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

Version 2.0

October 1, 2024

Revision History

Version	Date	Name	Comments
1.0	10/24/2016	Training and Development	Initial Creation
1.1	04/10/2018	Training and Development	Minor reformatting
1.2	03/11/2019	PACE Provider Services Mgr.	Review for updates
1.3	5/22/2019	PACE Technical Writer	Update content
1.4	11/08/2019	PACE Technical Writer	Incorporate SME review
1.5	12/09/2020	PACE Technical Writer	Annual review
1.6	08/19/2022	PACE Technical Writer	Review and update as needed
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1.8	09/05/2023	Provider SME reviewers (A. Brewer)	Review
1.9	03/12/2024	PACE Technical Writer	Address SME review
1.10-1.12	3/12/2024-9/10/2024	PACE Technical Writer PACE Provider Services Mgr.	Ongoing updates and modifications
1.13	9/23/2024	PACE Technical Writer	Rebranded; replaced screen shots
2.0	10/01/2024	PACE Technical Writer	Final v

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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**.

2.0 Provider and Dispensing Prescribers Enrollment

Providers must enroll to submit claims for PACE/PACENET or ancillary programs. Once an application for enrollment is submitted, it is reviewed by enrollment specialists who make a determination for approval or denial or return the application if more information is needed.

2.1 Enrollment for Pharmacies and Dispensing Prescribers

Complete the following steps to begin the enrollment process:

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.

Figure 2.1.1 – Commonwealth of Pennsylvania Web Portal Home Page

3. Click **Launch** next to **Provider Enrollment** in the **Services and Applications** section. See Figure 2.1.1. The **Enrollment for Pharmacies & Dispensing Prescribers** window appears.

Figure 2.1.2 – Enrollment for Pharmacies & Dispensing Prescribers Window

4. Enter the **NPI**, **TIN/EIN**, **E-mail** address and **State License Number**. The system checks each field for proper formatting. If it meets requirements, a green check mark appears next to the field name. Required fields are indicated by an orange dot (🔴).

> **Notes**
>
> - 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 and 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** to proceed. The **Practice Type, Enrollment Type & Program(s)** window appears. See Figure 2.2.1.

6. Upon clicking **Continue**, you receive an email alert that an application was started. This email provides you with an **Application Tracking #** so that you can leave the system and come back in using the **NPI**, **Federal Tax ID (TIN/EIN)**, **E-mail**, **State License Number** and the **Application Tracking #** to access the *In Progress* application.

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 **dKxNXOmy.** This ID accompanied by your NPI, TAX ID and e-mail address will be required to access your application if needed.

You may contact the Help Desk at 1-800-835-4080 if you have any questions.

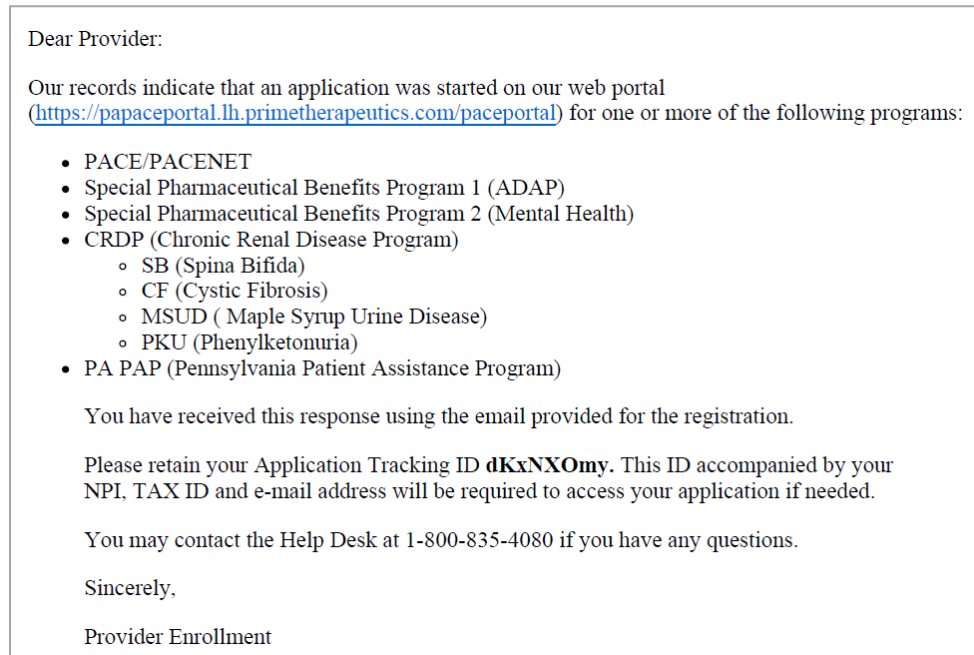Sincerely,

Provider Enrollment

Figure 2.1.3 – Email Alert

2.2 Practice Type, Enrollment Type and Program(s)

The practice type, enrollment type, and program(s) selected on this window determine the information required to complete the enrollment application. These options cannot be changed once the application is saved.

> **Notes**
> - See the **Practice Type**, **Enrollment Type**, and **Programs** table in *Section 5.0 – Practice Types* for a list of options.
> - If you need to change your Practice Type, contact Provider Enrollment at 1-800-835-4080.

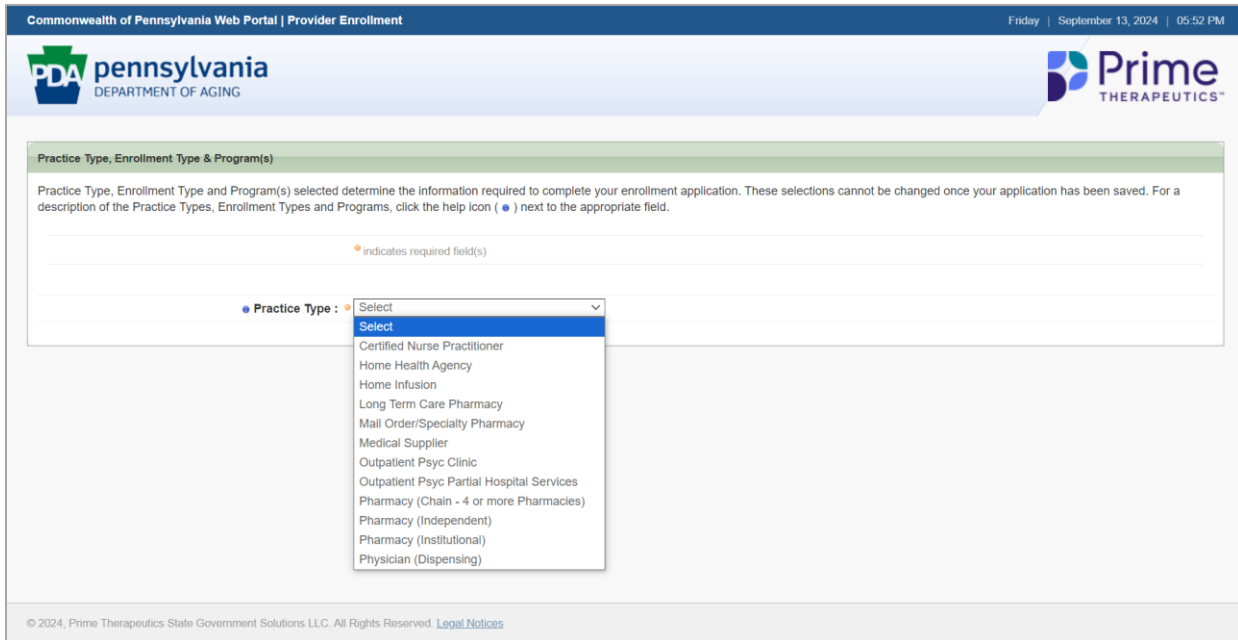1. Select the **Practice Type** that best describes your business. See Figure 2.2.1.

Figure 2.2.1 – Practice Type List

	•	Click the **Help** icon (ⓘ) next to the **Practice Type** list to see a description of the **Practice Types**, **Enrollment Types**, and **Programs**.

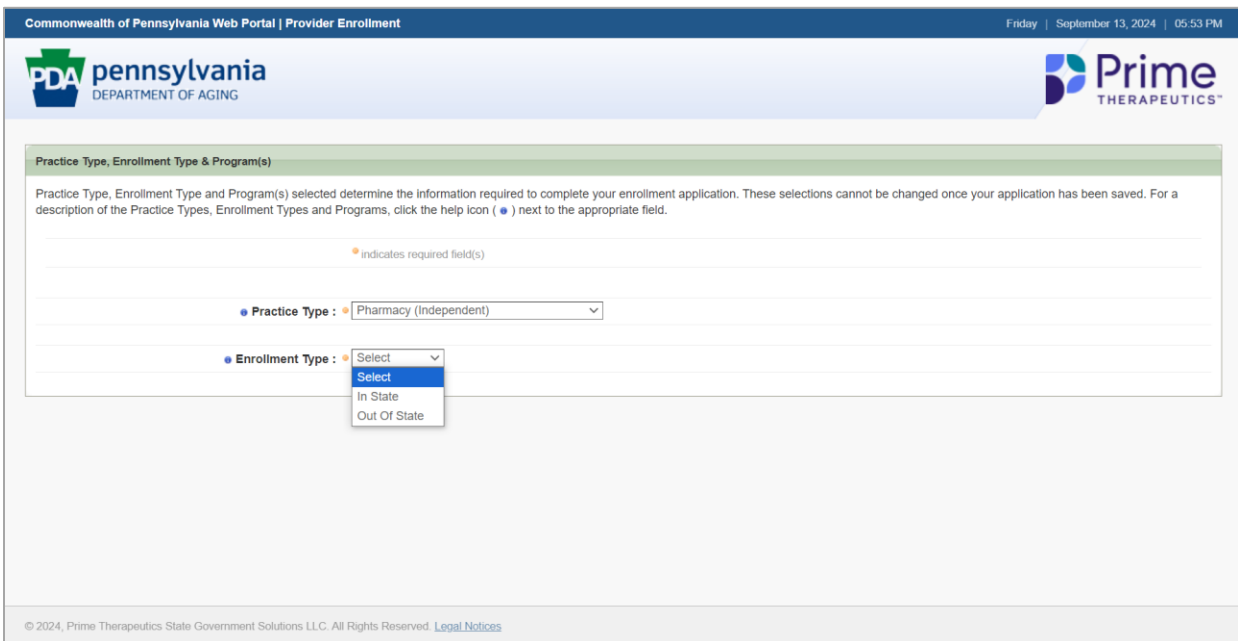2. The **Enrollment Type** option appears.

Figure 2.2.2 – Practice Type, Enrollment Type Options

3. Select the appropriate **Enrollment Type** that best describes your business. Options available in the **Enrollment Type** are based on the **Practice Type** selected.

