



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

Version 1.0

October 28, 2022

Revision History

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1.0 Introduction

The Commonwealth of Pennsylvania Web Portal allows authorized users to add and maintain information and submit claims after obtaining a user name/ID and password.

1.1 Dispensary Enrollment

All Dispensaries that have been granted a permit to operate by the Commonwealth of Pennsylvania are expected to be able to serve and dispense to any registered patient, including those eligible for MMAP. Basic demographic information for each permitted Dispensary is pre-loaded into the Dispensary Portal. Each dispensary must complete additional information in the Dispensary Portal. Each Dispensary must complete a registration process to obtain login credentials to perform this update as well as to maintain information on an ongoing basis.

These processes are explained in detail in this User Guide.



- DO NOT use the **Provider Enrollment** option on the Home Page.
- Dispensaries loaded to the Dispensary Portal as part of the initial launch of MMAP received a welcome packet including their Dispensary ID and the UAC registration process.
- For UAC-related issues, contact the UAC help desk at 1-800-241-8726.
- For all other issues, contact MMAP at MMAPDispensaryCorrespondence@Magellanhealth.com.

1.2 Dispensary Identifier

Each Dispensary must have a unique identification number to be used for administrative and financial transactions such as claims submission. This ID is also required for the registration process.

A 10-digit **Dispensary ID** has been created and assigned to each dispensary. This identifier is an intelligence-free numeric identifier, meaning the numbers do not carry other information about Dispensary, such as the state where you are located or your specialty.

2.0 System Access

2.1 Log In

Complete the following steps to access the Dispensary Portal.

1. Type <https://papaceportal.magellanhealth.com> into the browser's **Address** bar and press **Enter**. The **Commonwealth of Pennsylvania Web Portal** home window appears. See Figure 2.1.1.

