may find that none of these options apply. In those instances, checking “No” for all three questions will NOT cause the application to be rejected.

Signature reference file? : <input type="radio"/> Yes <input checked="" type="radio"/> No
Signature reference waiver requested from <input checked="" type="radio"/> Yes <input type="radio"/> No Department of Aging? :
Signature reference waiver approval received? : <input checked="" type="radio"/> Yes <input type="radio"/> No

**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 (●).



- Valid supporting documents include a voided check or a bank letter on bank letterhead.
- Checks cannot be a starter check.
- Checks must display the name of pharmacy or owning corporation.

Complete the following steps to upload your banking supporting documentation.

1. Click **Choose File**.

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 Web Portal | Provider Enrollment Thursday | September 26, 2024 | 12:35 PM




## Submit Enrollment Application 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.

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

Demographics
Licenses / IDs
Owners
Staff
Electronic Funds Transfer (EFT)
Electronic Remittance Advice (ERA)
Pharmacy Info
Verification
Submit
Back to Dashboard

NPI :1234567890

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

Action	Item	Status
<a href="#">View And Acknowledge</a>	PACE/PACENET	Acknowledgment Required
Action	Item	Status

**Figure 3.1.9.1 – Declaration, View And Acknowledge Hyperlink**

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



- Click the button to the left of the **View/Acknowledge** window to download a free copy of Adobe Reader if you do not have it installed.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Thursday | September 26, 2024 | 12:38 PM

**View / Acknowledge** | Agreement

Please review the 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 conditions and provisions associated with the enrollment application. If they do not accept these conditions and provisions the enrollment application will not be processed.

You 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.

Medical Assistance No

1

2

3

National Provider Identifier No.: \_\_\_\_\_ N.C.P.D.P. No.: \_\_\_\_\_

**PROVIDER AGREEMENT FOR  
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 "PACENET") or its Authorized Agent (hereinafter the "Program") and \_\_\_\_\_ (hereinafter the "Provider") sets forth the terms and conditions governing participation in PACE and PACENET. PACE, PACENET and The Provider are also sometimes referred to as the "Parties." The Parties, intending to be legally bound, agree as follows:

**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 Federal and Pennsylvania laws and current and future regulations 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, rates and fees schedules promulgated under such laws and any amendments thereto. The Provider agrees that in the event any part 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 of any claim for payment under these Programs shall constitute certification by the Provider that:

- the services or items for which payment is claimed were actually provided by the Provider identified by the PACE/PACENET Provider

\* indicates required field(s)

Authorized Agent's First Name :

Authorized Agent's Last Name :

Authorized Agent's Title :

Date : Thursday | September 26, 2024 | 12:38 PM

**Figure 3.1.9.2 – View/Acknowledge Window, Agreement**

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.



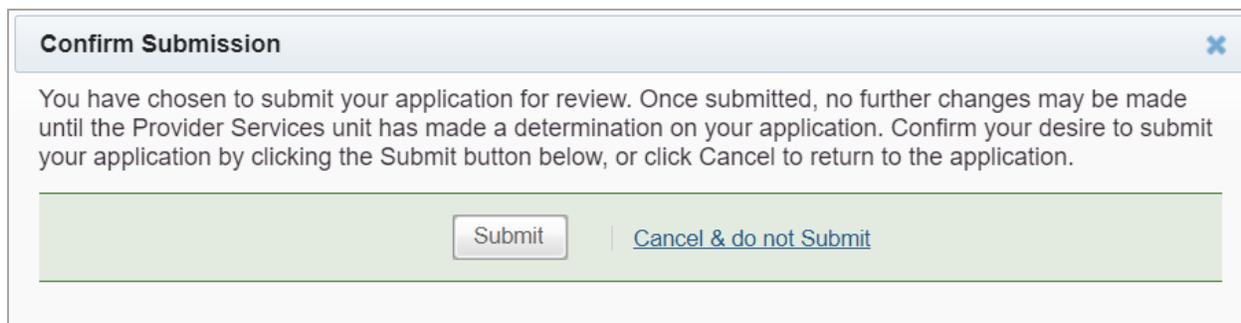
- If you click the **X** icon in the right-hand side of the window, you are taken out of the **Web Provider Enrollment** application without submitting and are required to log in again using your **NPI number**, the **TIN/EIN**, **E-mail address**, and the **Application Tracking #**.

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.

