

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

Version 3.0

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Revision History

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1.1	04/10/2018	Training and Development	Minor reformatting
1.2	03/11/2019	PACE Provider Services Mgr.	Review for updates
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3.0	10/20/2025	PACE Technical Writer	Final document

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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 you use 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.

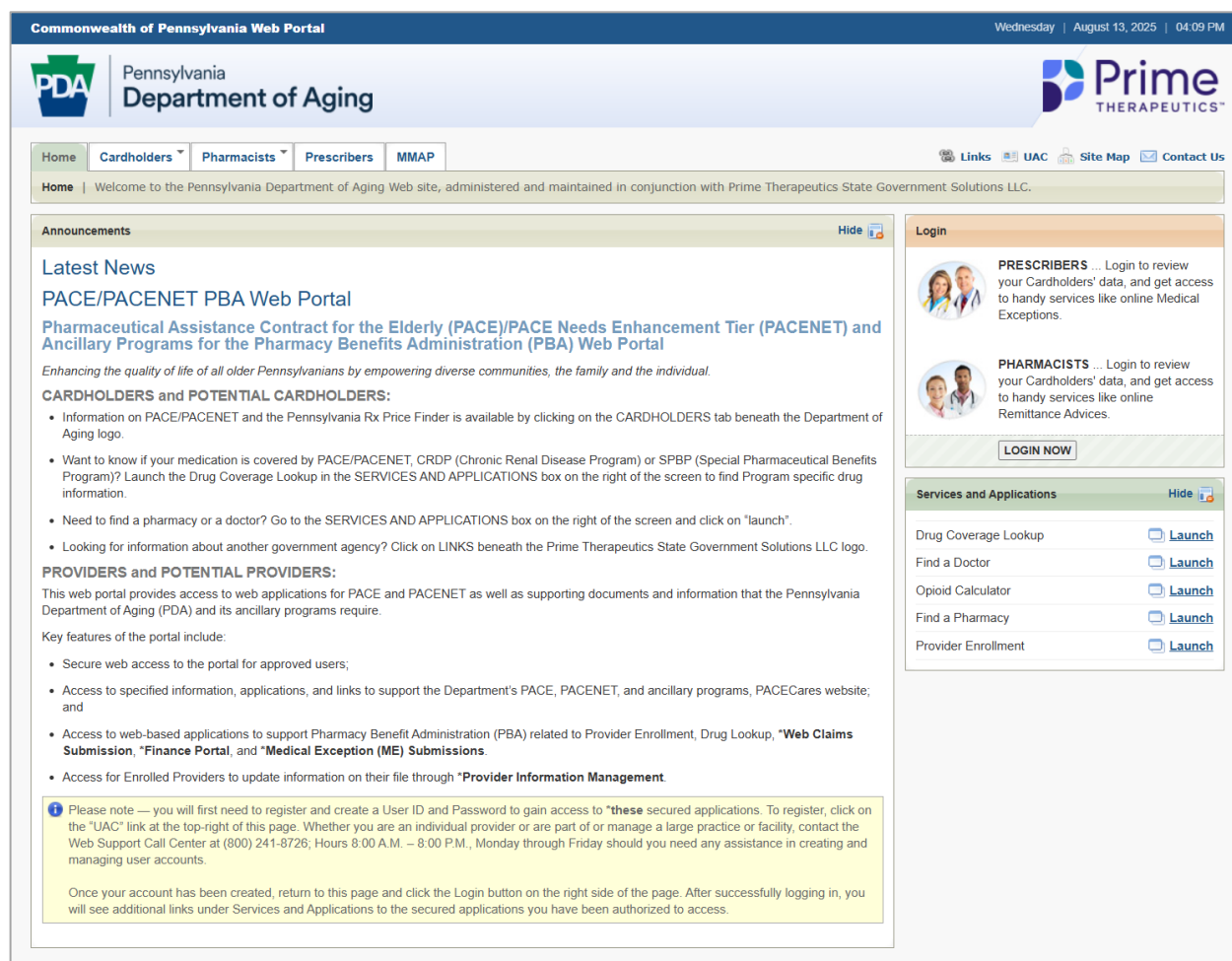




Figure 2.1.1 – Commonwealth of Pennsylvania Web Portal Home Page

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Wednesday | August 13, 2025 | 04:12 PM



Pennsylvania
Department of Aging



Enrollment for Pharmacies & Dispensing Prescribers | (includes dispensing physicians & certified registered nurse practitioners)

Please provide the following information:

● indicates required field(s)

NPI:

Provider Federal Tax Identification Number (TIN): ** This Provider Federal Tax Identification Number (TIN), Employment Identification Number (EIN), will auto-populate all enrollment tabs and will be used for tax reporting purposes.

Employment Identification Number (EIN):

E-mail: name@domain.com

This email address will be used to communicate information about the status of your enrollment.

State License Number: Enter your Pharmacy Permit Number or State Medical License Number (if enrolling as Physician or CRNP)


State License number should not include special characters such as "-", and "." or spaces.

To update or view an existing application, you must enter the tracking number assigned to your application.
The tracking number appeared onscreen after you saved or submitted your application, and was also sent to you in an email.

Application Tracking#:

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 (●).



- 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** 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.

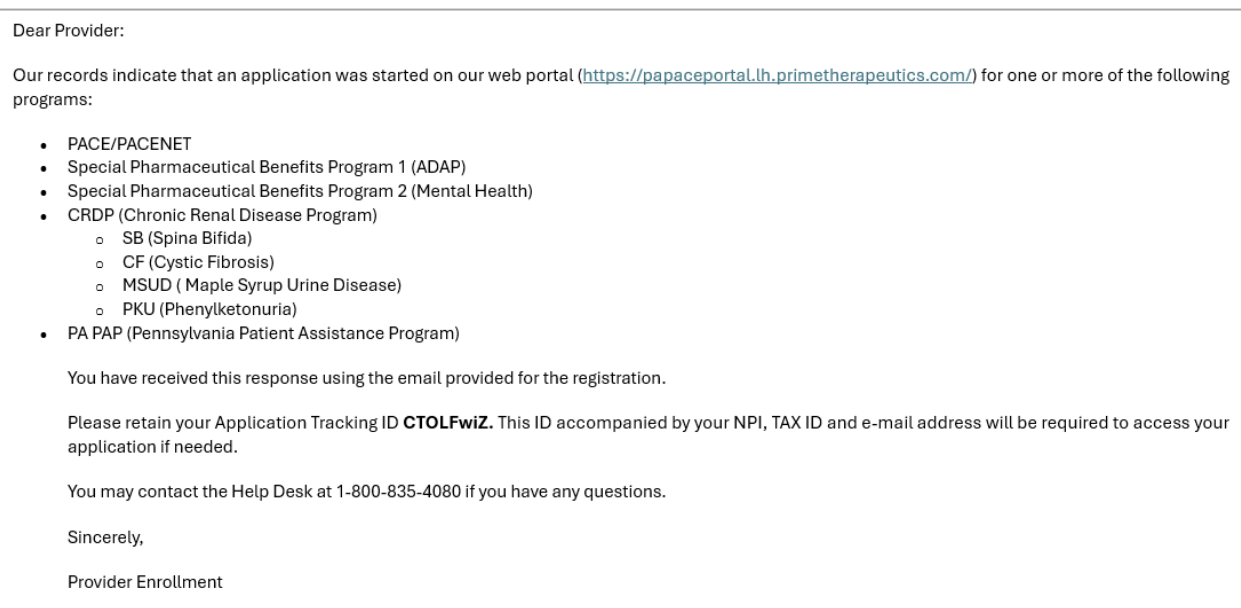



Figure 2.1.3 – Email Alert

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.