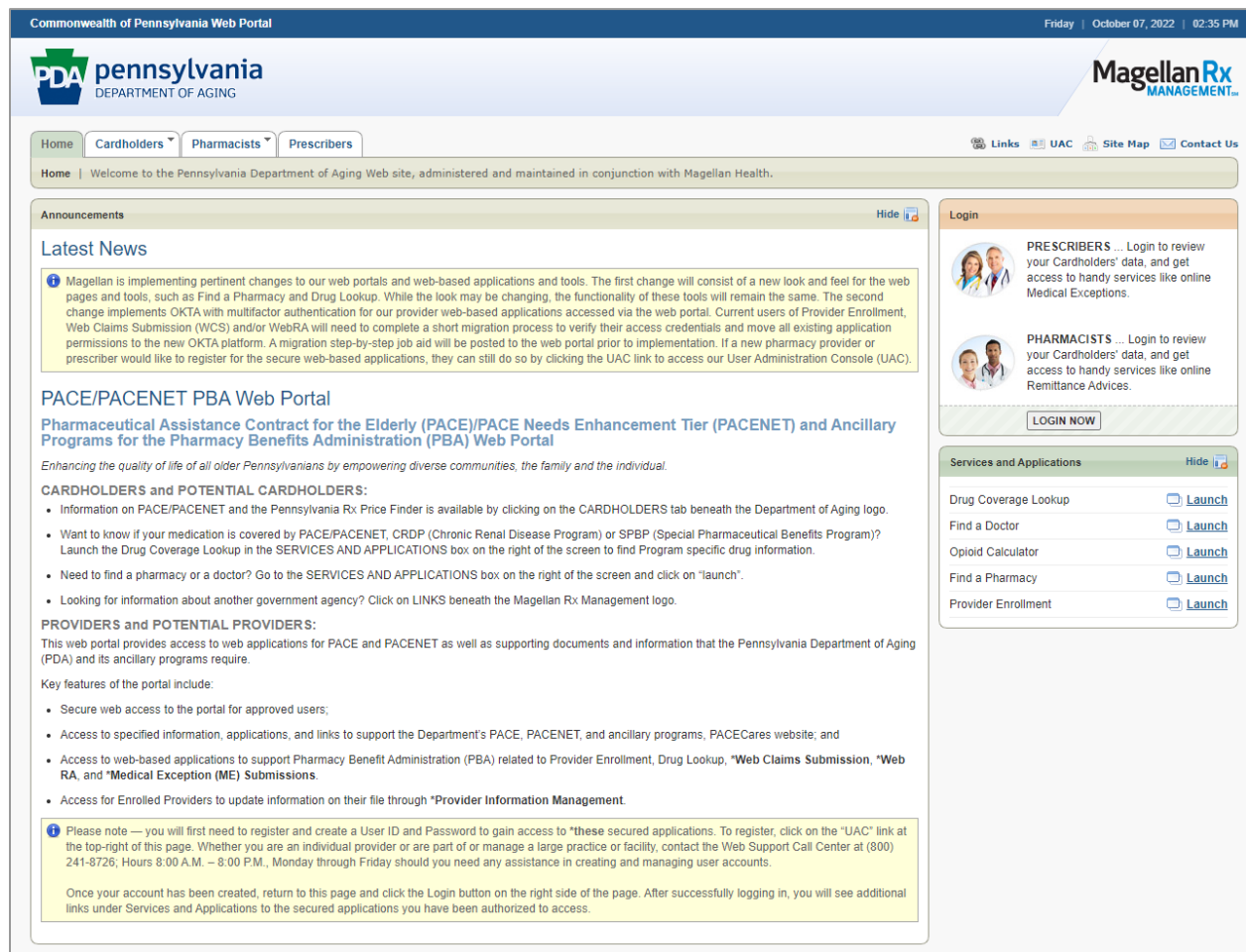


Figure 2.1.1 – Commonwealth of Pennsylvania Web Portal Home Window

2.1.1 First-time Users

First-time users must register and create a User ID and Password to gain access to secured applications, such as **Provider Information Management**, **Web Claims Submission** and **Web Remittance Advice**. Complete the following steps to begin the process.

1. From the **Commonwealth of Pennsylvania Web Portal Home** window, click the **UAC** hyperlink. The **User Administration Console, Who are you?** window appears.

MAGELLAN
MEDICAID
ADMINISTRATION

Wednesday • September 07, 2022 • 10:18 AM Help

User Administration Console v2.1

Who are you? ⓘ

PLEASE INDICATE YOUR STATUS AND CLICK CONTINUE.

☐ I am a Local or Delegated Administrator and need to perform user administration work.

☐ I have a User ID and need to be upgraded to a Delegated Administrator. (For general users and/or Local Administrators.)

☒ I do NOT have a User ID and need to initiate or complete registration to become a Delegated Administrator.

Continue

SCREEN ID: home.jsf

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Figure 2.1.1.1 – User Administration Console, Who are you? Window

2. Refer to the *New User Registration Quick Start* job aid (select **MMAP** tab) for detailed instructions on the registration process. The *User Administration Console User Guide* can be accessed by clicking the Help button at the top of the screen.

2.1.2 Existing Users

When a Dispensary is registered with the User Administration Console and wants to access the Web Portal secure functions, you will use the user name/ID and password you set up with User Administration Console.

Complete the following steps if you are an existing Web Portal User:

1. From the **Commonwealth of Pennsylvania Web Portal** Home window, click **Login Now**. See Figure 2.1.2.1.

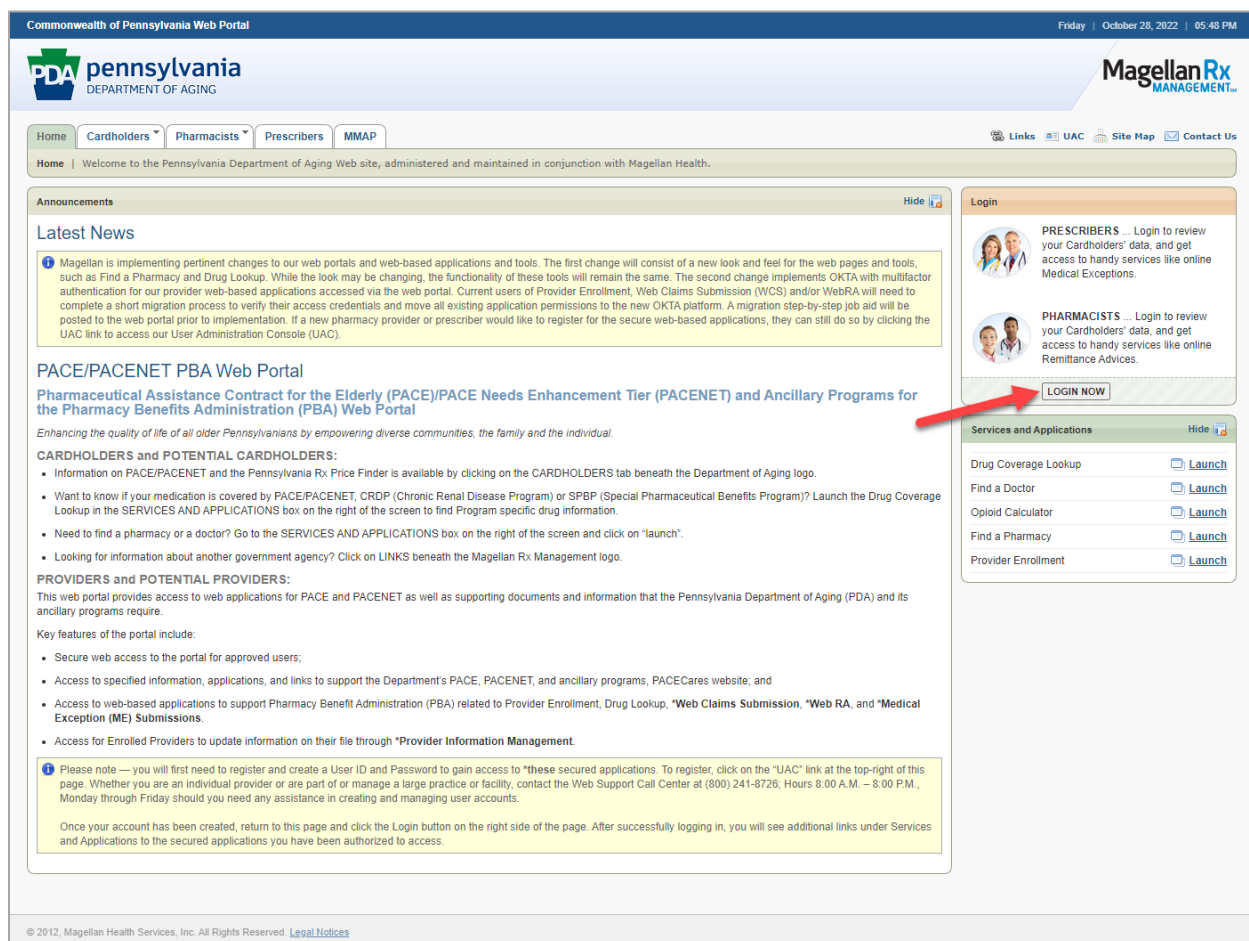


Figure 2.1.2.1 – Commonwealth of Pennsylvania Web Portal Home Window, Login Now button

2. The **Login** window appears. See Figure 2.1.2.2.

Magellan Health Services

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HEALTH SERVICES
Making Better All the Time

PLEASE NOTE: First time Practitioner/Pharmacist users must change their password before attempting to log in. Please access the change password link listed below.

Login | Please sign in below.

● indicates required field(s)

User Name/ID:

Password:

Practitioners/Pharmacists forgot your password? [click here](#)

Practitioners/Pharmacists need to change your password? [click here](#)

Practitioners/Pharmacists need to Register? [click here](#)

Questions or Problems? Contact the Support Center at (800) 241-8726

Access Policy

This application and computer system are the property of Magellan Health Services, Inc. and for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Users consent via utilization of this application or system to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of Magellan Health Services, Inc.