**Figure 3.1.9.3 – Submit Enrollment Application Button**

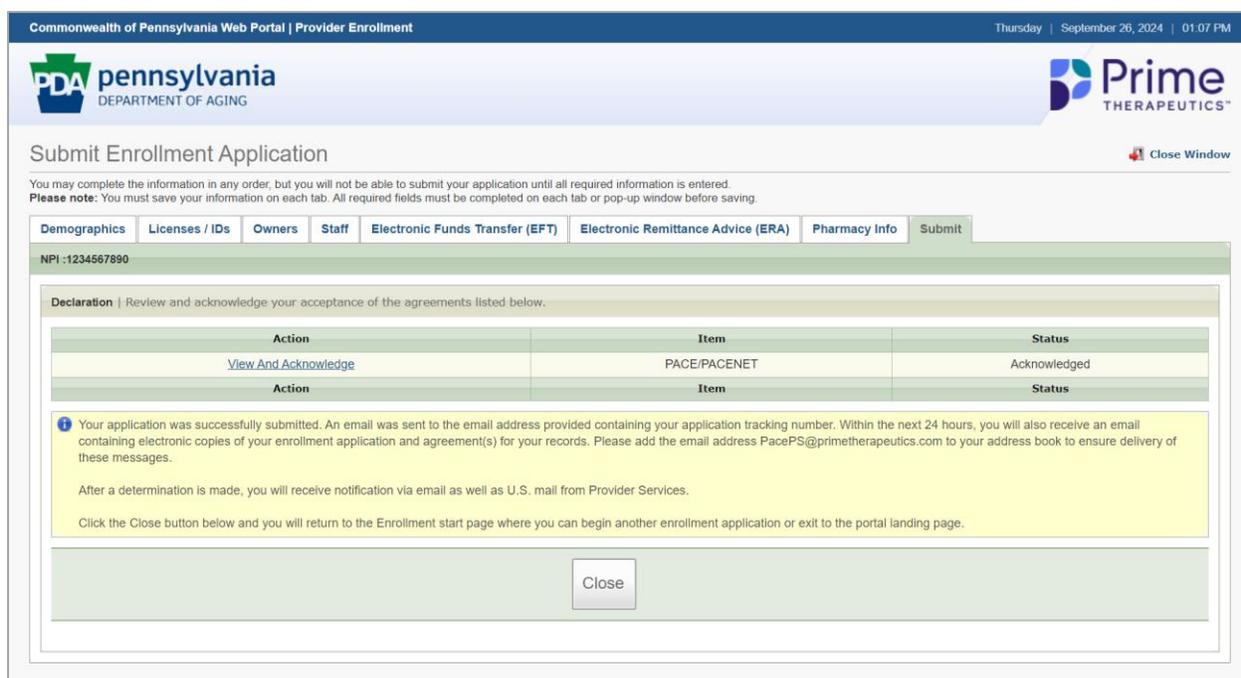
8. Enter the preparer's first and last names in the **Preparer's First Name** and **Preparer's Last Name** fields
9. Enter the preparer's title in the **Preparer's Title** field.
10. Click **Yes** or **No** in the **Training?** option.

- 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.



**Figure 3.1.9.4 – Confirm Submission Window**

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



**Figure 3.1.9.5 – Successful Message**

- 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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Thursday | September 26, 2024 | 12:44 PM




### 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.

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

**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 information. 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**  Enrolled  Terminated/Suspended  Withdrawn  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.  
The NPI would be different from the individual site that is being entered.

**Medicare Number** :

**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).



- Add the email address [PacePS@primetherapeutics.com](mailto:PacePS@primetherapeutics.com) to your address book to ensure delivery of these messages. If you do not add the email address, make sure you check your junk mail folders prior to contacting Provider Services for the confirmation email.
- After your application is reviewed and a determination is made, you receive notification via email as well as U.S. mail from Provider Services.