4. The **Program(s)** check boxes appear.

> **Notes**
>
> - Additional programs can be added after an application is approved. See Add a New Application.
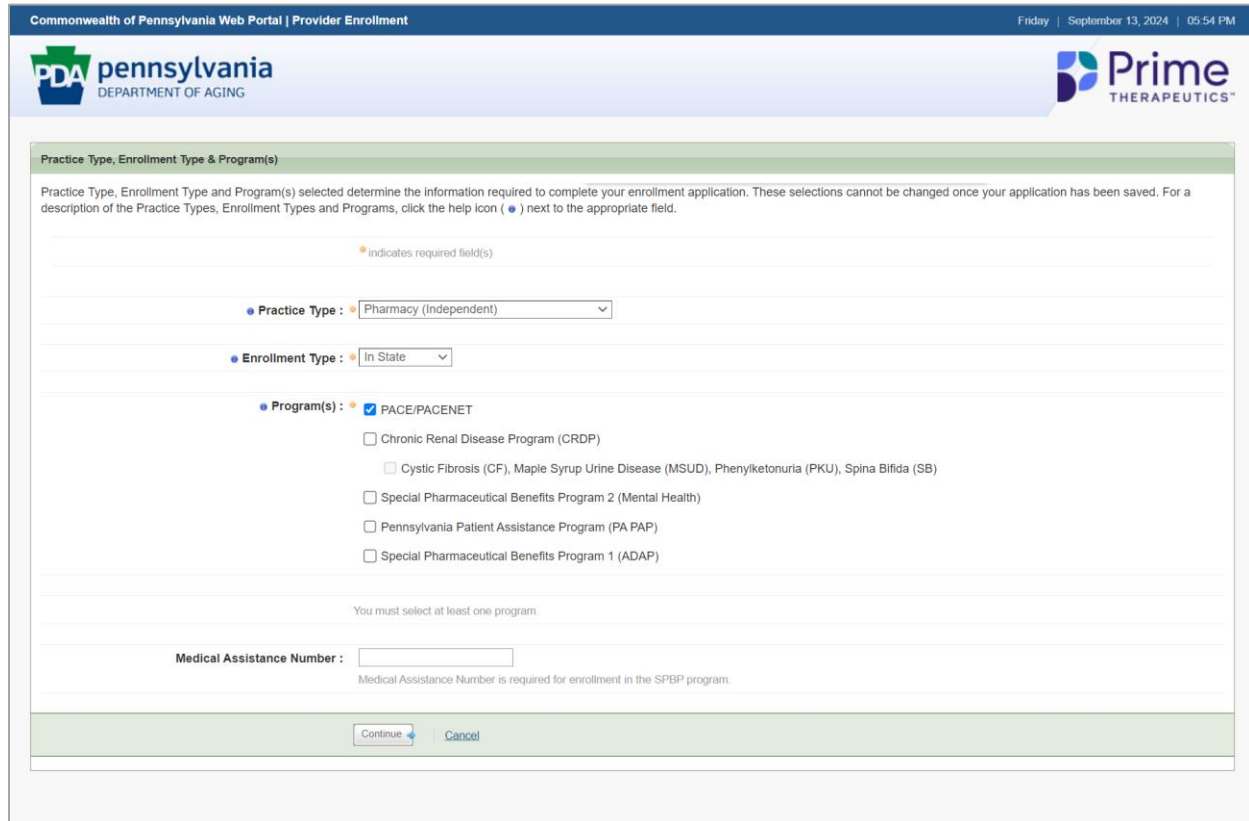

Figure 2.2.3 – Practice Type, Enrollment Type, and Program(s) Options

5. Check the **Program(s)** in which you wish to enroll. **Program(s)** options will vary based on the **Practice Type** and **Enrollment Type** selected in the previous step.

> **Notes**
>
> - **Medical Assistance Number** is a required field for enrollment in Special Pharmaceutical Benefits Program 1 and 2 (SPBP). For all other programs, indicate the **Medical Assistance Number** if it is known.
> - If a Medical Assistance Number has not been assigned, but is pending, any application for SPBP cannot be completed until the number is known.
> - This field must be numeric. **Do not** enter *Pending* in this field.

6. Enter the Part D Organization if selecting a Part D Program.

<table>
<tr>
<td>Notes</td>
<td>

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

</td>
</tr>
</table>

7. 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.

Confirm Practice and Enrollment Type

You have selected the following:

Practice Type: Pharmacy (Independent)

Enrollment Type: In State

⚠ Please ensure you have selected the appropriate Practice and Enrollment type for your practice. These selections cannot be changed once you continue beyond this screen.

⚠ To apply for SPBP, you must have a valid Medical Assistance Number. Please click Cancel and either enter a valid Medical Assistance Number or unselect SPBP

If these selections are correct, click Continue. Otherwise, click Cancel to make changes.

Continue ⇨ | Cancel & make changes

Figure 2.2.4 – Confirm Practice and Enrollment Type Window

8. The **Demographics** tab appears. See Figure 2.2.5.

<table>
<tr>
<td>Notes</td>
<td>

Once you click Continue, the Application Tracking # assigned to the application appears in the top-right title bar below the tabs.
The Application Tracking Number is required to access an application that is not yet approved if changes or updates are needed.
It is recommended that you also make a note of the Application Tracking # so that you can access the application at a later time.

</td>
</tr>
</table>

Figure 2.2.5 – Demographics Tab

> **Notes**
> - 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.

2.3 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, provider, dispensing physician, or Certified Registered Nurse Practitioner (CRNP) that is associated with this NPI number.

Figure 2.2.6 – Name Field

> **Notes**
> - If you selected *dispensing physician* or *CRNP* **Practice Types**, **First Name** and **Last Name** display and are required.

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

2.3.1   Edit Demographics

Complete the following steps to edit the NPI number, TIN/EIN and the email address:

> ⚠️
> - Once you edit your **NPI**, **TIN/EIN**, or **Email** address and save the edit, a new **Application Tracking #** is emailed to you at the address provided.
> - No further changes can be made to the application until you exit the system and access it again with the new **Application Tracking #**.

1. Click **Edit**.

Figure 2.2.7 – Demographics Tab, Edit Button

2. The **Demographics**, **NPI/Federal Tax ID/Email** window appears.

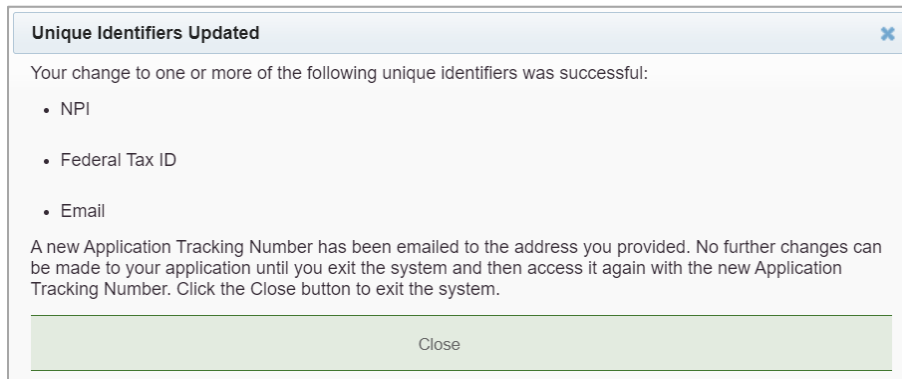**Figure 2.2.8 – Demographics, NPI / Federal Tax ID / Email Window**

3. Edit or change the **NPI**, **TIN/EIN**, or the **Email**.

> **Notes**
>
> - Click **Back to Demographics** to return to the **Demographics** tab without saving any changes you may have made.
>
> - If you click **Edit** and do not change anything and still click **Save General Info**, you receive an email with a new

> **Application Tracking #** requiring you to log in again. Click **Back to Demographics** or **Cancel & do not save** if you are not making changes.

4. Click **Save General Info** to save your edits. A pop-up window appears advising that your change was successful. Click **Cancel & do not save** to return to the **Demographics** tab without saving any changes you may have made.

Unique Identifiers Updated   ✖

Your change to one or more of the following unique identifiers was successful:

- NPI

- Federal Tax ID

- Email

A new Application Tracking Number has been emailed to the address you provided. No further changes can be made to your application until you exit the system and then access it again with the new Application Tracking Number. Click the Close button to exit the system.
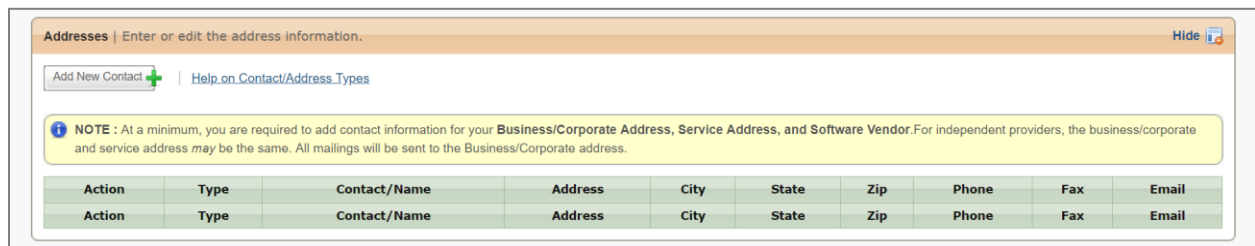
Close

Figure 2.2.9 – Unique Identifiers Updated Window

5. If you made changes, click **Close** to exit the system and log back in with the revised information and the new **Application Tracking #**. Otherwise, continue to the **Addresses** section.

2.3.2   Addresses

At a minimum, you are required to add contact information for your business/corporate, service and software vendor address. Required fields 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

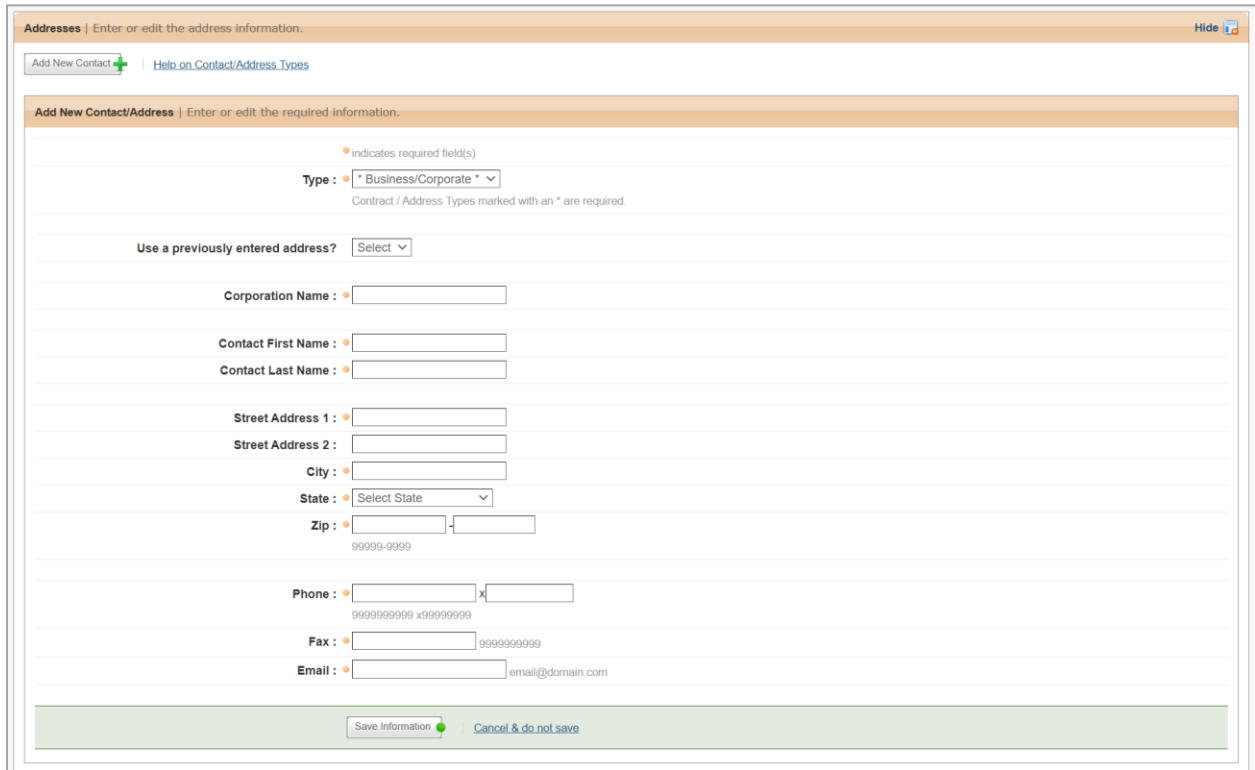**Figure 2.3.2.1 – Addresses Section**

> **Notes**
>
> - 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.

2.3.2.1 Business/Corporate

The business/corporate address is required. This is the public mailing address. The business/corporate address and service address may be the same.

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

Figure 2.3.2.1.1 – Add New Contact/Address, Business/Corporate

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

Notes	• 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. This may be the company/LLC name or the same name as the pharmacy.

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. 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, if known, the additional four digits 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** if the entered information is correct. 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** section of the window. The **Type** column displays the type of address entered.