- Unauthorized use is prohibited;
- Usage may be subject to security testing and monitoring;
- Misuse is subject to criminal prosecution;
- No expectation of privacy except as otherwise provided by applicable privacy laws;
- Improper use of this application or system may result in disciplinary action, termination of employment and/or civil and criminal penalties, and may be disclosed to law enforcement authorities;
- Unauthorized attempts to defeat or circumvent security features, to use the system for other than intended purposes, to deny service to authorized users, to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system of its operation are prohibited;
- Evidence of such acts may be disclosed to law enforcement authorities and result in criminal prosecution under the Computer Fraud and Abuse Act of 1986 (18 U.S.C. 1030) or other applicable criminal laws

For questions or comments, please call the Magellan IT Support Center at (800) 241-8726.

Figure 2.1.2.2 – Login Window

3. Enter your **User Name/ID** and **Password**.
4. Click **Login**. The **Provider List** window appears. See Figure 2.1.2.3.

- The first time you log into the Commonwealth of Pennsylvania Web Portal, you will be instructed to change your password. It's also a good idea to set up Challenge Questions and Responses so that you can change your password in the future if you forget your password.
- 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** in the top-right corner of the window.

Commonwealth of Pennsylvania Web Portal

Thursday | October 06, 2022 | 04:30 PM | pmg_provider1

PDA **pennsylvania**
DEPARTMENT OF AGING

MagellanRx
MANAGEMENT


Choose a provider to work on behalf of

Provider List:

Figure 2.1.2.3 – Provider List window

5. Select the Dispensary name from the **Provider List** menu.
6. Click **Select**. The **Commonwealth of Pennsylvania Web Portal Home** window appears. See Figure 2.1.2.4.

Figure 2.1.2.4 – Commonwealth of Pennsylvania Web Portal Home window



- The following items now display in the Services and Application sections:
 - Provider Information Management
 - Web Remittance Advice
 - Web Claims Submission
- If **Provider Enrollment** displays beneath **My Claims**, contact the MMAP Help Desk immediately at 1-833-605-0629. Do Not proceed to work in the Dispensary Portal.

2.2 Log Out

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



- Click the **Logout** hyperlink in the top right-hand corner of the **Commonwealth of Pennsylvania Web Portal Home** window. See Figure 2.2.1.



Figure 2.2.1 – Commonwealth of Pennsylvania Web Portal Home window, Logout hyperlink

3.0 Provider Enrollment

Demographic data has been pre-loaded into the Web Portal. Upon initial access, each Dispensary must complete the **Electronic Funds Transfer (EFT)** and **Electronic Remittance Advice (ERA)** tabs and submit this information for validation. Additionally, any information that has been pre-loaded should be reviewed on initial access.

Dispensaries are responsible for updating all information once it is entered into the Web Portal. See [Maintaining Provider Information](#) for more information.

3.1 Provider Information Management (PIM)

Dispensaries will use the secured **Provider Information Management (PIM)** application to add and modify information.

Provider Information Management contains the following tabs:

- [Demographics](#)
- [Electronic Funds Transfer \(EFT\)](#)
- [Electronic Remittance Advice \(ERA\)](#)
- [Verification](#)
- [Submit](#)



- Each tab contains required and optional fields.
- Tabs can be completed in any order.
- If EFT/ERA is not set up, claims can be submitted, but funds will not be distributed to the Dispensary.

Complete the following steps to access **Provider Information Management**.

1. From the main portal window, click **Launch** next to **Provider Information Management** in the **Services and Applications** section of the portal window. See Figure 3.1.1.