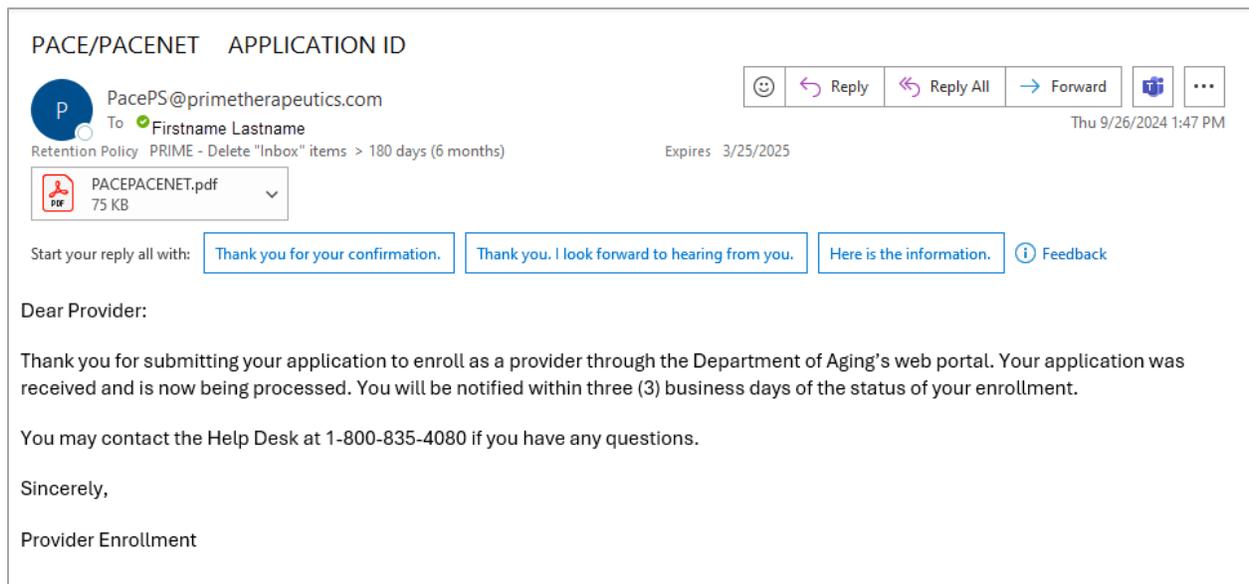


Figure 3.1.9.1.7 – Email confirmation with agreement attached

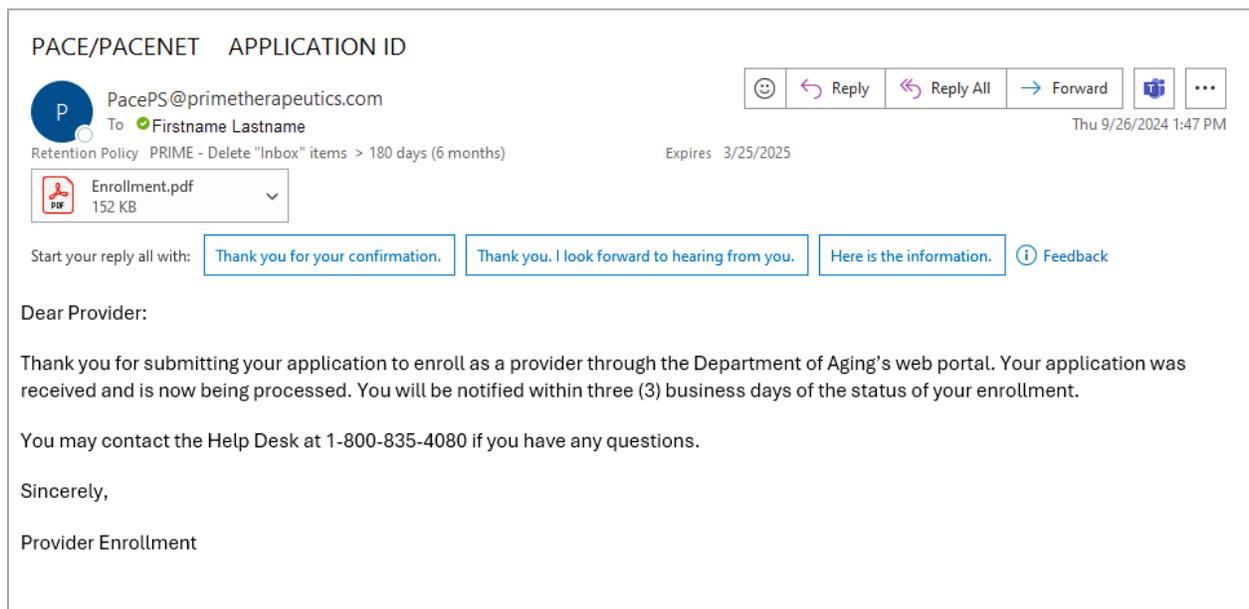


Figure 3.1.9.1.8 – Email confirmation with enrollment attached

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.