Figure 2.3.2.1.2 – Demographics Tab, Business/Corporate Type

2.3.2.2 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.

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

Figure 2.3.2.2.1 – Add New Contact/Address, Correspondence

2. Click **Correspondence** from the **Type** drop-down list.

3. Enter the street address or P.O. box in the **Street Address 1** field.

4. Optionally, 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, if known, the additional four digits in the **Zip** field.

8. 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.

9. The information entered appears on the **Demographics** tab, in the **Addresses** section of the window. The **Type** column displays the type of address entered.

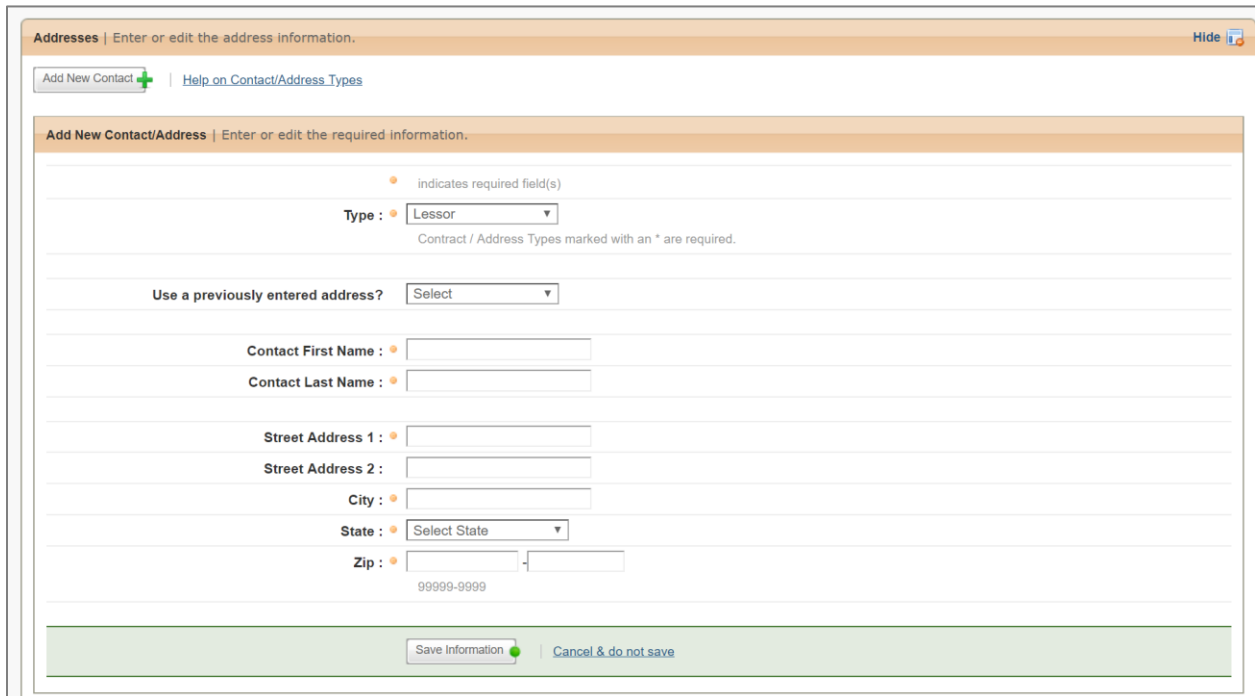**Figure 2.3.2.2.2 – Demographics Tab, Correspondence Type**

2.3.2.3 Lessor

Complete the **Lessor** address with the address of the person or company from whom you lease the property (landlord) where the provider renders services.

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

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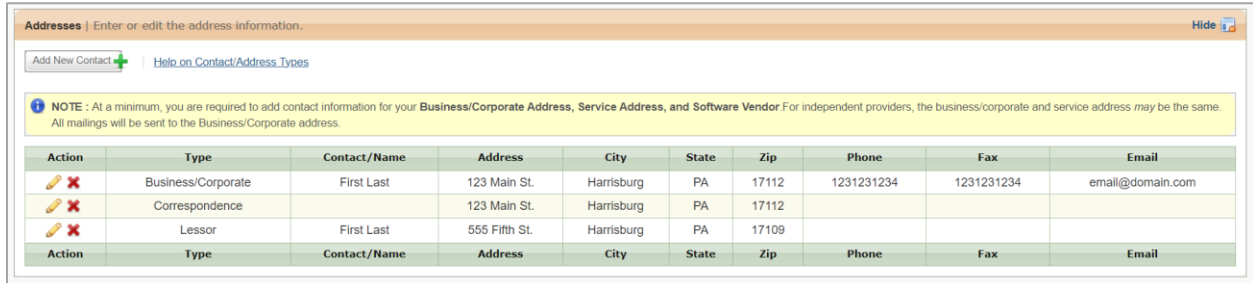

Figure 2.3.2.3.1 – Add New Contact/Address, Lessor

2. Click **Lessor** in the **Type** drop-down list.

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. Optionally, 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, if known, the additional four digits in the **Zip** field.

9. 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.

10. The information entered appears on the **Demographics** tab, in the **Addresses** section of the window. The **Type** column displays the type of address entered.

Figure 2.3.2.3.2– Demographics Tab, Addresses Section, Lessor Type

2.3.2.4 Service

The Service address is required. This is the physical location of the pharmacy.

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

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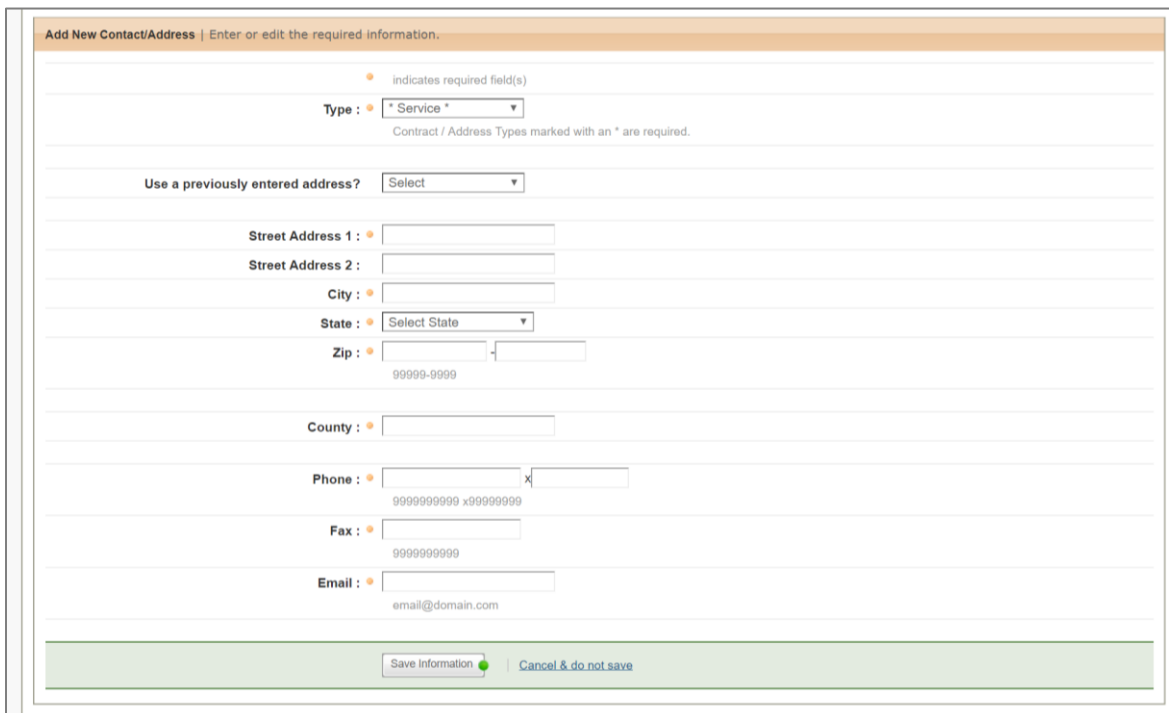

Figure 2.3.2.4.1 – Add New Contact/Address, Service

2. Select **Service** from the **Type** drop-down list. Refer to Figure 5.2.4.1

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 from the **State** drop-down list.

7. Enter the zip code and, if known, the additional four digits in the **Zip** field.

8. Enter the name of the county 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 **Addresses** section. The **Type** column displays the type of address entered.

Figure 2.3.2.4.2– Addresses section, Addresses Section, Service Type

2.3.2.5   Software Vendor

The Software Vendor contact information is required. You must enter the software vendor contact information for the electronic health record (EHR) in this option.

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 : * 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 x99999999

Email :

email@domain.com

Save Information | Cancel & do not save

Figure 2.3.2.5.1 – Add New Contact/Address, Software Vendor

2. Select **Software Vendor** from the **Type** drop-down list.

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. Optionally, 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, if known, the additional four digits 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.

12. The information entered appears on the **Demographics** tab, in the **Addresses** section of the window. The **Type** column displays the type of address entered.

Figure 2.3.2.5.2 – Addresses Tab, Addresses Section, Software Vendor Type

13. After all information has been added and saved, click the **Licenses/IDs** tab.

2.3.3 Edit Contact/Address

You can delete or edit any addresses you entered by clicking the Edit ( ) or Delete ( ) icon.

Icon	Action	Description
	Edit	• Only appears if you have the information previously saved. • Allows you to edit the information and click **Save Information** to save the changes.
	Delete	• Allows you to delete the address type previously saved. • Only appears if you have the information previously saved. • Presents a warning window advising you that you have to select to delete the information. To confirm the action, click **Delete** or click **Cancel & do not delete** to keep the information as is.

2.4 Licenses/IDs Tab

The **Licenses/IDs** tab requires you to enter any license or IDs you have, such as NPI, NCPDP (National Council for Prescription Drug Programs) number, etc. Required fields on this tab are indicated by an orange dot ( ).

> Notes
> • The **State License Number** entered on the **Enrollment for Pharmacies & Dispensing Prescribers** window populates this tab.

Figure 2.4.1 – Licenses/IDs Tab

1. Enter the effective dates for the license using the **(From) Effective Date** and **(To) Effective Date** fields. You can also, select the date by using the **Calendar** icon ( ).

Notes	• 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 dates manually, you must enter it in DD/MM/YYYY format.

2. Select the option that best describes your **Medical Assistance Status**.

3. Enter your MA number in the **Medical Assistance Number** field.

Notes	• The **Medical Assistance Number** is required if the Medical **Assistance Status** is **Enrolled**. • The **Medical Assistance Number** is required if you are enrolling in the SPBP program. • If you entered the Medical Assistance Number on the **Practice Type, Enrollment Type & Programs** window, it is populated on the Licenses/IDs tab. Refer to Figure 2.2.3.

4. Enter the Drug Enforcement Agency (DEA) number in the **DEA Number** field. The DEA number is a combination of two alphas and seven numerals.