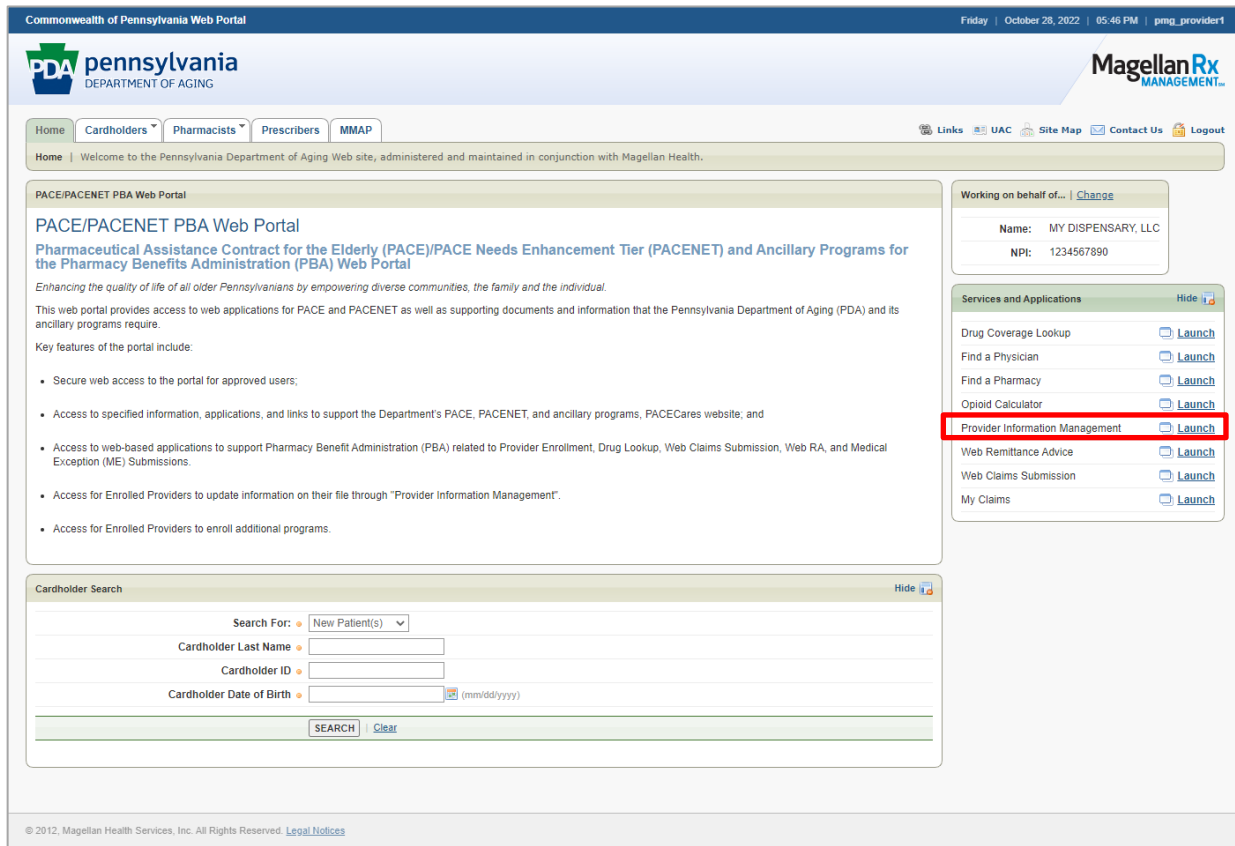


Figure 3.1.1 – Main Portal Window/Home Page

3.2 Demographics Tab

Upon accessing **Provider Information Management**, the **Demographics** tab displays. The Demographics tab is pre-populated with the information Dispensaries provided to the Pennsylvania Department of Health (DOH) during the permit process. This information should be verified the first time you log into the Dispensary Portal. All subsequent updates (change of address, email or contact information) are the responsibility of the Dispensary.