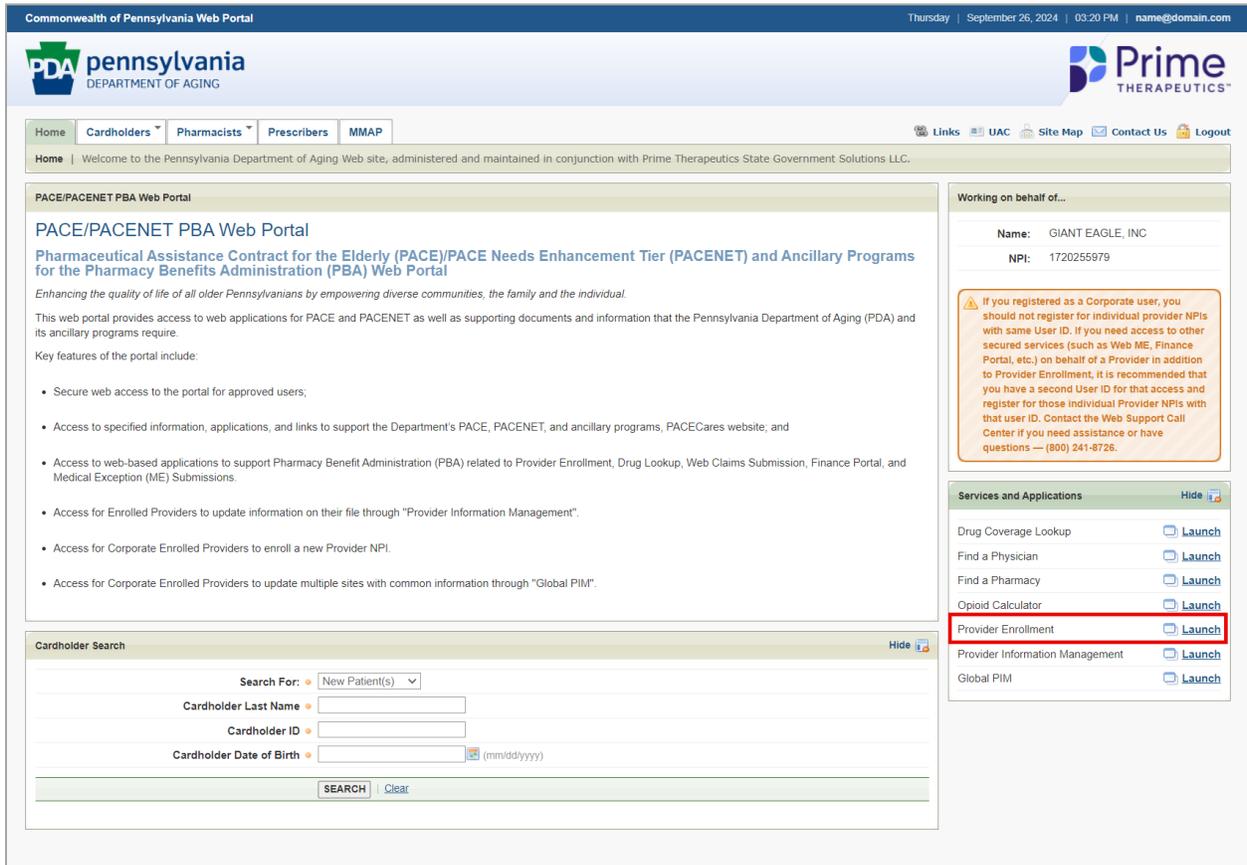


Figure 3.2.1 – Commonwealth of Pennsylvania Web Portal Home window

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

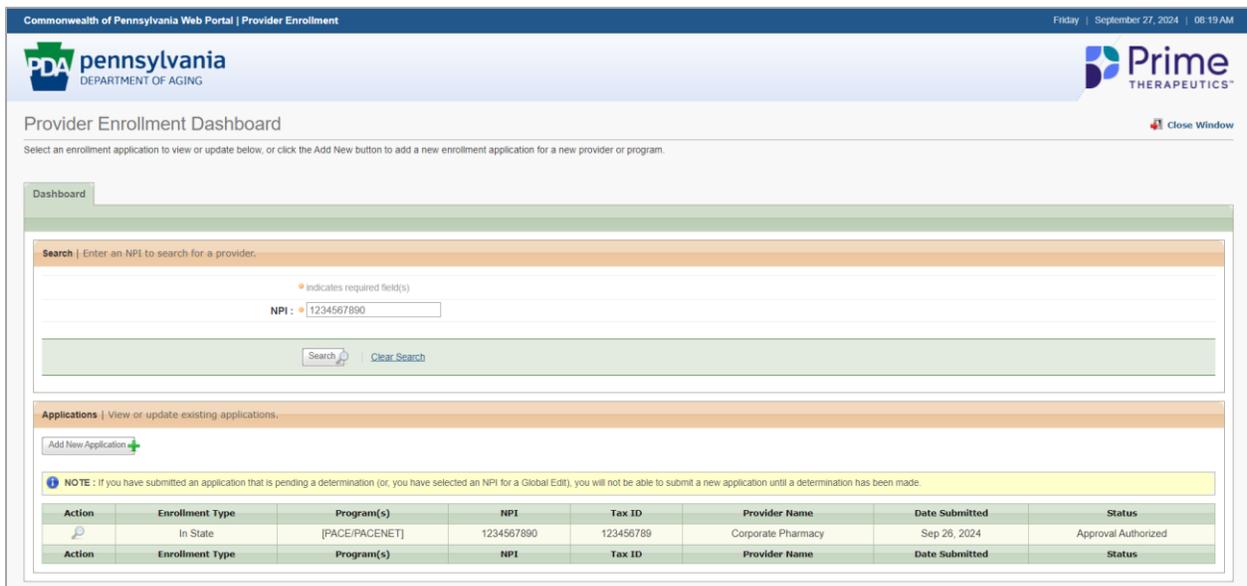


Figure 3.2.2 – Provider Enrollment Dashboard window

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

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.

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.



- You must sign the acknowledgement forms for the new programs in which you are enrolling prior to submitting the application

## 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 Pennsylvania Web Portal | Provider Enrollment Friday | September 27, 2024 | 08:33 AM

PDA pennsylvania DEPARTMENT OF AGING Prime THERAPEUTICS™

Corporate Provider Information Management Dashboard

Select a Provider below to view or update their information.

Dashboard

Corporate NPI :1113325556

Search | Enter an NPI to search for a provider.

indicates required field(s)

NPI:

Search Clear Search

Applications | View or update existing applications.

Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Status
	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.



- The pharmacy information can be viewed by clicking the **View** icon () in the **Action** column next to the record. Refer to Figure 4.0.1. The **Demographics** tab appears.
- Edits can be made to any of the available tabs by clicking the **Edit** hyperlink and saving the new information.
- Any changes that need to be made to the **Practice Type**, **Enrollment Type**, **Programs**, or **NPI** require a new application to be submitted. This should be done via the Provider Enrollment application, not Provider Information Management. Refer to *Section 3.0 – Provider Enrollment* for detailed instructions.

- 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.

Commonwealth of Pennsylvania Web Portal | Provider Information Management Friday, September 27, 2024 | 08:41 AM



**PLEASE NOTE:** The information captured and maintained on the Provider Information Management screens is not linked to your NCPDP file data. It is critical that you update your official NCPDP record with any updates that apply to your NCPDP profile. Updating your information with PACE but failing to provide the same information to NCPDP could result in your file being updated with dated, incorrect information when the Program uploads periodic file updates from NCPDP.



### Demographics Portal Home

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

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

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

Demographics | Licenses / IDs | Owners | Staff | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Pharmacy Info | Verification | Submit

NPI: 1234567890

**General Information** | [Edit](#)

Changes in Practice Type, Enrollment Type, Programs, or NPI require you to submit a new enrollment application. If you need to make a change to any of these fields, please return to the Portal Home page and use the Provider Enrollment link under Services and Applications to complete a new application. If you would like to discontinue your participation in a program, please contact Provider Services.