5. Enter the Medicare number in the **Medicare Number** field.

6. 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

7. After all information has been added and saved, click the **Owners** tab.

2.5 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 information:

1. Select an **Ownership Type** from the drop-down list.

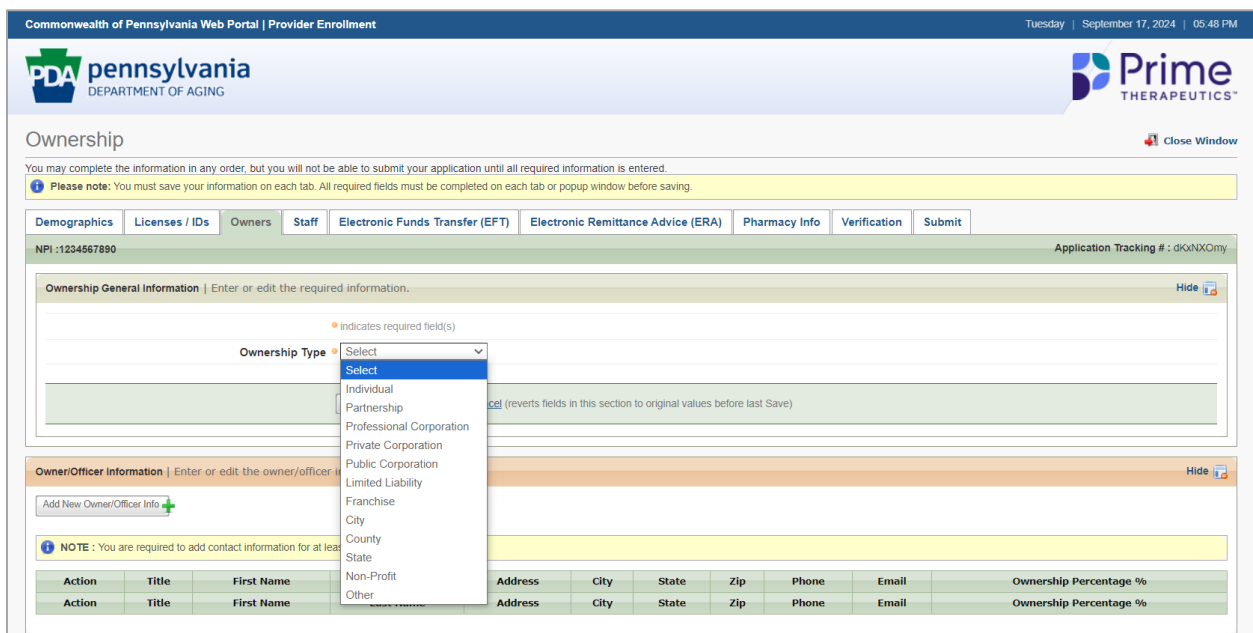| Notes | • The **Ownership Type** list is customized based on the practice type selected. |
| | • The ownership type of **Other** requires you to complete a description. |

Figure 2.5.1.1 – Ownership Type List

2. Click **Save Ownership Information** if the entered information is correct. Click **Cancel & do not save** to revert the screen to the values before the last Save.

3. Click **Add New Owner/Officer Info**. The **Add New Owner/Officer Information** window appears.

Figure 2.5.1.2 – Add New Owner/Officer Information

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

4. Enter the first and last names of the owner you are adding in the **Contact First Name** and **Contact Last Name** fields.

5. Enter the owner'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, if known, the additional four digits in the **Zip** field.

11. Enter the percentage of the business owned in the **Ownership Percentage** field.

Notes	• 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 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.

13. Enter the email address in the **Email** field.

14. Click **Save Information**. The information you entered appears in the Owner/Officer Information section of the window. Click **Cancel & do not save** to revert the screen to the values before the last Save.

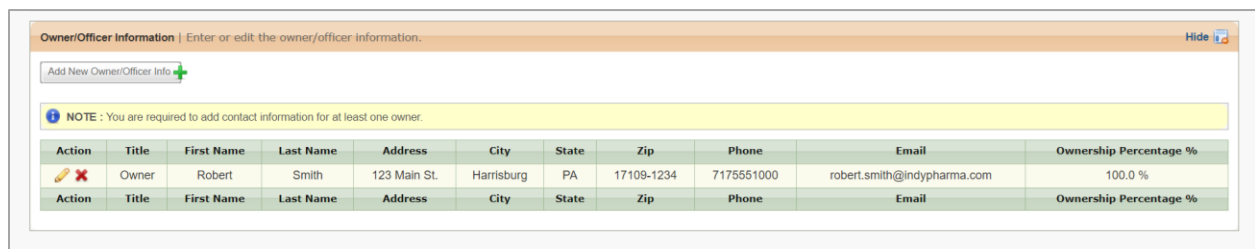15. Repeat these steps until all owners or officers are listed.

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

Add New Owner/Officer Info ➕

ℹ️ NOTE : You are required to add contact information for at least one owner.

Action	Title	First Name	Last Name	Address	City	State	Zip	Phone	Email	Ownership Percentage %
✏️ ✖	Owner	Robert	Smith	123 Main St.	Harrisburg	PA	17109-1234	7175551000	robert.smith@indypharma.com	100.0 %
Action	Title	First Name	Last Name	Address	City	State	Zip	Phone	Email	Ownership Percentage %

Figure 2.5.1.3 – Owner/Officer Information, Saved

> - Click the **Edit** (✏️) or **Delete** (✖) icon to take the appropriate action on owner/officer information.

16. After all information has been added and saved, click on the **Staff** tab.

2.6 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 (🔴).

2.6.1 Add Staff Information

Complete the following steps to add staff information:

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

> **Notes**
> - 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(s) in the practice).
>
> - If you are a Certified Registered 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.

Figure 2.6.1.1 – Add New Staff Information Window

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 in the **Specialty** field.

7. Enter the staff member's degree in the **Degree** field.

8. Click **Save** if the entered information is correct. Click **Cancel & do not** to revert the screen to the values before the last Save.

9. The information entered appears in the **Staff Information** section of the window.

10. Repeat these steps until all staff members are listed.

Figure 2.6.1.2 – Add Staff Information, Saved

> **Notes**
>
> - Click the **Edit** (✎) or **Delete** (✖) icon to take the appropriate action on the staff information.

11. Click on the **Electronic Funds Transfer (EFT)** tab after all information has been added and saved.

2.7 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 (●).

2.7.1 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.

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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.

ℹ️ **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 |

NPI :1234567890   Application Tracking # : dKxNXOmy

Electronic Funds Transfer (EFT) | Enter or edit the required information.

● indicates required field(s)

Provider Information

Provider Name: ● Independent Pharmacy ** Changes to Provider Information in the "grayed out" fields must be made in the Demographics tab.

Street: ●

City: ●

State/Province: ●

Zip Code/Postal Code: ● -

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
Employment Identification Number(EIN)   Identifier segment must be made in the Demographics tab.

National Provider Identifier(NPI): ● 1234567890

Provider Contact Information

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

Provider Contact Last Name: ●   [   ]

Telephone Number: ●   [   ] x [   ]
9999999999 x99999999

Email Address: [   ]

Fax 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 [   ]
9999999999 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: ●   [   ]

Submission Date   [   ] 📅 (mm/dd/yyyy)

Requested EFT Start/Change/Cancel Date   [   ] 📅 (mm/dd/yyyy)

This authority is to remain in full force until the COMPANY has provided written notification to the 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 COMPANY 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 2.7.1.1 – 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 name 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 **Telephone Number**. Enter numbers only; hyphens, spaces, or other special characters are not allowed.

3. Enter the name of the bank used by the provider 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** if the entered information is correct. Click **Cancel** to revert the screen to the values before the last Save.

12. Click on the **Electronic Remittance Advice (ERA)** tab after all information has been added and saved.

2.8 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 (⬤).

2.8.1 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**.

Figure 2.8.1.1 – Electronic Remittance Advice (ERA) Tab

1. Click **Yes** or **No** in the **Does your pharmacy have a Clearinghouse number (TPA number)?** option. If **Yes**, enter the third-party administrator (TPA) number in the **TPA Number** field. If **No**, continue to step 2.

2. Enter the first and last names of the person in the office who handles the ERA issues in the **Provider Contact First Name** and **Provider Contact Last Name** fields.

3. Enter the phone number of the person in the office who handles the ERA issues in the **Telephone number** field. Enter numbers only; hyphens, spaces, or other special characters are not allowed.

4. Select the option for how you wish to retrieve your R/As in the **Method of Retrieval** field.

5. Select the option for the reason you are submitting the application in the **Reason for Submission** field.

6. Enter the first and last name of the person completing the enrollment in the **Printed Name of Person Submitting Enrollment** field.

7. Enter the title of the person completing the enrollment in the **Printed Title of Person Submitting Enrollment** field.

8. Click **Save ERA Info** if the entered information is correct. Click **Cancel** to revert the screen to the values before the last Save.

9. Click on the **Pharmacy Info** tab after all information has been added and saved.

2.9   Pharmacy Info Tab

The **Pharmacy Info** tab allows you to enter information about your pharmacy, such as store hours, delivery service or emergency services options and price matching policies. Required fields on this tab are indicated by an orange dot (🔴).

2.9.1   Pharmacy Information

Complete the following steps to add your pharmacy information:

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

> **Notes**
>
> - 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.

Figure 2.9.1.1 – Pharmacy Information, Sliders to Select Hour and Minute

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

Figure 2.9.1.2 – Pharmacy Info 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. Click the applicable check box(es) in the **Do you participate in the following Medicare Part D Plan(s)** section.

> **Notes**
> - If you indicate that you participate in ALL Medicare Part D plans, the individual plan check boxes are preselected and disabled.
> - If you indicate that you do not participate in any Medicare Part D plans, the individual plan check boxes are disabled.

10. Click **Yes** or **No** in the **Are you approved as a 340B provider?** option.

> **Notes**
> - Clicking **Yes** for **Are you approved as a 340B provider?** option 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.

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

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

2.10   Verification Tab

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

> **Notes**
> - 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.

2.10.1   Verification Documents

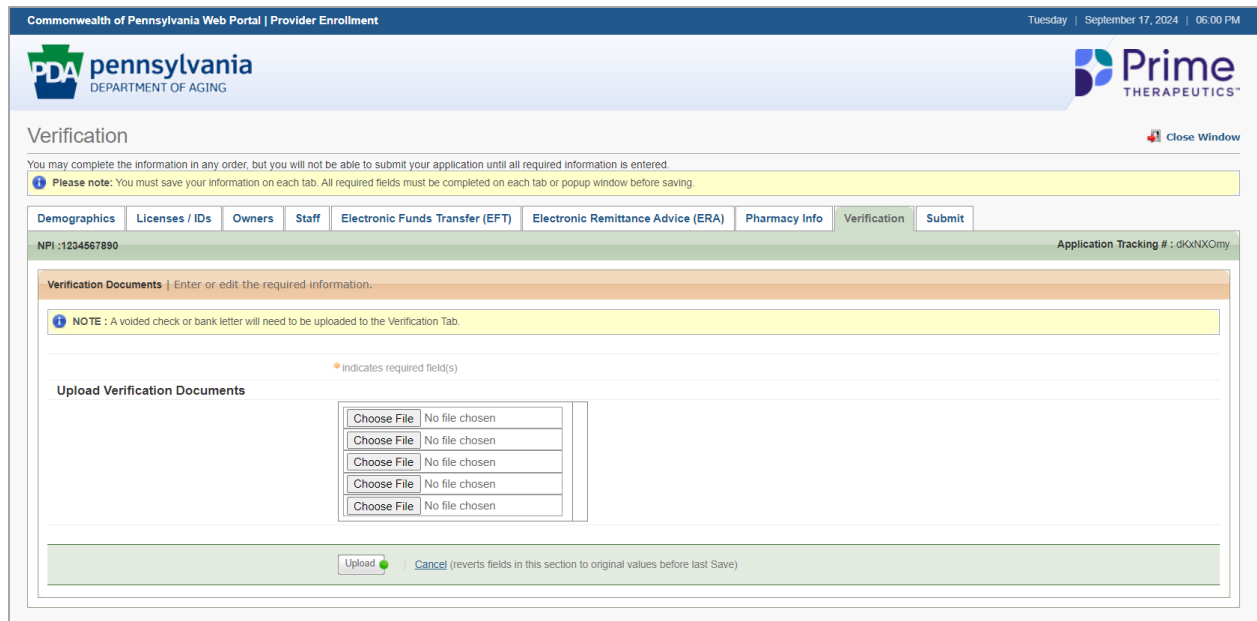Complete the following steps to upload your supporting documentation.

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Verification   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

NPI :1234567890   Application Tracking # : dKxNXOmy

Verification Documents | Enter or edit the required information.

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

● indicates required field(s)

Upload Verification Documents

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

Upload ● | Cancel (reverts fields in this section to original values before last Save)

Figure 2.10.1 – Verification Tab

1. Click **Choose File**.

2. Select the verification document from your local sytem to upload.

3. Click **Upload**. Click **Cancel** to revert the fields to the original values before the last save.

4. Click on the **Submit** tab after all information has been added and saved.

2.11   Submit Tab

The **Submit** tab allows you to finish the application and submit it for review. Required fields on this tab are indicated by an orange dot (●).