- 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.

A screenshot of the "Commonwealth of Pennsylvania Web Portal | Provider Enrollment" interface. The header shows the PDA logo, "Pennsylvania Department of Aging", and the Prime Therapeutics logo. The main content area is titled "Practice Type, Enrollment Type & Program(s)". Below this, a text box explains that these selections determine the required information for the application and that they cannot be changed once saved. A dropdown menu for "Practice Type" is open, showing a list of options: Select, Certified Nurse Practitioner, Home Health Agency, Home Infusion, Long Term Care Pharmacy, Mail Order/Specialty Pharmacy, Medical Supplier, Outpatient Psyc Clinic, Outpatient Psyc Partial Hospital Services, Pharmacy (Chain - 4 or more Pharmacies), Pharmacy (Independent), Pharmacy (Institutional), and Physician (Dispensing). A note indicates that an orange dot next to a field name signifies a required field.

Figure 2.2.1 – Practice Type List



- Click the **Help** icon (i) 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.



- 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.



- **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.



- 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.

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.



- 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.

Figure 2.2.5 – 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.

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment

Wednesday | August 13, 2025 | 05:09 PM

PDA Pennsylvania Department of Aging Prime THERAPEUTICS™

Demographics 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 # : CTOLFwIZ

General Information | Enter or edit the required information. Hide

● indicates required field(s)

Practice Type : Pharmacy (Independent)

Enrollment Type : In State

Programs : PACE/PACENET

Your NPI, Federal Tax ID, Email, and Application Tracking Number are used to uniquely identify this enrollment application within the system. If you need to make a change to any of these fields, click the Edit button below and make the necessary changes. After saving the changes, a new Application Tracking Number will be assigned and emailed to the address you have 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.

NPI : 1234567890

Provider Federal Tax Identification Number (TIN) 123456789

Employment Identification Number (EIN) :

Email : name@domain.com Edit

Name ● INDEPENDENT PHARMACY
(Enter the name as it appears on the pharmacy license.)

Save General Info Cancel (reverts fields in this section to original values before last Save)

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**.

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Pennsylvania Department of Aging

Demographics 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 # : CTOLFWIZ

General Information | Enter or edit the required information. Hide

Indicates required field(s)

Practice Type : Pharmacy (Independent)

Enrollment Type : In State

Programs : PACE/PACENET

Your NPI, Federal Tax ID, Email, and Application Tracking Number are used to uniquely identify this enrollment application within the system. If you need to make a change to any of these fields, click the Edit button below and make the necessary changes. After saving the changes, a new Application Tracking Number will be assigned and emailed to the address you have 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.

NPI : 1234567890

Provider Federal Tax Identification Number (TIN) 123456789

Employment Identification Number (EIN) :

Email : name@domain.com

Edit


Name INDEPENDENT PHARMACY
(Enter the name as it appears on the pharmacy license.)

Save General Info | **Cancel** (reverts fields in this section to original values before last Save)


Figure 2.2.7 – Demographics Tab, Edit Button

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

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Pennsylvania
Department of Aging



Demographics

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. Back to Demographics

NPI :1234567890 Application Tracking # : CTOLFWIZ

NPI / Federal Tax ID / Email | Edit your information.

Your NPI, Federal Tax ID, Email, and Application Tracking Number are used to uniquely identify this enrollment application within the system. If you need to make a change to any of these fields, edit the information below and click the Save button. After saving the changes, a new Application Tracking Number will be assigned and emailed to the address you have 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.

● Indicates required field(s)

NPI : ● 1234567890

Provider Federal Tax Identification Number (TIN) ● 123456789

Employment Identification Number (EIN) :


Email : ● name@domain.com
name@domain.com

This email address will be used to communicate information about the status of your enrollment.

Save General Info
Cancel & do not save

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

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



- 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

- 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.



- 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.

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 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com

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.

- 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.

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 : Correspondence

Contract / Address Types marked with an * are required.

Use a previously entered address? Select

Street Address 1 :

Street Address 2 :

City :

State : Select State

Zip : -

99999-9999

Save Information Cancel & do not save

Figure 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.


Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
	Business/Corporate	FIRSTNAME LASTNAME	123 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com
	Correspondence		123 STREET LANE	HARRISBURG	PA	17109			

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.



- 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.

Addresses | Enter or edit the address information. Hide

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

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

• indicates required field(s)

Type : • Lessor ▼

Contract / Address Types marked with an * are required.

Use a previously entered address? Select ▼

Contact First Name : •

Contact Last Name : •

Street Address 1 : •

Street Address 2 :

City : •

State : • Select State ▼

Zip : •

99999-9999

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

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.

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 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com
	Correspondence		123 STREET LANE	HARRISBURG	PA	17109			
	Lessor	FIRSTNAME LASTNAME	555 LANE AVENUE	HARRISBURG	PA	17105			
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

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.

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

• indicates required field(s)

Type : * Service *

Contract / Address Types marked with an * are required.

Use a previously entered address? Select

Street Address 1 :

Street Address 2 :

City :

State : Select State

Zip :

99999-9999

County :

Phone :

999999999 x99999999

Fax :

9999999999

Email :

email@domain.com

Save Information
Cancel & do not save

Figure 2.3.2.4.1 – Add New Contact/Address, Service

2. Select **Service** from the **Type** drop-down list.
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.

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email
	Business/Corporate	FIRSTNAME LASTNAME	123 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com
	Correspondence	FIRSTNAME LASTNAME	123 STREET LANE	HARRISBURG	PA	17109			
	Lessor	FIRSTNAME LASTNAME	555 LANE AVENUE	HARRISBURG	PA	17105			
	Service	FIRSTNAME LASTNAME	123 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com

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.

- 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.

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 : ● 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.

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 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com
 	Correspondence		123 STREET LANE	HARRISBURG	PA	17109			
 	Lessor	FIRSTNAME LASTNAME	555 LANE AVENUE	HARRISBURG	PA	17105			
 	Service		123 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com
 	Software Vendor	ACME SOFTWARE	987 COYOTE ROAD	ALBUQUERQUE	NM	87102	5051231234		email@domain.com
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

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	<ul style="list-style-type: none"> Only appears if you have the information previously saved. Allows you to edit the information and click Save Information to save the changes.
	Delete	<ul style="list-style-type: none"> 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 (●).




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

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Pennsylvania
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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


NPI : 1234567890 Application Tracking # : CTOLFWIZ

Licenses / ID Information | Enter or edit the required information. Hide

• indicates required field(s)

State License Number PP1234
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 :
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 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 ().



- 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.



- 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.



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

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PDA
Pennsylvania
Department of Aging

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

NPI :1234567890 Application Tracking # : CTOLFWIZ

Ownership General Information | Enter or edit the required information.
[Hide](#)

Ownership Type
Individual

Individual
Partnership
Professional Corporation
Private Corporation
Public Corporation
Limited Liability
Franchise
City
County
State
Non-Profit
Other

Cancel (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 2.5.1.1 – Ownership Type List

- 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.
- 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 2.5.1.2 – Add New Owner/Officer Information



- 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.



- 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.