**Practice Type :** Pharmacy (Chain - 4 or more Pharmacies)

**Enrollment Type :** In State

**Program(s) / Effective Dates :** PACE/PACENET 09/26/2024 - 01/01/3000

**NPI :** 0000000013

\* indicates required field(s)

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

**Provider Federal Tax Identification Number (TIN) :** 123456789

**Employment Identification Number (EIN) :** Corporate Pharmacy

**Email :** name@domain.com

**Name :** Corporate Pharmacy  
(Enter the name as it appears on the pharmacy license.)

[Back To Dashboard](#)

### Addresses | Enter or edit the address information.

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

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

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

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
	Business/Corporate	Firstname Lastname	123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	barbara.silsley@primetherapeutics.com
	Service		123 Main St.	Harrisburg	PA	17112 -	1231231234	1231231234	barbara.silsley@primetherapeutics.com
	Software Vendor	Software Vendor	555 First Ave.	Harrisburg	PA	17109 -	1231231234		email@domain.com
Action	Type	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.

Select for Edit	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status
<input type="checkbox"/>	In State	[PACE/PACENET]	000000013	000000013	Corporate Pharmacy	Sep 26, 2024	Approval Authorized
<input type="checkbox"/>	In State	[PACE/PACENET]	000000014	000000014	Mail Order Pharmacy		In Progress
<input type="checkbox"/>	In State	[PACE/PACENET]	000000015	000000015			In Progress
<input type="checkbox"/>	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), Workers' Compensation Security Fund (WCSF), Automotive Catastrophic Loss Benefits Continuation Fund (AutoCAT), Special Pharmaceutical Benefits Program 1 (ADAP)]				Jul 3, 2024	Unassigned
<input type="checkbox"/>	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)]					Approval Authorized
<input type="checkbox"/>	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)]				Nov 1, 2018	Approval Authorized
<input type="checkbox"/>	In State	[PACE/PACENET, Chronic Renal Disease Program (CRDP), Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)]				Feb 9, 2023	Approval Authorized

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.

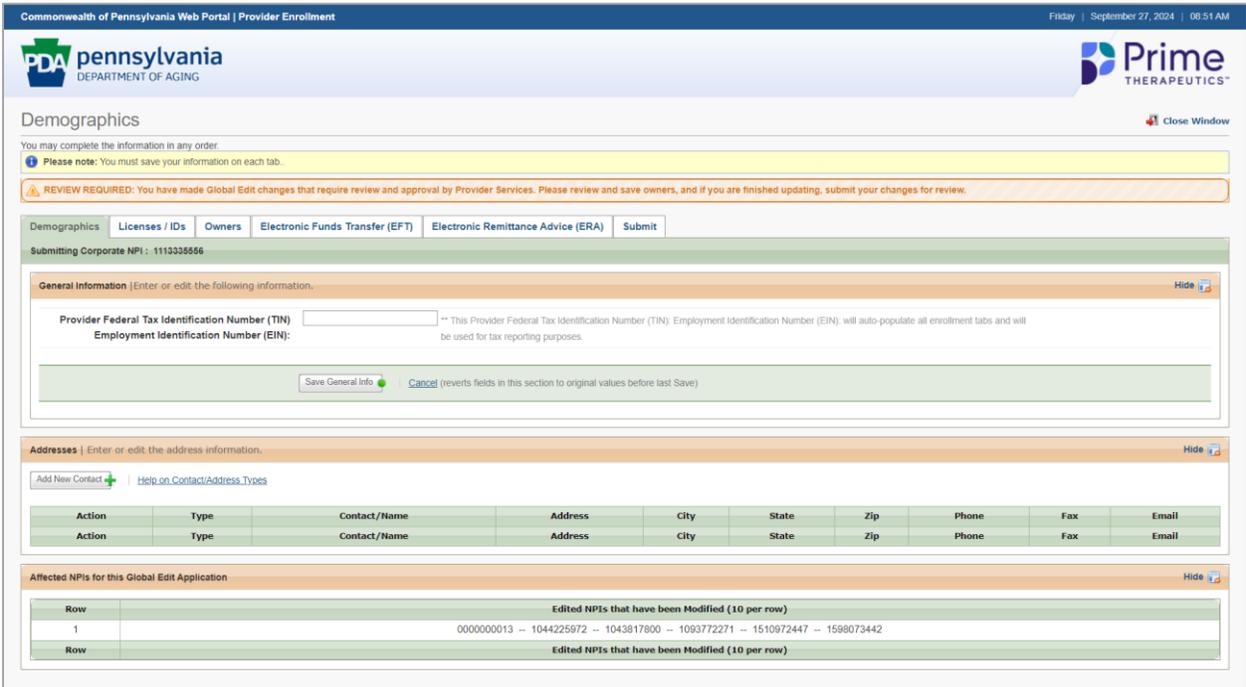


Figure 5.0.2 – Provider Enrollment, Demographics Tab

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.