2.11.1   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 the forms and sign them:

1. Click **View And Acknowledge** under the **Action** column.
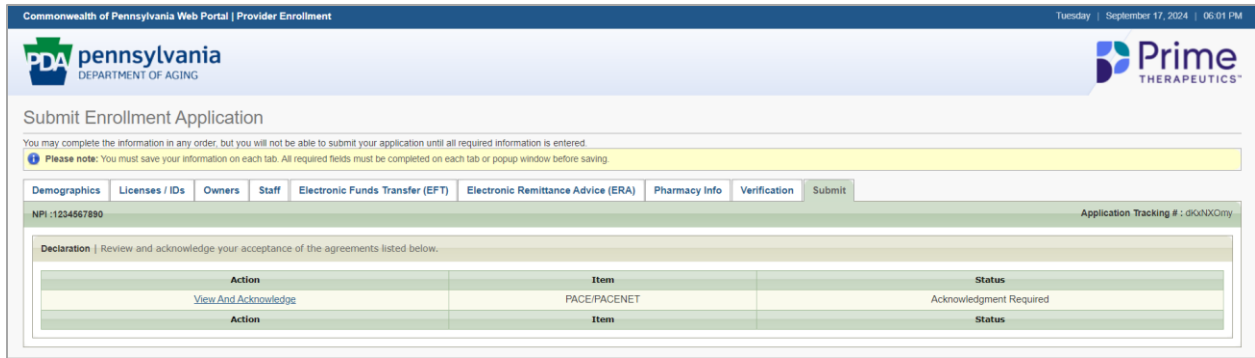
Figure 2.11.1.1 – Declaration, View And Acknowledge Hyperlink

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

> **Notes**
>
> - 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.
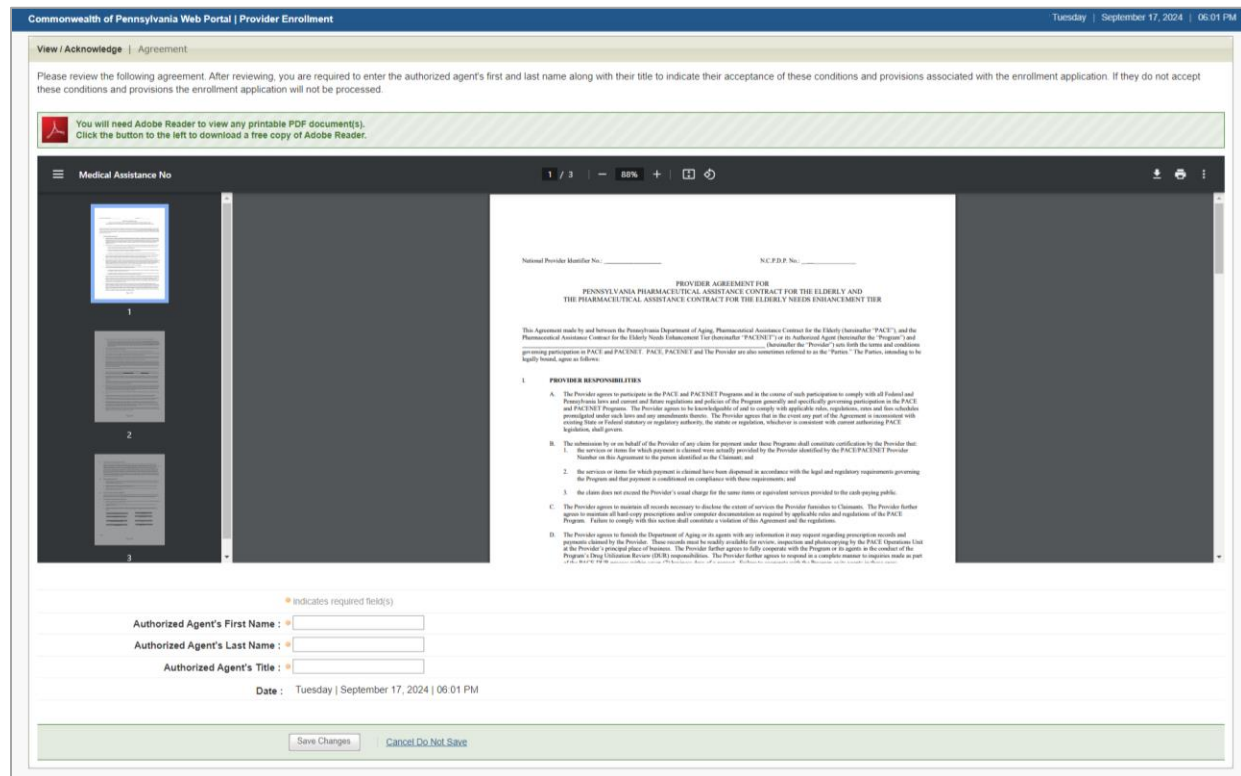
Figure 2.11.1.2 – View/Acknowledge Window, Agreement
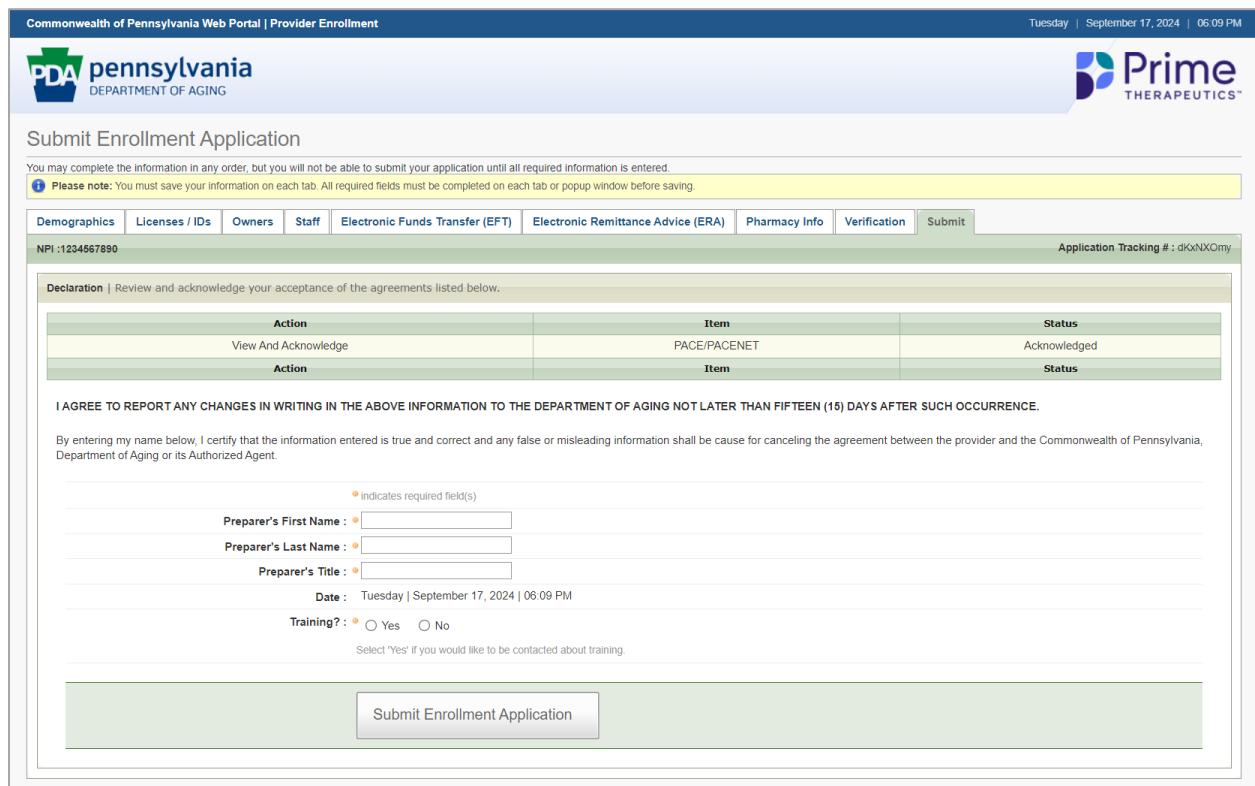
3. Enter the authorized agent's first and last names in the **Authorized Agent's First Name** and **Authorized Agent's Last Name** fields.

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** if the entered information is correct. 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 **NPI number**, **TIN/EIN**, **E-mail address** and **Application Tracking #**.

6. Repeat these steps for each 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 2.11.1.3 – 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. The current date and time appear on the acknowledgement form.

10. Select the radio button in the **Training?** field to indicate if you wish to be contacted about training.

11. Click **Submit Enrollment Application**. The **Confirm Submission** window appears. Click **Submit** to submit your application for review. Click **Cancel & do not Submit** if you do not wish to submit your application at this time. You are taken back to the **Submit** tab.
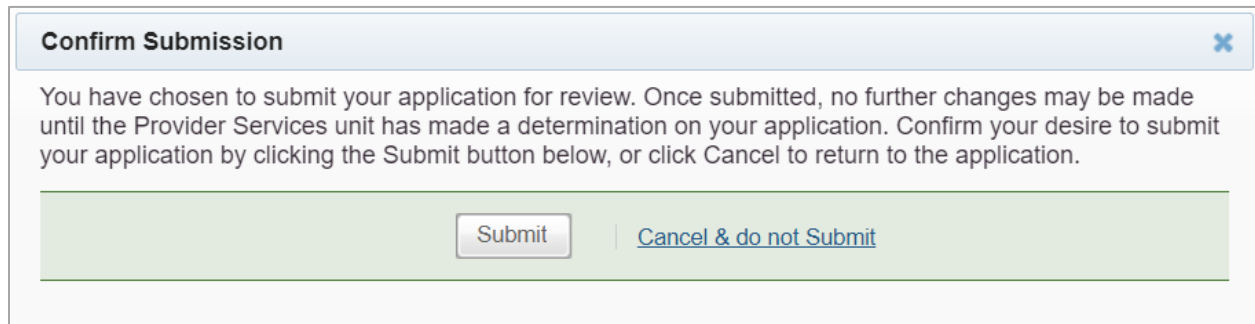
Figure 2.11.1.4 – Confirm Submission Window

12. If there are no errors, the *application successfully submitted* message appears.
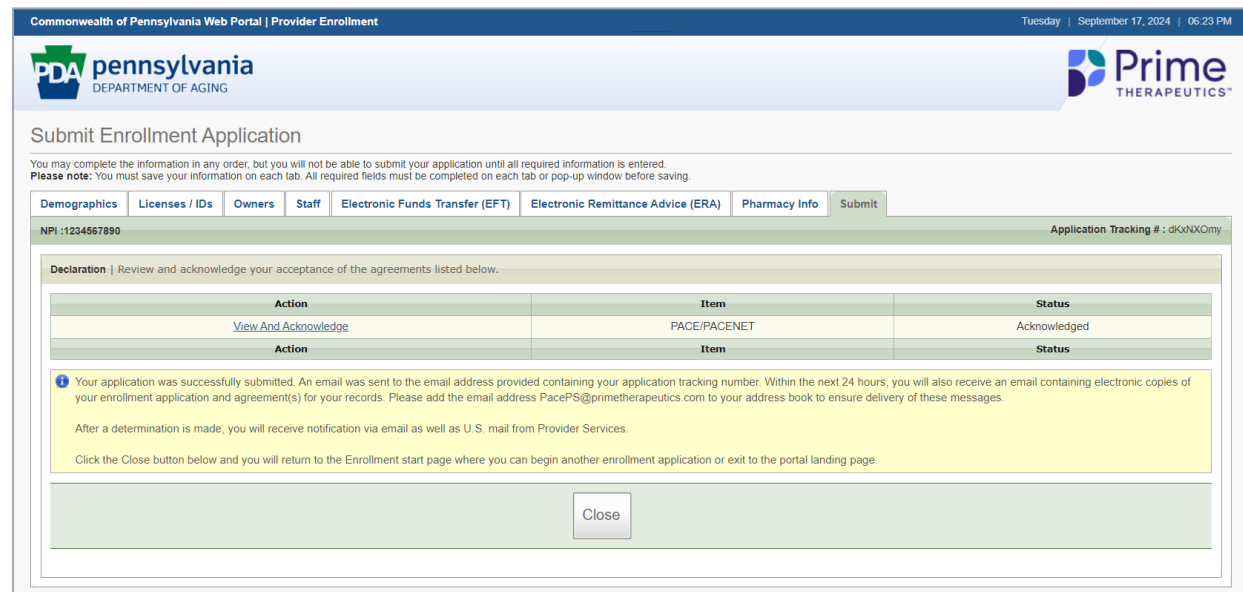
Figure 2.11.1.5 – Successful Message