Action	Title	First Name	Last Name	Address	City	State	Zip	Phone	Email	Ownership Percentage %
	CEO	FIRSTNAME	LASTNAME	123 STREET LANE	HARRISBURG	PA	17109	7171231234	email@domain.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.




- 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.

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Pennsylvania
Department of Aging



Staff

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 # : CTOLFWIZ


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 :  Licensed Pharmacist 

First Name : 


Last Name : 

NPI : 


License Number : 

Specialty :

(If appropriate)

Degree : 

(i.e. RPh, Pharm D, M.D., D.O., etc.)

Save 

Cancel & do not save

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

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 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 information entered 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.

The screenshot shows a window titled "Staff Information | Enter or edit the address information." with a "Hide" button in the top right. Below the title bar is a button labeled "Add Staff Information" with a green plus icon. A yellow note box contains the text: "NOTE : You are required to add information for the Pharmacy Manager." Below the note is a table with the following data:







Action	Title	First Name	Last Name	NPI Number	License Number	Degree	Specialty
 	Licensed Pharmacist	FIRSTNAME	LASTNAME	9876543210	PP9876	RPh	
 	Pharmacy Manager	FIRSTNAME	LASTNAME	9873216540	PP6543	M.D.	
Action	Title	First Name	Last Name	NPI Number	License Number	Degree	Specialty

Figure 2.6.1.2 – Add Staff Information, Saved



- 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.

 Close Window

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
--------------	----------------	--------	-------	---------------------------------	------------------------------------	---------------	--------------	--------

Application Tracking # : CTOLEFW2

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: * 123 STREET LANE

City: * HARRISBURG

State/Province: * PA

Zip Code/Postal Code: * 17109 -

Provider Identifier

Provider Federal Tax Identification Number(TIN): 123456789

Employment Identification Number(EIN) ** 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.

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

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 v

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**.

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Pennsylvania
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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.

DemographicsLicenses / IDsOwnersStaffElectronic Funds Transfer (EFT)Electronic Remittance Advice (ERA)Pharmacy InfoVerificationSubmit

NPI :1234567890Application Tracking # : CTOLFwIZ

Electronic Remittance Advice (ERA) | 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: 123 STREET LANE

City: HARRISBURG

State/Province: PA

Zip Code/Postal Code: 17109 -

Provider Identifier

Provider Federal Tax Identification Number(TIN): 123456789
Employment Identification Number(EIN): ** 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.

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
9999999999 x999999999

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)

Save ERA Info
Cancel (reverts fields in this section to original values before last Save)

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.



- 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 :	<div style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;"> <p>Use Sliders to Select Hour and Minute</p> <p>Time 12:00 am</p> <p>Hour <input type="text"/></p> <p>Minute <input type="text"/></p> <p>Now <input type="button"/> Done <input type="button"/></p> </div>	Monday-Friday Until :	<input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Saturday From :		Open Saturday Until :	<input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Open Sunday From :		Open Sunday Until :	<input type="text"/> hh:mm am/pm <input type="checkbox"/> Not Applicable
Toll Free Number :			
Toll Free Hours From :		Toll Free Hours Until :	<input type="text"/> hh:mm am/pm

Figure 2.9.1.1 – 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**.

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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

NPI :1234567890 Application Tracking # : CTOLFwIZ

Pharmacy Information | Enter or edit the required information.

• indicates required field(s)

Open 24 Hours? ☐ Yes ☐ No

Open Every Day From : hh:mm am/pm

Open Monday-Friday From : hh:mm am/pm

Open Saturday From : hh:mm am/pm

Open Sunday From : hh:mm am/pm

Toll Free Number :

9999999999

Toll Free Hours From : 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

Open Every Day Until : hh:mm am/pm ☐ Not Applicable

Open Monday-Friday Until : hh:mm am/pm ☐ Not Applicable

Open Saturday Until : hh:mm am/pm ☐ Not Applicable

Open Sunday Until : hh:mm am/pm ☐ Not Applicable

Toll Free Hours Until : hh:mm am/pm

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 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.



- 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.



- 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 (●).



- 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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment

Wednesday | August 13, 2025 | 05:40 PM

PDA Pennsylvania Department of Aging Prime THERAPEUTICS

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 # : CTOLFWIZ

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment
Wednesday | August 13, 2025 | 05:41 PM

Pennsylvania
Department of Aging

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 Funds Transfer (EFT)
Electronic Remittance Advice (ERA)
Pharmacy Info
Verification
Submit

NPI :1234567890
Application Tracking # : CTOLFWIZ

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

Action	Item	Status
View And Acknowledge	PACE/PACENET	Acknowledgment Required
Action	Item	Status

Figure 2.11.1.1 – 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 Wednesday | August 13, 2025 | 05:42 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 / 3 120% [Icons]

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:

1. the services or items for which payment is claimed were actually provided by the Provider identified by the PACE/PACENET Provider Number on this Agreement to the person identified as the Claimant; and

● Indicates required field(s)

Authorized Agent's First Name :

Authorized Agent's Last Name :

Authorized Agent's Title :

Date : Wednesday | August 13, 2025 | 05:42 PM

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment

Wednesday | August 13, 2025 | 05:45 PM

PDA Pennsylvania 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 Funds Transfer (EFT) Electronic Remittance Advice (ERA) Pharmacy Info Verification **Submit**

NPI :1234567890 Application Tracking # : CTOLFWIZ

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

Action	Item	Status
View And Acknowledge	PACE/PACENET	Acknowledged
Action	Item	Status

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

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

• indicates required field(s)

Preparer's First Name : •

Preparer's Last Name : •

Preparer's Title : •

Date : Wednesday | August 13, 2025 | 05:45 PM

Training? : • ☐ Yes ☐ No

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

Submit Enrollment Application

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.

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.

Submit

[Cancel & do not Submit](#)

Figure 2.11.1.4 – Confirm Submission Window

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

Commonwealth of Pennsylvania Web Portal | Provider Enrollment

Wednesday | August 13, 2025 | 06:03 PM

PDA

Pennsylvania Department of Aging

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 pop-up window before saving.

Demographics

Licenses / IDs

Owners

Staff

Electronic Funds Transfer (EFT)

Electronic Remittance Advice (ERA)

Pharmacy Info

Submit

NPI :1234567890

Application Tracking # : CTOLFwIZ

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

Action	Item	Status
View And Acknowledge	PACE/PACENET	Acknowledged
Action	Item	Status

i Your application was successfully submitted. An email was sent to the email address provided containing your application tracking number. Within the next 24 hours, you will also receive an email containing electronic copies of your enrollment application and agreement(s) for your records. Please add the email address PacePS@primetherapeutics.com to your address book to ensure delivery of these messages.

After a determination is made, you will receive notification via email as well as U.S. mail from Provider Services.

Click the Close button below and you will return to the Enrollment start page where you can begin another enrollment application or exit to the portal landing page.

Close

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment

Wednesday | August 13, 2025 | 05:50 PM

PDA

Pennsylvania Department of Aging

Demographics

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 field(s).

Demographics

Licenses / IDs

Owners

Staff

Electronic Funds Transfer (EFT)

Electronic Remittance Advice (ERA)

Pharmacy Info

Verification


Submit

NPI :1234567890

Application Tracking # : CTOLFwIZ

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).



- 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.