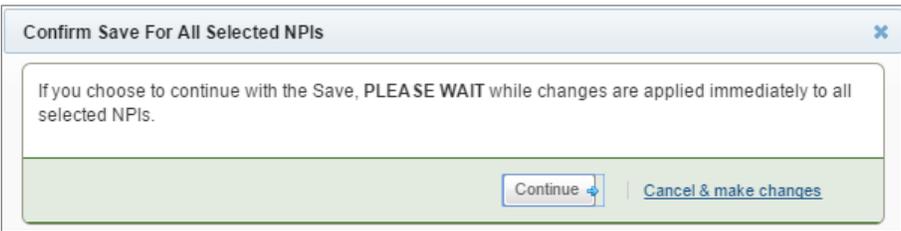


Figure 5.0.3 – Confirm Save for All Selected NPIs window

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

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Friday | September 27, 2024 | 09:14 AM

**PDA** pennsylvania DEPARTMENT OF AGING **Prime** THERAPEUTICS™

## Submit Enrollment Application 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.

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

Demographics | Licenses / IDs | Owners | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Submit

Submitting Corporate NPI : 1113335556

**Declaration** | Review and acknowledge your acceptance of all changes to all selected NPIs.

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

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

• indicates required field(s)

Preparer's First Name :

Preparer's Last Name :

Preparer's Title :

Date : Friday | September 27, 2024 | 09:14 AM

**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 NPIs 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.

| [Cancel & do not Submit](#)

**Figure 5.0.5 – Confirm Submission window**

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

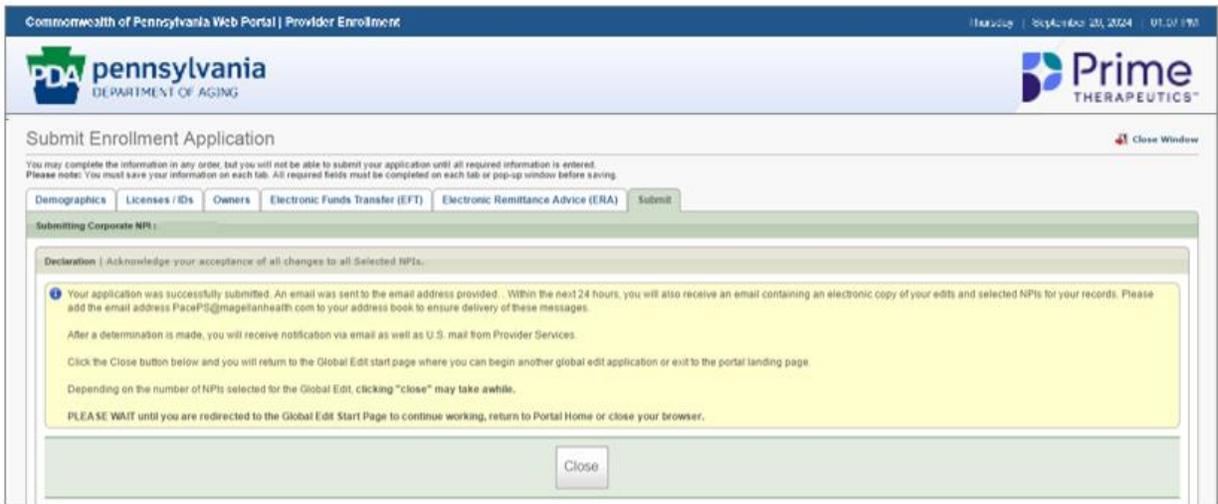


Figure 5.06 – Declaration Window

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

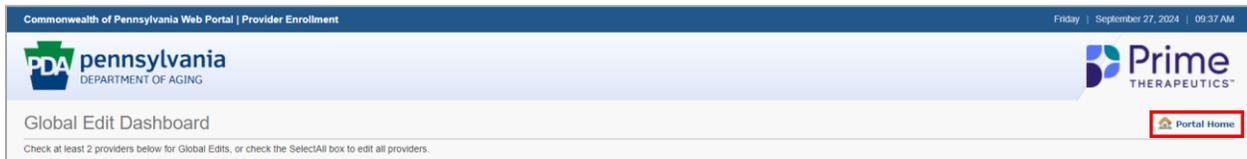


Figure 5.0.7 – Global Edit Dashboard window

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.