13. If you have errors on the application or you did not complete a required field, you receive a message and are taken to the window/tab that contains the errors.
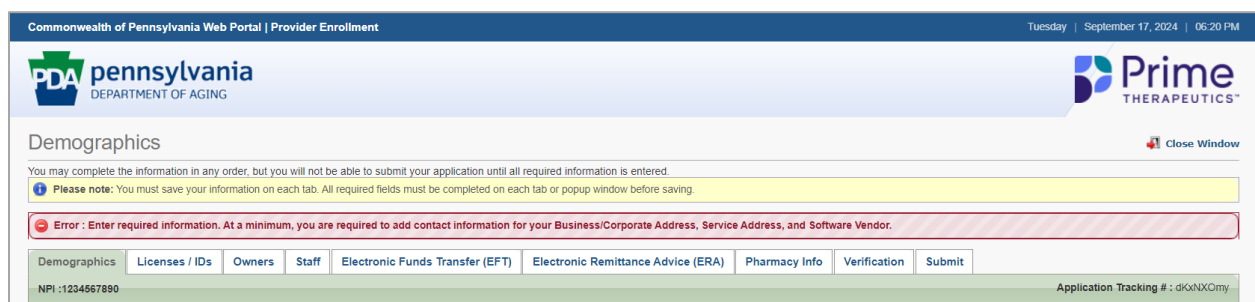
Figure 2.11.1.6 – Error Message

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).

> **Notes**
> - Add the email address 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.
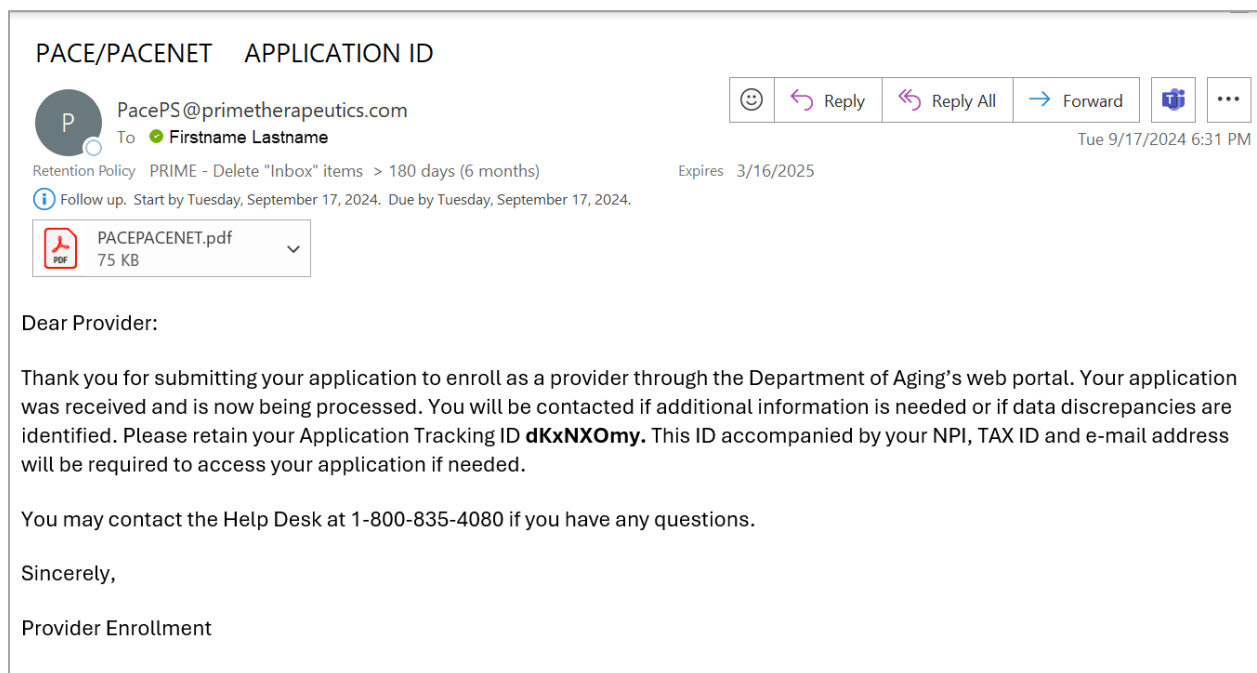
Figure 2.11.1.7 – Email confirmation with agreement attached

PACE/PACENET   APPLICATION ID

P   PacePS@primetherapeutics.com
     To ● Firstname Lastname

Retention Policy   PRIME - Delete "Inbox" items > 180 days (6 months)   Expires 3/16/2025

ⓘ Follow up. Start by Tuesday, September 17, 2024. Due by Tuesday, September 17, 2024.

📄 Enrollment.pdf
   152 KB

Dear Provider:

Thank you for submitting your application to enroll as a provider through the Department of Aging's web portal. Your application was received and is now being processed. You will be contacted if additional information is needed or if data discrepancies are identified. Please retain your Application Tracking ID **dKxNXOmy.** This ID accompanied by your NPI, TAX ID and e-mail address will be required to access your application if needed.

You may contact the Help Desk at 1-800-835-4080 if you have any questions.

Sincerely,

Provider Enrollment

Figure 2.11.1.8 – Email confirmation with enrollment attached

15. Click **Close Window** to return to the enrollment start page. Refer to Figure 2.1.1.

> **Notes**
> - If you attempt to log back into the application prior to Provider Services reviewing it, you receive an error message.

Once your application is approved, you will receive a letter of approval via email and mail. See Figure 3.1.1.

3.0 Review

All applications are reviewed by Enrollment Specialists who determine if the submitted application is complete and correct.

3.1 Approved

1. If your application is approved, you will receive a letter of approval via email and mail. See Figure 3.1.1.

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PACE
Pharmaceutical Assistance Contract for the Elderly

INDEPENDENT PHARMACY
123 MAIN ST.
HARRISBURG, PA 17112

09/17/2024
NPI: 1234567890

Dear Provider:

This is to confirm your enrollment in, and welcome you to, the following program(s):

Pharmaceutical Assistance Contract for the Elderly   PACE   09/19/2024

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.

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

pennsylvania
DEPARTMENT OF AGING

PACE
Pharmaceutical Assistance Contract for the Elderly

INDEPENDENT PHARMACY   1234567890

Written correspondence should be forwarded to the following address:

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

Sincerely,
Provider Services
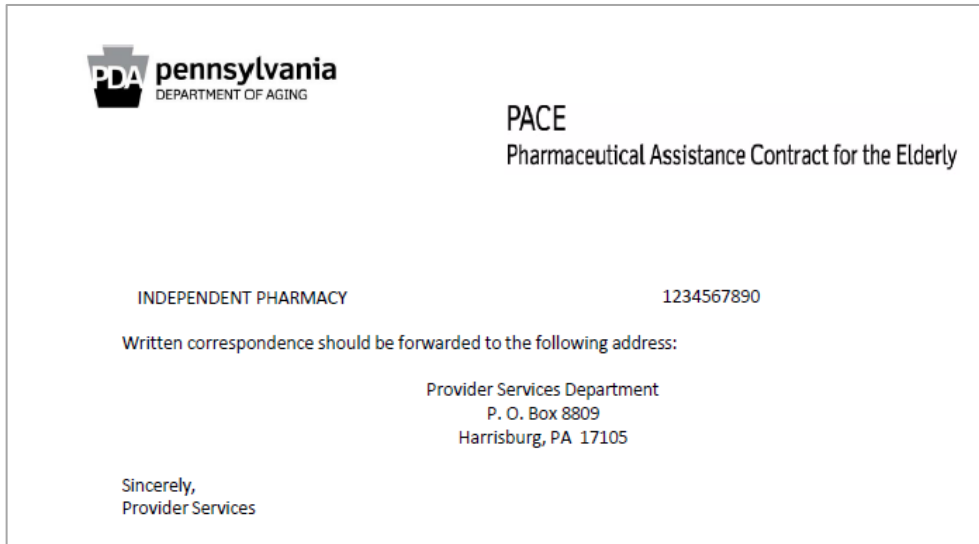
Figure 3.1.1 – Sample Approval letter

3.2   Returned for Information

If changes are needed after the enrollment application has been reviewed, you receive an email notification advising you that your application is returned for more information needed. You are able to access the enrollment application to make the changes.

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DEPARTMENT OF AGING

PACE
Pharmaceutical Assistance Contract for the Elderly

Independent Pharmacy
123 Main St.
Harrisburg, PA 17112

09/17/2024
NPI: 1234567890

Dear Provider:

We are unable to process your Enrollment Application and Agreement due to the following reason(s):

Other: Incorrect pharmacy hours indicated

Please visit papaceportal.magellanhealth.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 call1-800-835-4080.

Sincerely,

Provider Services

RSD740P1

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

Figure 3.2.1 – Sample of Returned for Information E-mail

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. Enter the **NPI, Provider Federal Tax Identification Number (TIN) or Employment Identification Number (EIN), E-mail and Application Tracking #**.

Figure 3.2.2 – Enrollment for Pharmacies & Dispensing Prescribers Window

4. Click **Continue**. The **Demographics** tab appears. See Figure 3.2.3.

Figure 3.2.3 – Enrollment Application, Demographics Tab

5. Make the required updates/revisions and click **Save** to save the changes on the tab you changed.

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

Figure 3.2.4 – Submit Tab

- You receive a new Provider Agreement and Enrollment package any time changes or updates are made. These agreements supersede the prior version and should be kept for verification.

4.0   Secure Services and Applications

Once your application has been approved, you must register and create a **User ID** and **Password** to gain access to the secured applications related to Provider Enrollment, Web Claims Submission, Finance Portal and Medical Exception (ME) Submissions.

4.1   System Access

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.

> **Notes**
> - The roles assigned by the Delegated Administrator control what functional users can access. If you do not have the access, or the access you need, contact your Delegated Administrator.