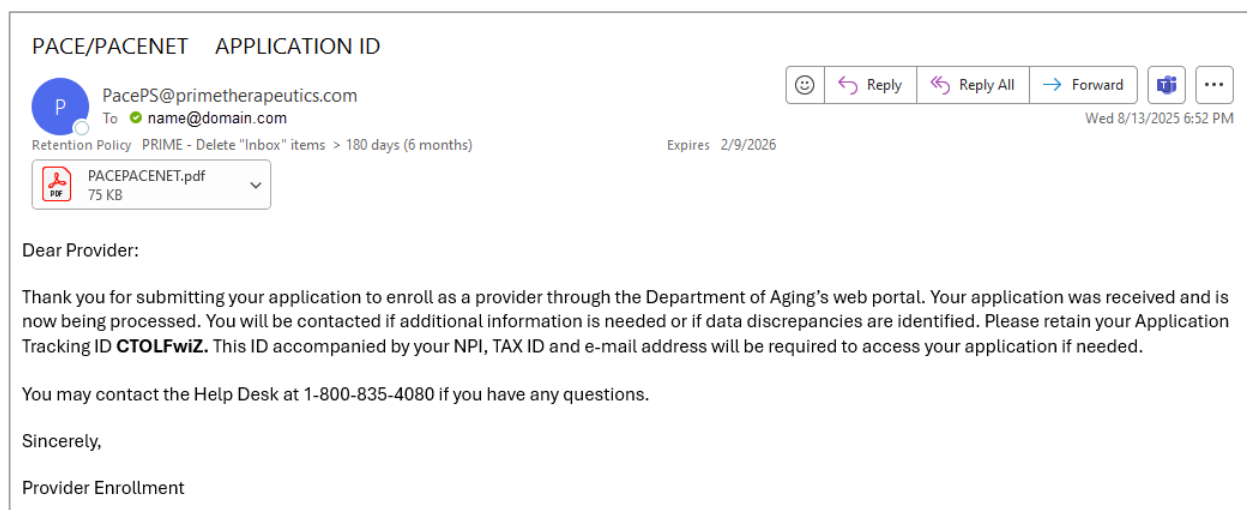


Figure 2.11.1.7 – Email confirmation with agreement attached

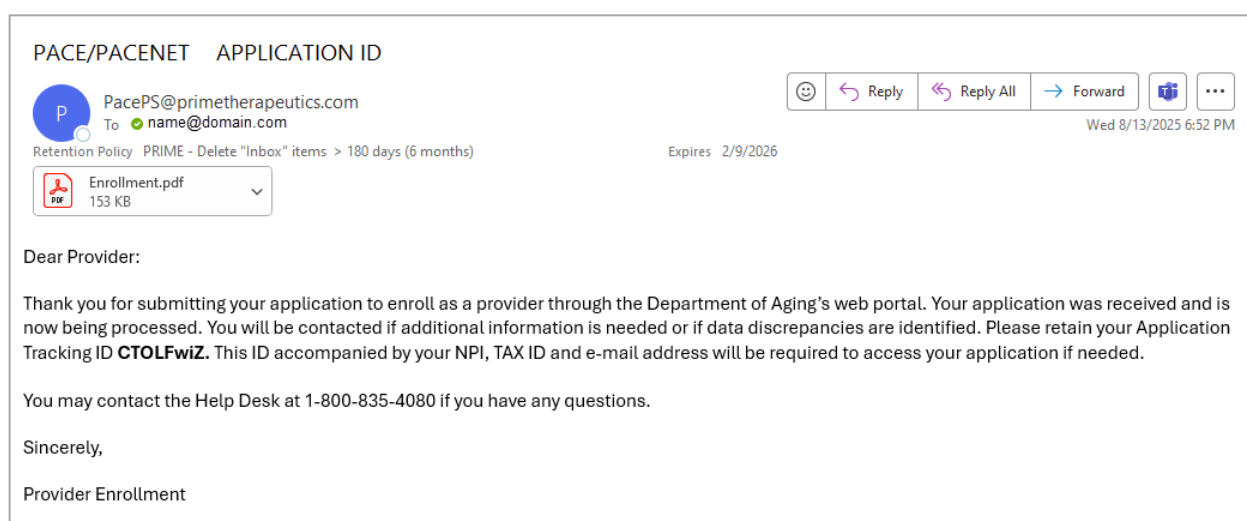


Figure 2.11.1.8 – Email confirmation with enrollment attached

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



- 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.

	Pennsylvania Department of Aging	PACE Pharmaceutical Assistance Contract for the Elderly
-----------------------------------------------------------------------------------	-------------------------------------	-------------------------------------------------------------------

CONTACT NAME	MM/DD/YYYY
ADDRESS1	NPI: 1234567890
ADDRESS2	
ADDRESS3	

Dear Provider:

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

Pharmaceutical Assistance Contract for the Elderly	PACE	MM/DD/YYYY
----------------------------------------------------	------	------------

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
CONTACT NAME		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.



Pennsylvania
Department of Aging

PACE

Pharmaceutical Assistance Contract for the Elderly

INDEPENDENT PHARMACY
123 STREET LANE
HARRISBURG, PA 17109

MM/DD/YYYY
NPI: 1234567890

Dear Provider:

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

Other

Incorrect pharmacy hours listed

Please visit papaceportal.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

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 #**.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Thursday | August 14, 2025 | 10:46 AM

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

Enrollment for Pharmacies & Dispensing Prescribers | (includes dispensing physicians & certified registered nurse practitioners)

Please provide the following information:

• indicates required field(s)

NPI: 1234567890

Provider Federal Tax Identification Number (TIN): 123456789

Employment Identification Number (EIN): ** This Provider Federal Tax Identification Number (TIN): Employment Identification Number (EIN): will auto-populate all enrollment tabs and will be used for tax reporting purposes.

E-mail: name@domain.com
name@domain.com
This email address will be used to communicate information about the status of your enrollment.

State License Number: PP1234
Enter your Pharmacy Permit Number or State Medical License Number (if enrolling as Physician or CRNP)
State License number should not include special characters such as "- and " or spaces.

To update or view an existing application, you must enter the tracking number assigned to your application.
The tracking number appeared onscreen after you saved or submitted your application, and was also sent to you in an email.

Application Tracking#: CTOLFwIZ

Continue Cancel

Figure 3.2.2 – Enrollment for Pharmacies & Dispensing Prescribers Window

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

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Tuesday | August 19, 2025 | 10:52 AM

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

Demographics 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 #: CTOLFwIZ

General Information (Enter or edit the required information.) Hide

• indicates required field(s)

Practice Type: Pharmacy (Independent)

Enrollment Type: In State

Programs: PACE/PACENET

Your NPI, Federal Tax ID, Email, and Application Tracking Number are used to uniquely identify this enrollment application within the system. If you need to make a change to any of these fields, click the Edit button below and make the necessary changes. After saving the changes, a new Application Tracking Number will be assigned and emailed to the address you have 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.

NPI: 8132025001

Provider Federal Tax Identification Number (TIN): 123456789

Employment Identification Number (EIN):

Email: name@domain.com Edit

Name: INDEPENDENT PHARMACY (Enter the name as it appears on the pharmacy license.)