The image shows a sample letter from the Pennsylvania Department of Aging (PDA) regarding a PACE (Pharmaceutical Assistance Contract for the Elderly) enrollment application. The letter is addressed to a provider and informs them that their application was not processed due to incorrect corporate address information. It provides instructions on how to correct the information via the PACE portal and offers a contact number for questions. The letter is signed by Provider Services and includes a reference number RSD740P1. The footer contains the address: 4000 Crums Mill Road, Suite 303, Harrisburg, PA 17112.

**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 and Agreement due to the following reason(s):

Corporate Address is incorrect

Please visit [paceportal.lh.primetherapeutics.com](http://paceportal.lh.primetherapeutics.com) and log in using the Application Tracking Number that was previously provided at the start of the application process to make the necessary changes/corrections.

If you have any questions, please call 1-800-835-4080.

Sincerely,  
Provider Services

RSD740P1

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

**Figure 7.1.1 – Sample incomplete/incorrect information letter**

1. Log in to the Provider Enrollment application by following the steps in [Section 2.1 – Log In](#).

2. Refer to [Section 3.0 – Provider Enrollment](#) 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 of Pennsylvania Web Portal | Provider Enrollment Friday | September 27, 2024 | 09:49 AM

**pennsylvania** PDA DEPARTMENT OF AGING Prime THERAPEUTICS

### Submit Enrollment Application

You may complete the information in any order, but you will not be able to submit your application until all required information is entered.

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

Demographics Licenses / IDs Owners Staff **Electronic Remittance Advice (ERA)** Electronic Funds Transfer (EFT) Pharmacy Info Verification Submit Back to Dashboard

NPI :1234567890

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

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

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

Preparer's First Name:  Firstname

Preparer's Last Name:  Lastname

Preparer's Title:  Title

Date: Friday | September 27, 2024 | 09:49 AM

Training?:  Yes  No

Select "Yes" if you would like to be contacted about training.

Submit Enrollment Application

Figure 7.1.2 – Submit Tab

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



# 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 welcome you to, the following program(s):

Program Name	Program Group ID	Program Effective Date
--------------	------------------	------------------------

We have included your approved documents with this notification. Your effective date of enrollment is included above.

Please use your NPI number, and Group ID, listed above, when billing for payment of drugs provided to eligible cardholders. Remember that PACE/PACENET, CRDP, SPBP1 and SPBP2 agreements require that all other prescription insurance be billed before submitting a claim to their respective Program. It is the provider's responsibility to insure their software can bill more than two (2) payers if necessary.

During the enrollment process you were informed of the availability, for providers located in Pennsylvania, of an on-site training session offered for the program(s) in which you enrolled. The training includes an overview of the enrolled program(s) as well as specific information in areas such as billing procedures.

**At the time of enrollment you declined on-site training.**

Any questions regarding billing, eligibility, Program policy and Provider training should be directed to the following toll-free number: 1-800-835-4080. Questions concerning cardholder eligibility should be referred to Cardholder Services at 1-800-225-7223. Program information, including manuals and bulletins, can be found at [papaceportal.lh.primetherapeutics.com](http://papaceportal.lh.primetherapeutics.com).

4000 CRUMS MILL ROAD, SUITE 303 □ HARRISBURG, PA 17112



**PACE**  
Pharmaceutical Assistance Contract for the Elderly

CONTACT NAME

NPI

Written correspondence should be forwarded to the following address:

Provider Services Department  
P. O. Box 8809  
Harrisburg, PA 17105

Sincerely,  
Provider Services

4000 CRUMS MILL ROAD, SUITE 303 □ HARRISBURG, PA 17112

**Figure 7.1.3 – Sample Approval letter**

## 8.0 Practice Types

Practice Type	Enrollment Type	Programs
Certified Registered Nurse Practitioner	Different Office from Physician	PACE/PACENET
	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 Pharmacy	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)
Mail Order/Specialty Pharmacy	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)

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 Services	In State	Special Pharmaceutical Benefits Program 2 (Mental Health)
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health)
Pharmacy (Chain 4 – or more Pharmacies)	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)

Practice Type	Enrollment Type	Programs
Pharmacy (Independent)	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)
Pharmacy (Institutional)	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)
Physician Dispensing	In State	PACE/PACENET
		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