Complete the following steps to set up a Delegated Administrator:

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.
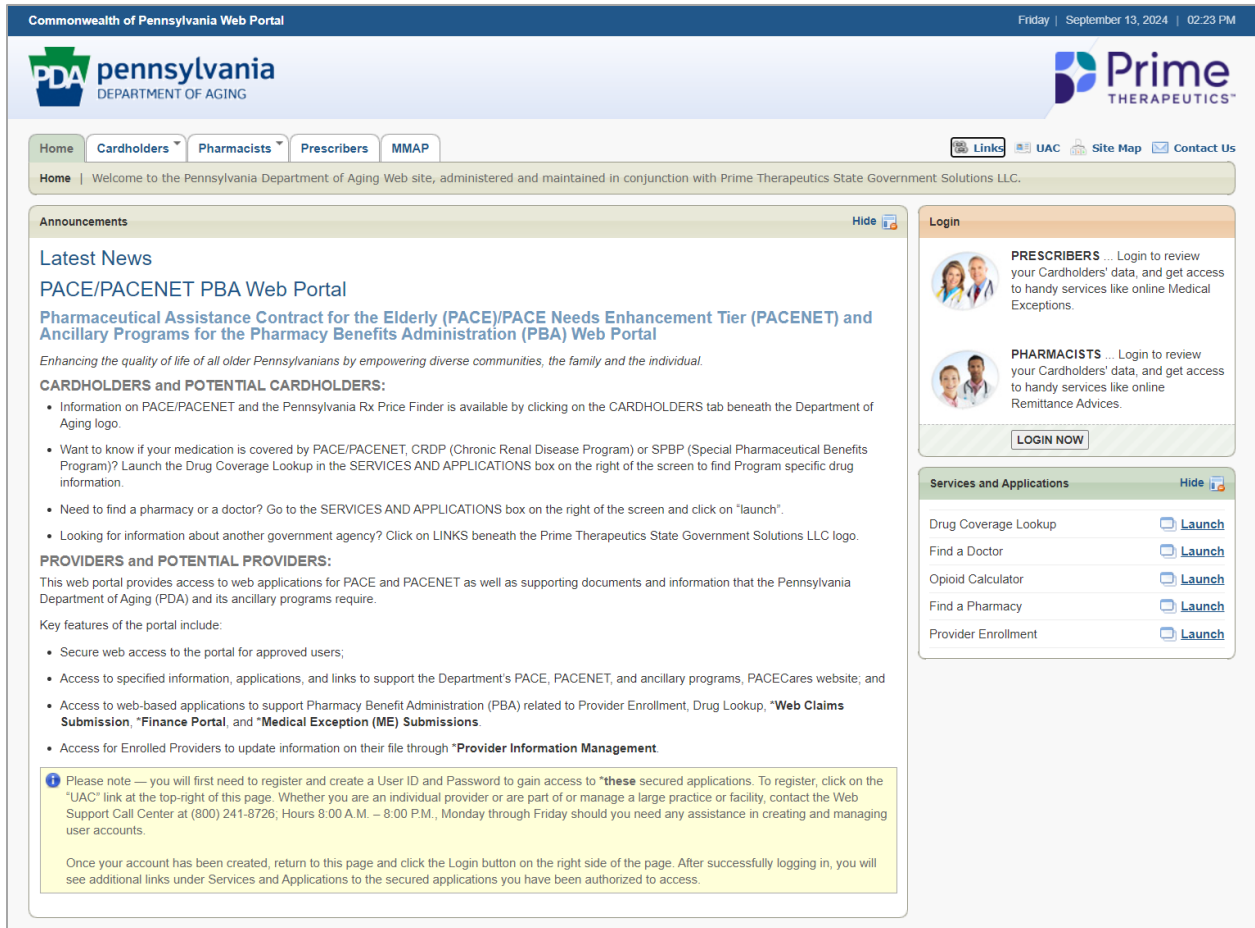
Figure 4.1.1 – Commonwealth of Pennsylvania Web Portal Home Page

3. Click the **UAC** hyperlink on the **Commonwealth of Pennsylvania Web Portal** Home page. The **User Administration Console (UAC)** window appears.
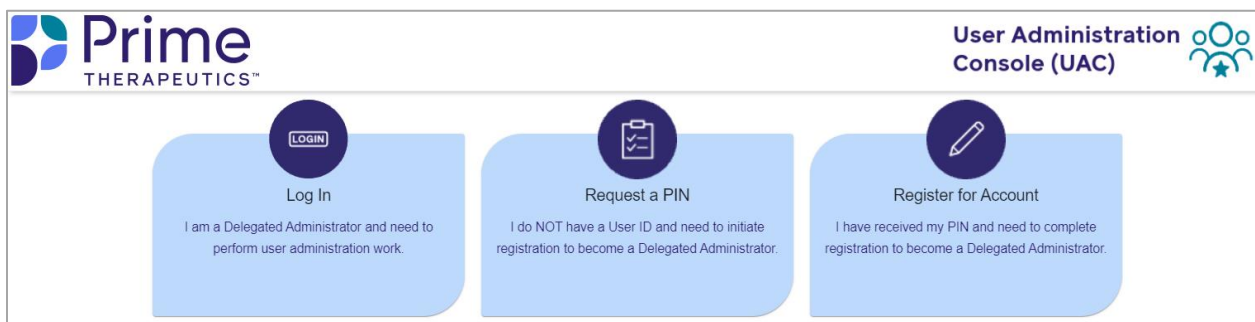
Figure 4.1.1.1 – User Administration Console Window

4. Refer to the *User Administration Console User Guide* for detailed instructions on the registration process. To access this user guide, click **Help** at the bottom of the window.

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.

4.1.1   Log In

Once you are enrolled and registered with the UAC and want to enroll in additional programs with PACE or make changes to existing information, you must login using the credentials established and provided by the Delegated Administrator. If you have not received credentials, contact your Delegated Administrator.

Complete the following steps to log in if you are an existing Provider Enrollment user:

1. Click **Login Now** on the **Commonwealth of Pennsylvania Web Portal** home page.
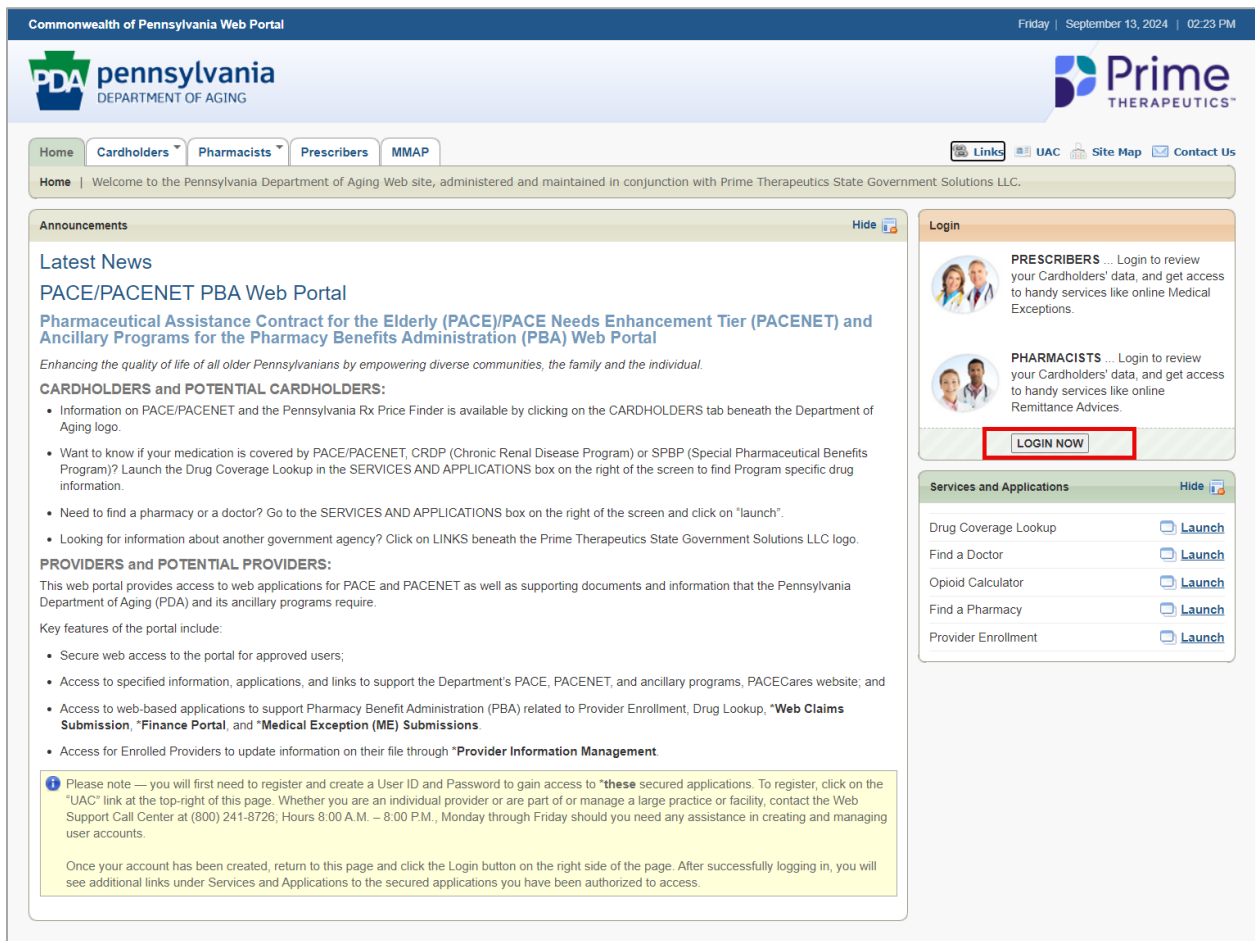
Figure 4.1.1.1 – Commonwealth of Pennsylvania Web Portal Home Page, Login Now button

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

Figure 4.1.1.2 – Okta Sign In Window

3. Enter your **Email Address** and click **Next**.

4. Enter your and **Password** and click **Verify**.

Figure 4.1.1.3 – Okta Sign In Verify

Notes	• 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.

5. The **Choose a provider to work on behalf of** window appears.
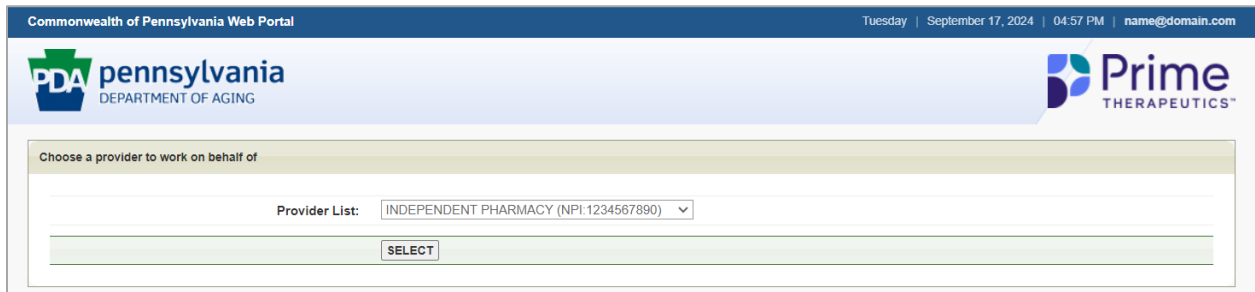
Figure 4.1.1.4 – Provider List window