Save General Info Cancel (reverts fields in this section to original values before 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 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com
	Correspondence		123 STREET LANE	HARRISBURG	PA	17109			
	Lessor	FIRSTNAME LASTNAME	555 LANE AVENUE	HARRISBURG	PA	17105			
	Service		123 STREET LANE	HARRISBURG	PA	17109	7171231234	7171231234	email@domain.com
	Software Vendor	ACME SOFTWARE					5051231234		email@domain.com

Figure 3.2.3 – Enrollment Application, Demographics Tab

- 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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment

Tuesday | August 19, 2025 | 11:21 AM

PDA Pennsylvania 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 Funds Transfer (EFT) Electronic Remittance Advice (ERA) Pharmacy Info Verification **Submit**

NPI: 1234567890 Application Tracking #: CTOLFWIZ

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

Action	Item	Status
View And Acknowledge	PACE/PACENET	Acknowledged

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 : Tuesday | August 19, 2025 | 11:21 AM

Training? : ☐ Yes ☒ No

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

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.



- The roles assigned by the Delegated Administrator control what functional areas 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.

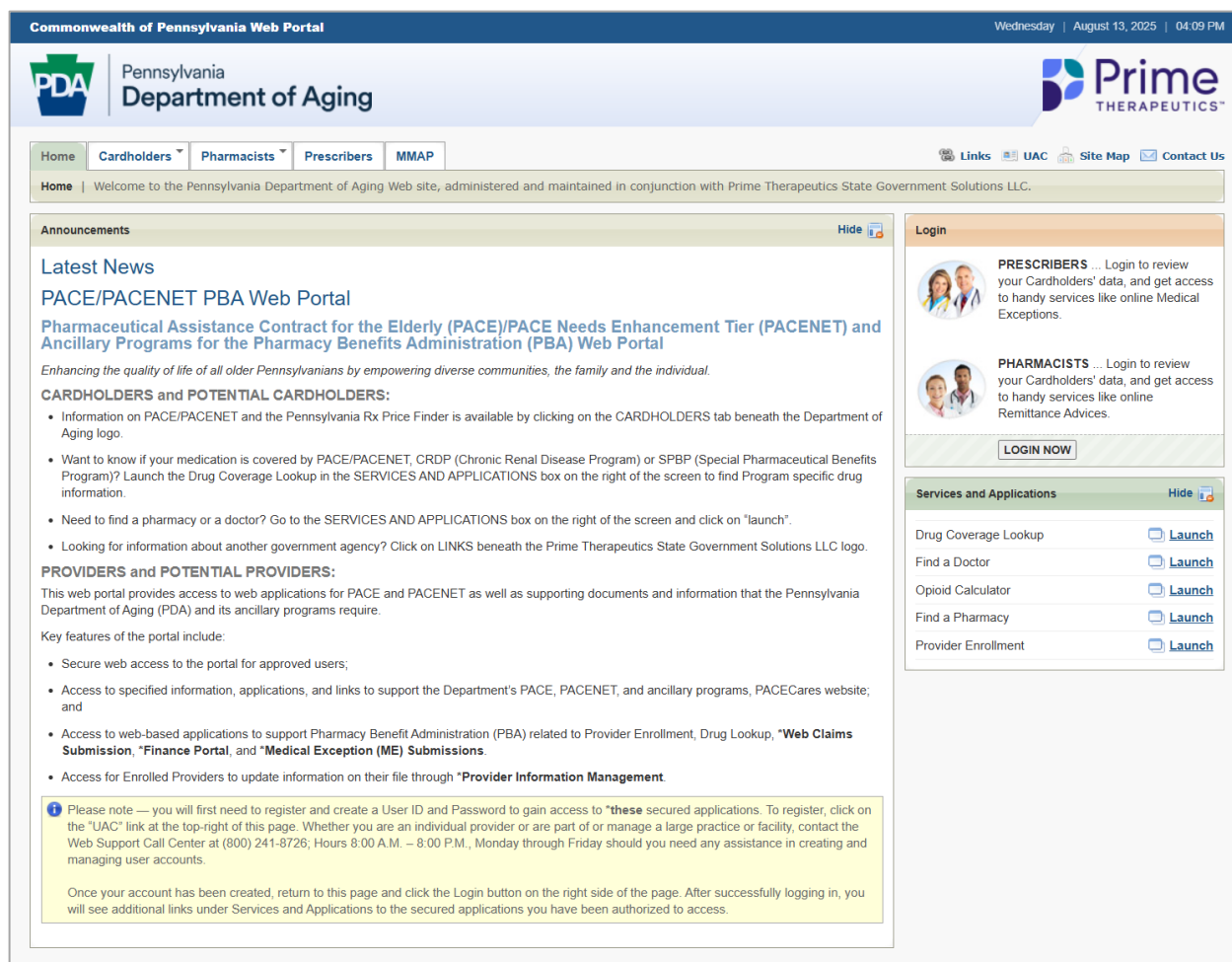


Figure 4.1.1 – Commonwealth of Pennsylvania Web Portal Home Page

- Click the **UAC** hyperlink on the **Commonwealth of Pennsylvania Web Portal** Home page. The **User Administration Console (UAC)** window appears.

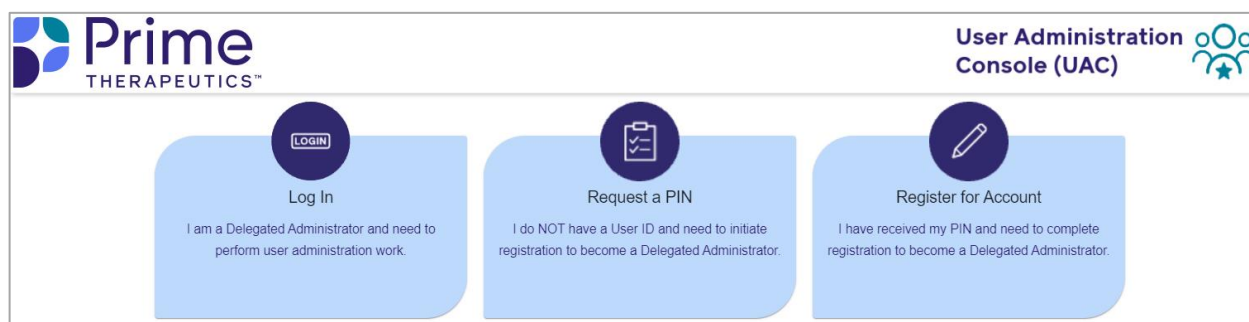


Figure 4.1.1.1 – User Administration Console Window

- 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.
- 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. 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.