Commonwealth of Pennsylvania Web Portal | Provider Information Management
Friday | October 07, 2022 | 12:42 PM

pennsylvania
DEPARTMENT OF AGING

Demographics
Portal Home

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

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

Demographics
Electronic Funds Transfer (EFT)
Electronic Remittance Advice (ERA)
Verification
Submit

Dispensary ID :1234567890

General Information | Edit

Practice Type : Dispensary
Enrollment Type : In State
Program : Medical Marijuana Assistance Program (MMAP)
Effective Dates : 01/01/2022 - 06/30/2023
Dispensary ID : 1234567890

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

Dispensary Federal Tax Identification Number (TIN) : •
Employment Identification Number (EIN) : •
Email : •bob.smith@gmail.com
Name : •MY DISPENSARY, LLC
(Enter the name as it appears on the dispensary license.)

Addresses | Enter or edit the address information.

Add New Contact + | Help on Contact/Address Types

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

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

Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email
	Service		123 MAIN STREET	HARRISBURG	PA	17109 -0000	7175559999	bob.smith@gmail.com
	Business/Corporate		123 MAIN STREET	HARRISBURG	PA	17109 -0000	7175559999	bob.smith@gmail.com
Action	Type	Contact/Name	Address	City	State	Zip	Phone	Email

Figure 3.2.1 – Demographics Tab


3.2.1 General Information

The **General Information** section of the **Demographics** tab displays the information pre-loaded to the Dispensary Portal. The following information displays at the top of the screen (inside a gray box) and is not editable:

- Practice Type
- Enrollment Type
- Program
- Effective Dates
- Dispensary ID

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

1. Click **Edit** to enable the fields.
2. Complete the following required fields:
 - Dispensary Federal Tax Identification Number (TIN) or Employment Identification Number (EIN)
 - Email
 - Name



- Contact information being added and maintained on the Demographics tab is *general contact* information for the business. Specific contacts for specific business functions (such as banking information) will be added in the **Addresses** section below.
- This information displays on other tabs but is editable only on the Demographics tab.

3. Click **Save General Info** to save your edits. A pop-up window appears advising that your change was successful. See Figure 3.2.11.

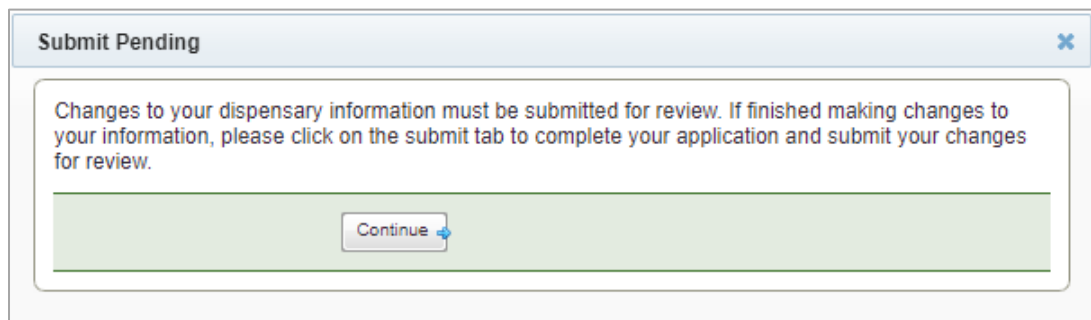



Figure 3.2.1.1 – Unique Identifiers Updated Window



3.2.2 Addresses Section

The Service address and Business/Corporate address are required. The address provided by the Dispensary is pre-loaded in both addresses. One or both can be modified. Only one address of each type can exist.



- The Business/Corporate address is the public mailing address. All mailings go to this address.
- The Service address is the physical location of the Dispensary.
- To view more information on **Contact/Address Types**, click **Help on Contact/Address Types**.

Existing addresses appear in the **Addresses** grid at the bottom of the screen. Icons in the Action column allow you to edit or delete the address information.

Icon	Name	Description
	Pencil	<ul style="list-style-type: none"> The Pencil icon takes you to the Edit Contact/Address window. The Pencil icon only appears if you have the information previously saved. Edit the information and click Save Information to save the changes.
	X	<ul style="list-style-type: none"> The X icon allows you to delete the address type previously saved. The X icon only appears if you have the information previously saved. Once you click the X icon, a warning window appears advising you that you have to select to delete the information. To confirm the action, click Delete or click the Cancel & do not delete hyperlink to keep the information as is.