6. Choose the provider to work on behalf of from the **Provider List** drop-down.

7. Click **Select**. The **Commonwealth of Pennsylvania Web Portal Home** page appears.
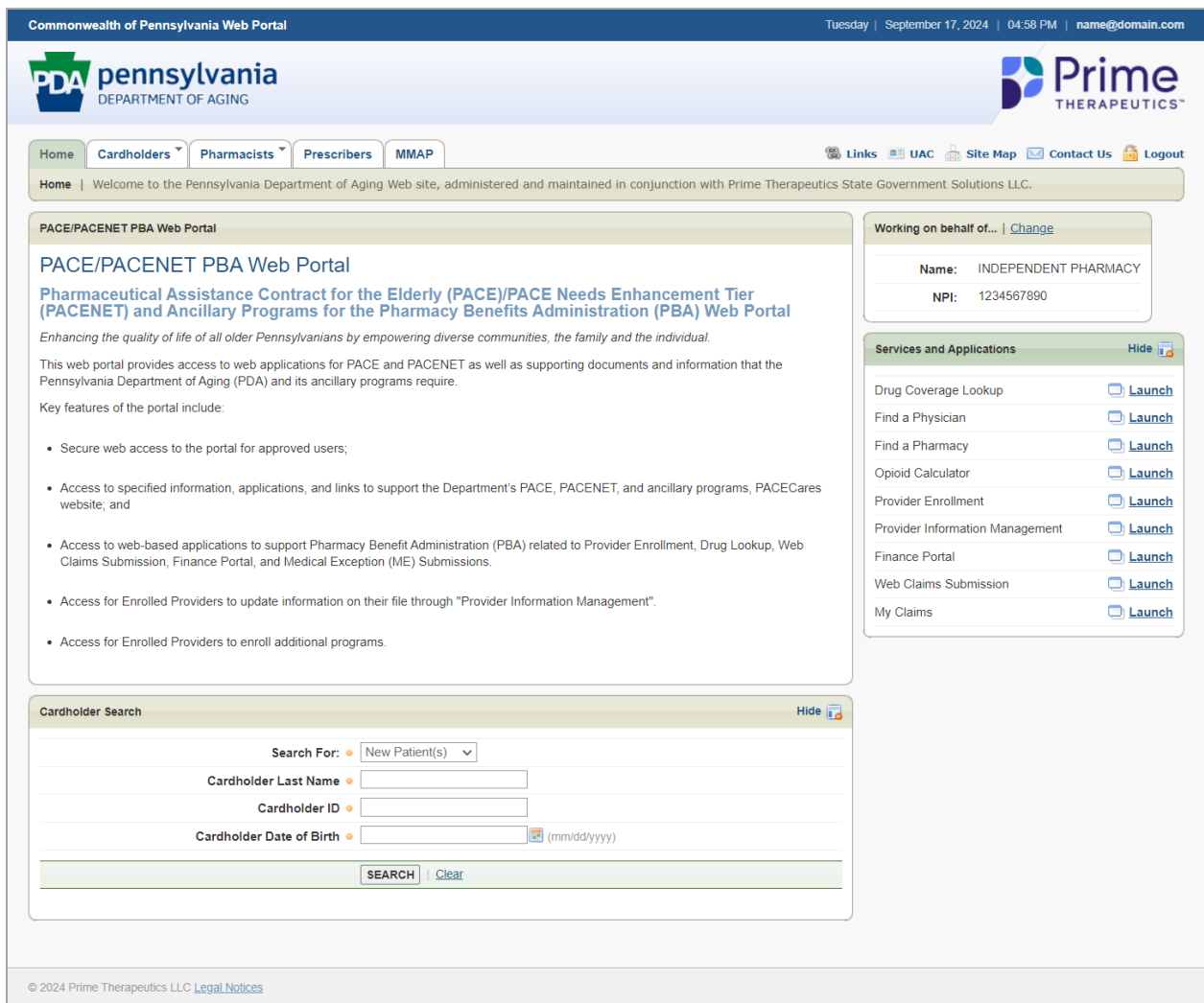
Figure 4.1.1.5 – Commonwealth of Pennsylvania Web Portal Home Page

4.1.2   Log Out

Complete the following steps to log out of the **Commonwealth of Pennsylvania Web Provider** portal.

1. Click **Logout** in the top right-hand corner.
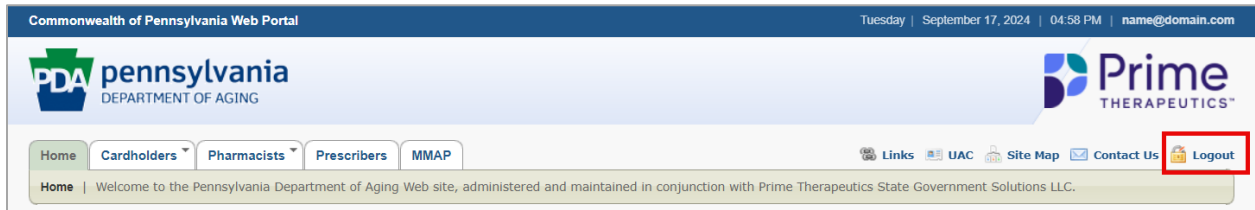
Figure 4.1.2.1 – Commonwealth of Pennsylvania Web Portal Home page, Logout

4.2   Provider Enrollment Dashboard

The Provider Enrollment Dashboard displays the enrollment applications you have submitted with the NPI that was selected from the **Provider List**. From this window, you can edit and resubmit applications that have been returned from Provider Services for information, add a program, view applications that have been approved and delete an application that was started but never submitted.
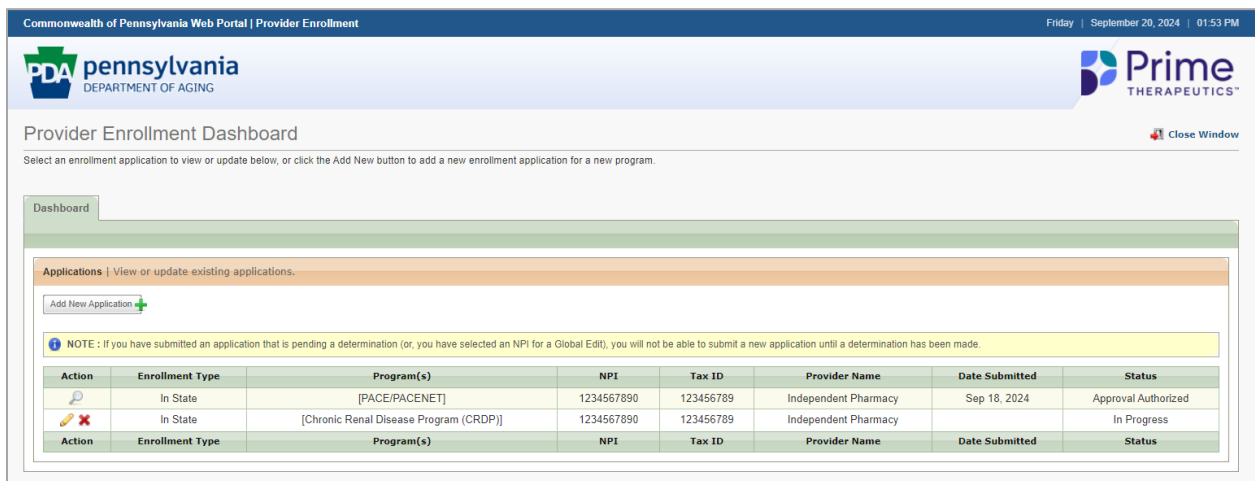
Figure 4.3.1 – Provider Enrollment Dashboard

Icon	Action	Description
🖊	Edit	• Allows you to edit an application in progress or one that was returned to you for information.
✖	Delete	• Allows you to delete an *In Progress* application that has not yet been submitted. • Once you click the Delete icon, a warning window appears advising that you have chosen to delete an *In Progress* application.

Icon	Action	Description
		• To confirm the action, click **Delete** or click **Cancel & do not delete** to keep the application intact.
🔍	View	• Allows you to view the provider application submitted. No editing is allowed.

4.2.1   Edit an Application

Complete the following steps to edit an application that has been returned for information:

1. After logging in using your username/ID and password, click **Launch** next to **Provider Enrollment** in the **Services and Applications** section of the **Commonwealth of Pennsylvania Web Portal Home** page. The **Provider Enrollment Dashboard** displays all enrollments for your pharmacy. See Figure 4.3.1.

2. Click the edit (✏️) icon. The application appears, with focus set to the **Demographics** tab.

> **Notes**
>
> • Messages display at the top of the screen in an orange box if the application you selected has pending changes.
>
> • If changes have been submitted, you cannot make additional changes until the pending changes have been reviewed.
>
> • Icons only display for actions that can be taken on an application. For example, the **Delete** icon will only display for an application that is *In Progress* status; or an application that has not been reviewed cannot be updated so only the **View** icon displays.

Figure 4.3.1.1 – Provider Application

3. Click the tab you wish to revise. Make the necessary revisions and save your changes.

4. Click the **Submit** tab and submit the application by clicking **Submit Enrollment Application** to send changes to Provider Services for review. See Figure 2.11.1.3.

4.2.2 Add a New Application

If you wish to enroll in additional programs, you must add a new application.

Complete the following steps to add a new application:

1. After logging in using your username/ID and password, click **Launch** next to **Provider Enrollment** in the **Services and Applications** section of the **Commonwealth of Pennsylvania Web Portal Home** page. The Provider Enrollment Dashboard displays all enrollments for your pharmacy.
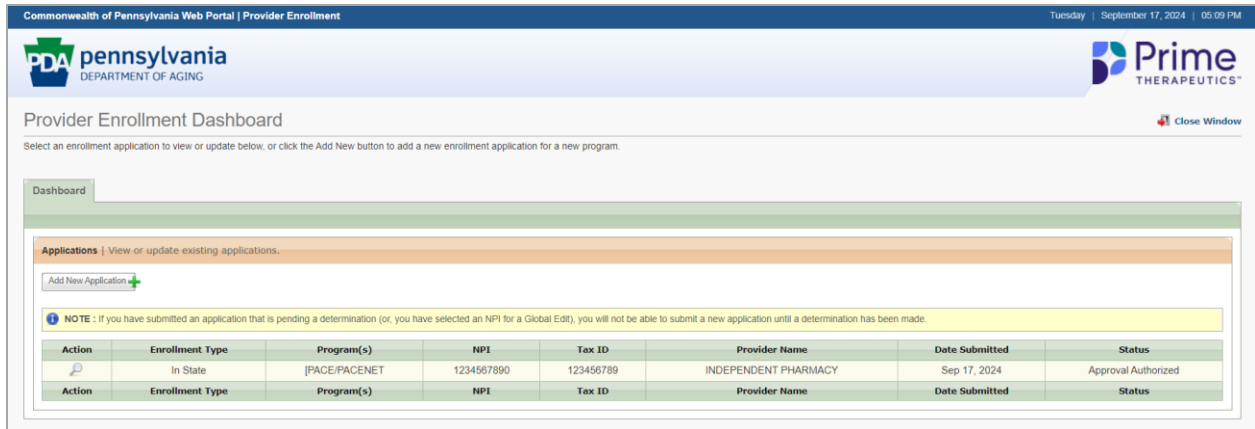
Figure 4.2.2.1 – Provider Enrollment Dashboard Window

> **Notes**
> - Some fields are pre-populated based on information previously entered for other programs.
> - If you have submitted an application or Provider Information Management update that is pending a determination, you cannot submit a new application until a determination has been made.
> - The **Edit** icon (✎)appears allowing you to make changes to the application if it was returned for information.
> - **Close Window** takes you back to the portal **Home** page. Refer to Figure 2.1.1.

2. If you do not have any applications or Provider Information Management updates pending determination, your window displays the **Add New Application** button.

3. Follow the steps for enrollment in *Section 2.0* of this user guide.

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

4.3 Provider Information Management

Providers are responsible for maintaining their information on the portal once they have been approved.

Complete the following steps to access Provider Information Management:

1. After logging in using your username/ID and password, click **Launch** next to **Provider Information Management** in the **Services and Applications** section of the **Commonwealth of Pennsylvania Web Portal Home** page.

Figure 4.3.1 –Home Page

2. The **Provider Information Management** window appears.

Figure 4.4.2 – Provider Information Management window

3. Click **Edit** on the applicable tab(s) if updates are needed. Updates must be submitted to Provider Enrollment for review and approval.

4. Save each tab on which changes are made.

5. Click the **Submit** tab to review and acknowledge your acceptance of the agreements.

6. Click **Submit PIM Update** to send changes to Provider Services for review.

7. You will be notified of the disposition of your submitted changes.

> **Notes**
>
> - The information captured and maintained via the **Provider Information Management** application 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.

- Once the changes are made, you must wait for determination from Provider Services before you can make any further changes or submit a new enrollment application.

- Additional programs can be added through the **Provider Enrollment** link.

- Practice Type and NPI cannot be changed using the portal. If you need to change your Practice Type or the NPI, contact Provider Enrollment at 1-800-835-4080.

- Contact Provider Services if you would like to discontinue your participation in a program.

5.0   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)
	In State	PACE/PACENET

Practice Type	Enrollment Type	Programs
Mail Order/Specialty Pharmacy		Chronic Renal Disease Program (CRDP) • Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)
		Special Pharmaceutical Benefits Program 2 (Mental Health)
		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)
	In State	PACE/PACENET
		Chronic Renal Disease Program (CRDP)

Practice Type	Enrollment Type	Programs
Pharmacy (Chain 4 – or more Pharmacies)		• 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 (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)
	In State	PACE/PACENET

Practice Type	Enrollment Type	Programs
Physician Dispensing		Special Pharmaceutical Benefits Program 2 (Mental Health) Monitoring
		Pennsylvania Patient Assistance Program (PA PAP)
	Out Of State	Special Pharmaceutical Benefits Program 2 (Mental Health) Monitoring