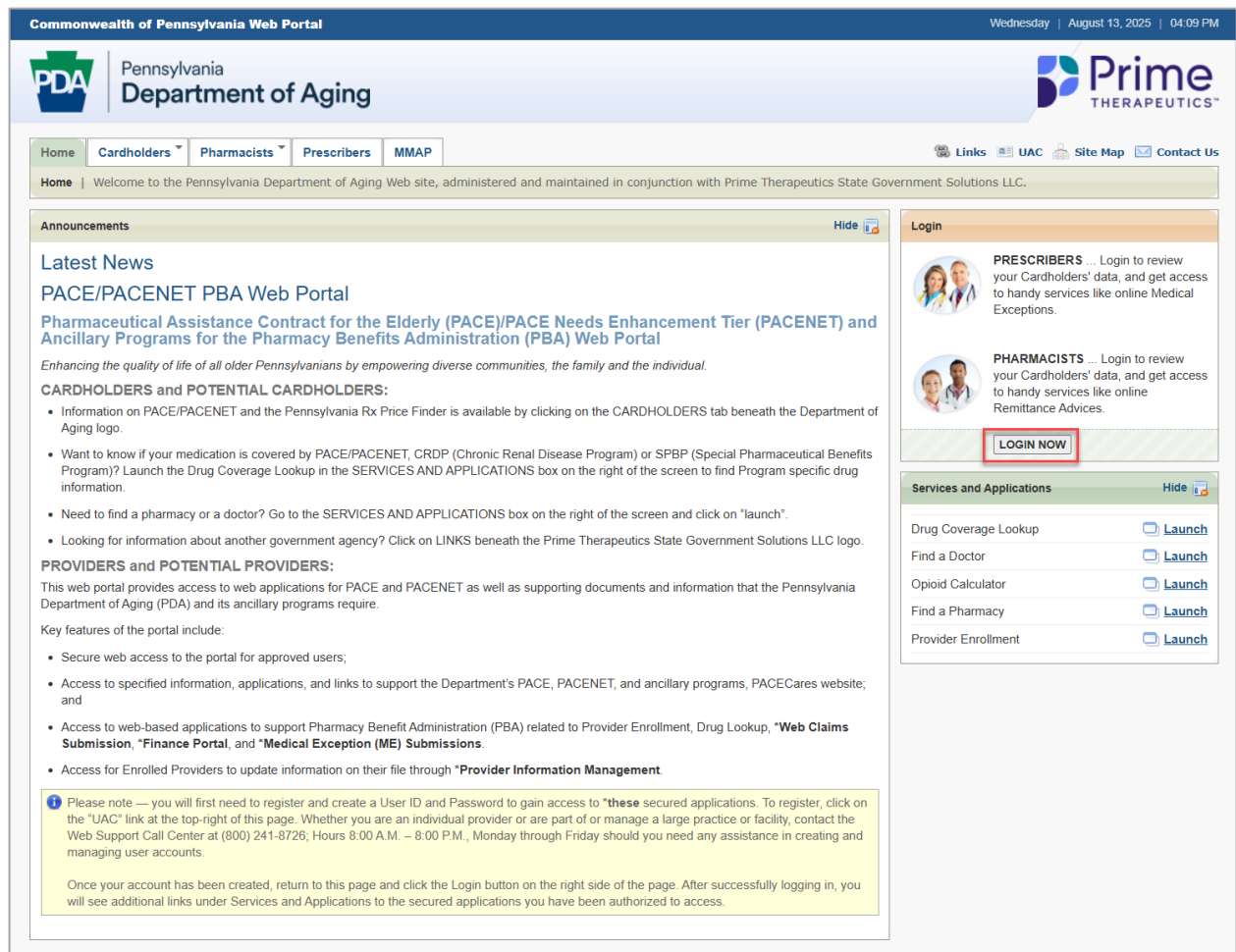


Figure 4.1.1.1 – Commonwealth of Pennsylvania Web Portal Home Page, Login Now button

3. Click **Login Now**. The **OKTA Sign In** window appears. Enter your login credentials (email address and password).

Figure 4.1.1.2 – OKTA Sign In Window

4. Click **Verify**. You will be prompted for your second factor. Click **Send me an email**.

Figure 4.1.1.3 – Get a verification email

5. You will receive an email at the email associated with your login credentials.

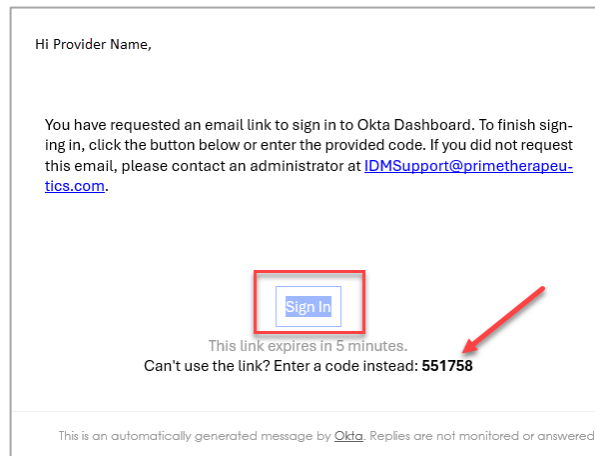


Figure 4.1.1.4 – Verification email

6. Upon receipt of the email, click **Sign In** in the email or copy the code provided in the email and click **Enter a verification code instead** to enter it on the **Verification** screen.

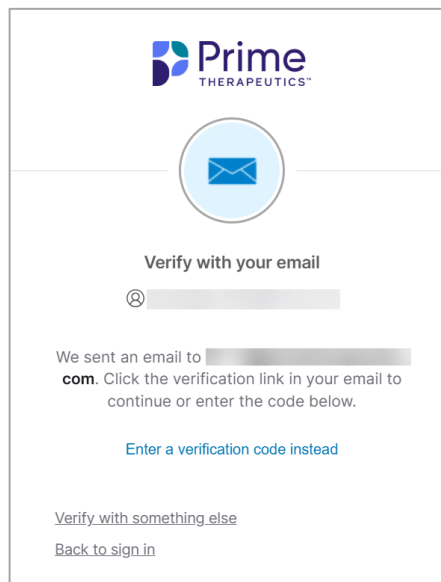


Figure 4.1.1.5 – OKTA verify code



- Email is the default verification method. This is the email you associated with your login credentials. Once logged in, go to the OKTA home page and select **Settings** to add other verification methods, such as a phone number.
- If the link in the email does not log you in, verify that the browser used by your email is set to the same browser you used to login. Google Chrome is the recommended browser.
- 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.

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

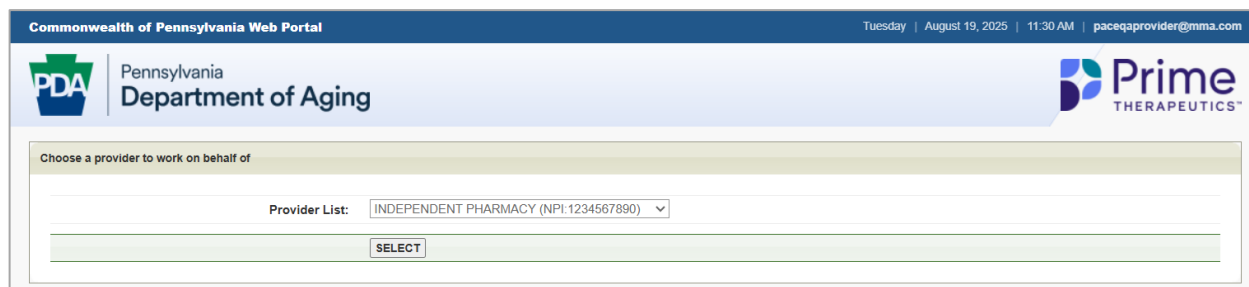


Figure 4.1.1.6 – Provider List window

8. Choose the provider to work on behalf of from the **Provider List** drop-down.
9. Click **Select**. The **Commonwealth of Pennsylvania Web Portal Home** page appears.