3.2.3 Editing an Address/Contact

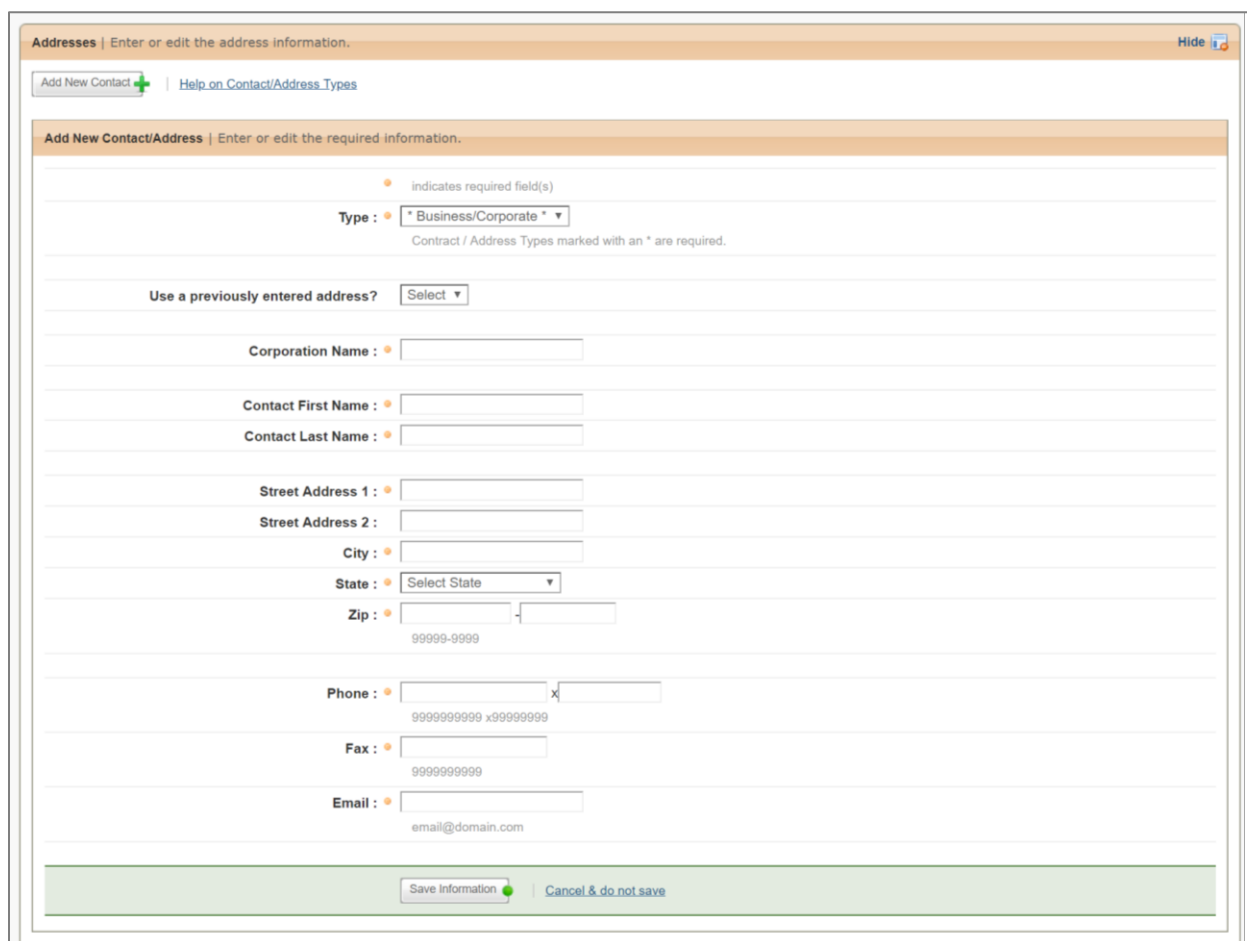


Figure 3.2.3.1 – Add New Contact/Address Window

Complete the following steps to edit an existing address and/or contact.