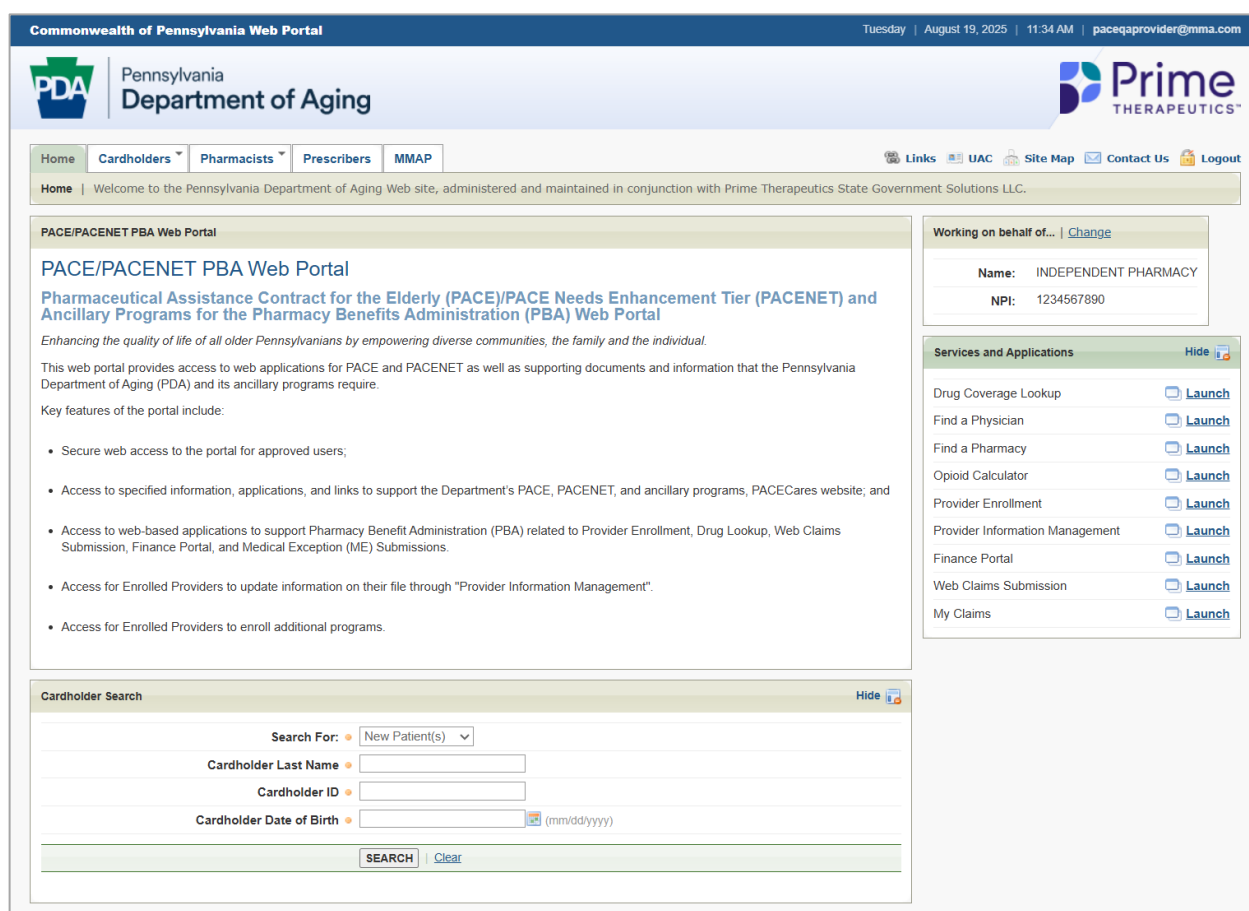


Figure 4.1.1.7 – Commonwealth of Pennsylvania Web Portal Home Page

4.1.2 Add Alternate Verification Factors

Once you have logged in, you can add alternate verification factors, such as a phone number. Complete the following steps to add alternate verification factors.

10. Go the Okta dashboard and select **Settings** under your name (top right corner).

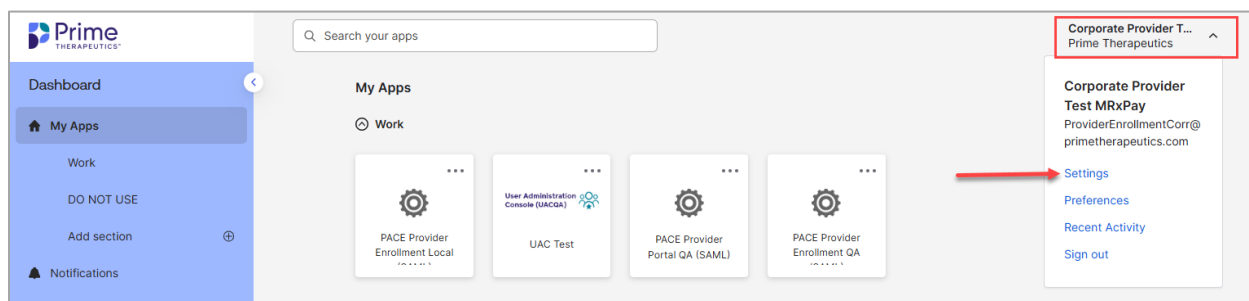


Figure 4.1.2.1– OKA home page

1. Select one or more additional **Security Methods** and follow the onscreen prompts to set up the factors.

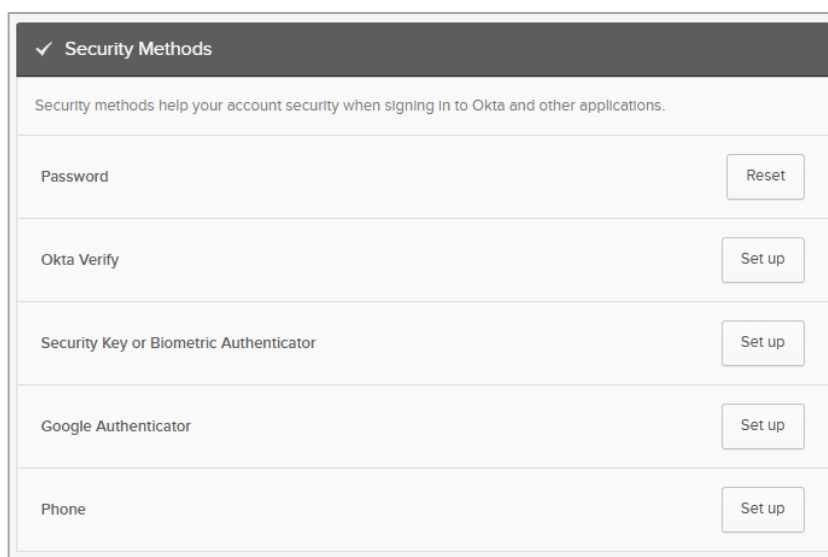


Figure 4.1.2.2 – Additional security factors

4.1.3 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.

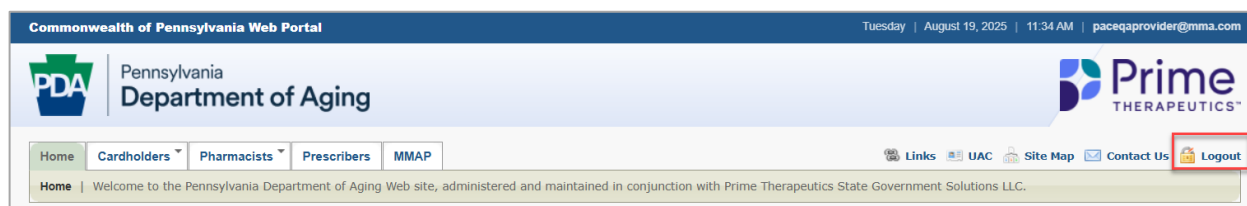


Figure 4.1.2.1 – Commonwealth of Pennsylvania Web Portal Home page, Logout

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.

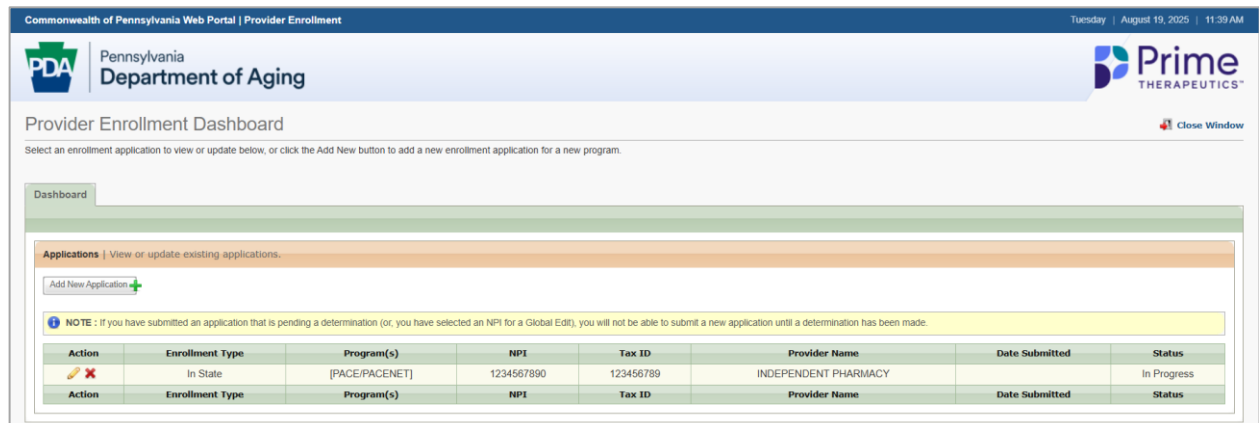


Figure 4.3.1 – Provider Enrollment Dashboard

Icon	Action	Description
	Edit	<ul style="list-style-type: none">Allows you to edit an application in progress or one that was returned to you for information.
	Delete	<ul style="list-style-type: none">Allows you to delete an <i>In Progress</i> 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 <i>In Progress</i> application.To confirm the action, click Delete or click Cancel & do not delete to keep the application intact.
	View	<ul style="list-style-type: none">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:

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




- 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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment Wednesday | August 18, 2025 | 05:14 PM



Pennsylvania
Department of Aging



Demographics 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

General Information | Enter or edit the required information. Hide

• indicates required field(s)

Practice Type : Pharmacy (Independent)

Enrollment Type : In State

Programs: PACE/PACENET

NPI : 9898989806

Provider Federal Tax Identification Number (TIN) : 123456789

Employment Identification Number (EIN) :

Email : name@domain.com

Name : INDEPENDENT PHARMACY
(Enter the name as it appears on the pharmacy license.)

Save General Info | Cancel (reverts fields in this section to original values before 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 STREET LANE	HARRISBURG	PA	17109 -	7171231234	7171231234	email@domain.com
 	Correspondence		123 STREET LANE	HARRISBURG	PA	17109 -			
 	Lessor	FIRSTNAME LASTNAME	555 LANE AVENUE	HARRISBURG	PA	17105 -			
 	Service		123 STREET LANE	HARRISBURG	PA	17109 -	7171231234	7171231234	email@domain.com
 	Software Vendor	ACME SOFTWARE	987 COYOTE LANE	Albuquerque	NM	87102 -	5051231234		email@domain.com
Action	Type	Contact / Name	Address	City	State	Zip	Phone	Fax	Email

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.

Commonwealth of Pennsylvania Web Portal | Provider Enrollment

Tuesday | August 19, 2025 | 11:39 AM

PDA 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 program.

Dashboard

Applications | View or update existing applications.

Add New Application +

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]	1234567890	123456789	INDEPENDENT PHARMACY		In Progress
Action	Enrollment Type	Program(s)	NPI	Tax ID	Provider Name	Date Submitted	Status

Figure 4.2.2.1 – Provider Enrollment Dashboard Window



- 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.



- 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.

Commonwealth of Pennsylvania Web Portal Tuesday | August 19, 2025 | 04:04 PM | paceqaprovider@mma.com

PDA Pennsylvania Department of Aging Prime THERAPEUTICS

Home Cardholders Pharmacists Prescribers MMAP Links UAC Site Map Contact Us Logout

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

PACE/PACENET PBA Web Portal

PACE/PACENET PBA Web Portal
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal
Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.
This web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania Department of Aging (PDA) and its ancillary programs require.
Key features of the portal include:

- Secure web access to the portal for approved users;
- Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACEcares website; and
- Access to web-based applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, Web Claims Submission, Finance Portal, and Medical Exception (ME) Submissions.
- Access for Enrolled Providers to update information on their file through "Provider Information Management".
- Access for Enrolled Providers to enroll additional programs.

Working on behalf of... | [Change](#)

Name: Independent Pharmacy
NPI: 1234567890

Services and Applications [Hide](#)

Drug Coverage Lookup	Launch
Find a Physician	Launch
Find a Pharmacy	Launch
Opioid Calculator	Launch
Provider Enrollment	Launch
Provider Information Management	Launch
Finance Portal	Launch
Web Claims Submission	Launch
My Claims	Launch

Cardholder Search [Hide](#)

Search For: New Patient(s) ▼

Cardholder Last Name

Cardholder ID

Cardholder Date of Birth (mm/dd/yyyy)

[SEARCH](#) | [Clear](#)

Figure 4.3.1 –Home Page

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

Commonwealth of Pennsylvania Web Portal | Provider Information Management
Thursday | August 21, 2025 | 11:40 AM

Pennsylvania
Department of Aging

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.

Prime
THERAPEUTICS™

Demographics
Portal Home

⚠ Updates Pending: No updates are allowed at this time. Either you submitted an update that is pending approval or have submitted a new enrollment that is awaiting determination, or the enrollment is terminated. Starting Global PIM/Edit for this NPI is another possibility. Contact Provider Services at (800) 835-4080 if you feel you have received this message in error.

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

NPI: 1234567890

General Information

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 (Independent)
Enrollment Type : In State
Program(s) / Effective Dates :

PACE/PACENET 08/20/2025 - 01/01/3000

NPI : 1234567890

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

Provider Federal Tax Identification Number (TIN) • 123456789
Employment Identification Number (EIN) :

Email : • barbara.silsley@primetherapeutics.com

Name • INDEPENDENT PHARMACY
(Enter the name as it appears on the pharmacy license.)

Addresses | Enter or edit the address information.

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 STREET LANE	HARRISBURG	PA	17109 -	7171231234	7171231234	email@domain.com
	Correspondence		123 STREET LANE	HARRISBURG	PA	17109 -			
	Lessor	FIRSTNAME LASTNAME	555 LANE AVENUE	HARRISBURG	PA	17105 -			
	Service		123 STREET LANE	HARRISBURG	PA	17109 -	7171231234	7171231234	email@domain.com
	Software Vendor	ACME SOFTWARE	987 COYOTE ROAD	ALBUQUERQUE	NM	87102 -	5051231234		email@domain.com
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Fax	Email

Figure 4.4.2 – Provider Information Management window

- Click **Edit** on the applicable tab(s) if updates are needed. Updates must be submitted to Provider Enrollment for review and approval.
- Save each tab on which changes are made.
- Click the **Submit** tab to review and acknowledge your acceptance of the agreements.
- Click **Submit PIM Update** to send changes to Provider Services for review.
- You will be notified of the disposition of your submitted changes.

- 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