1. Select the address in the **Address** group box at the bottom of the screen that requires changes by clicking the pencil (✎) icon.
2. The **Edit Contact/Address** window appears.
3. Complete the required fields for the address **Type**.
 - Contact/Address Type
 - Corporation Name
 - Contact First Name
 - Contact Last Name
 - Street Address Line 1
 - City
 - State
 - Zip
 - Phone
 - Email



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

4. Click **Save Information**.



- To cancel saving the address, click the **Cancel & do not save** hyperlink.

5. The information entered appears on the **Demographics** tab, in the addresses window. The **Type** column displays the type of address.

3.2.4 Adding a New Contact

Complete the following steps to add a new contact and address.

1. Click the **Add New Contact** button. The **Add New Contact/Address** window appears.
2. Complete the required fields for the address **Type**.

- Corporation Name
- Contact First Name
- Contact Last Name
- Street Address Line 1
- City
- State
- Zip
- Phone
- Email



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

3. Click **Save Information**.



- To cancel saving the address, click the **Cancel & do not save** hyperlink.

- The updated information entered appears on the **Demographics** tab, in the addresses window. The **Type** column displays the type of address.
- After all information has been added and saved, click on the **Electronic Funds Transfer (EFT)** tab.

3.3 Electronic Funds Transfer (EFT) Tab

Electronic Funds Transfer (EFT) is a required tab. Once completed, it authorizes Magellan Health Corporation (on behalf of the Pharmaceutical Assistance Contract for the Elderly (PACE) Program and Medical Marijuana Assistance Program (MMAP)) to initiate credit and debit entries to the accounts identified here.

Commonwealth of Pennsylvania Web Portal | Provider Information Management
Friday | October 28, 2022 | 05:06 PM

Electronic Funds Transfer (EFT)
Portal Home

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

Dispensary ID :1234567890

Electronic Funds Transfer (EFT)
Edit

Indicates required field(s)

Dispensary Information

Dispensary Name: MY DISPENSARY, LLC
Changes to Dispensary Information in the "grayed out" fields must be made in the Demographics tab.

Street: 123 MIAN STREET

City: HARRISBURG

State/Province: PA

Zip Code/Postal Code: 17109 - 0000

Dispensary Identifier

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

Employment Identification Number (EIN)

Dispensary ID: 1234567890

Dispensary Contact Information

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

Dispensary Contact Last Name:

Telephone Number: X 9999999999 x99999999

Email Address:

EFT Authorization Form

I (we) hereby authorize Magellan Health Services Corporation [on behalf of the Pharmaceutical Assistance Contract for the Elderly (PACE) Program and Medical Marijuana Assistance Program (MMAP)] hereinafter called "Company," to initiate credit or debit entries to my (our) account indicated below and the depository named below, hereinafter called the "Depository," to accept such credit or debit entries to such account.

Financial Institution Information

Financial Institution Name:

Street:

City:

State/Province: Select State

Zip Code/Postal Code: -

Financial Institution Telephone Number: X 9999999999 x99999999

Financial Institution Routing Number:

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

Dispensary's Account Number with Financial Institution:

Account Number Linkage to Dispensary Identifier

Dispensary Federal Tax Identification Number (TIN):

Employment Identification Number (EIN)

Dispensary ID: 1234567890

Submission Information

Reason for Submission:
☐ Change Enrollment
☐ Cancel Enrollment

Printed Name of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

Submission Date: (mm/dd/yyyy)

Requested EFT Start/Change/Cancel Date: (mm/dd/yyyy)

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

Changes to any of the EFT required fields are subject to verification by Business Services. Changing RA choice from Web RA to FTP is subject to 835 FTP acceptance. Your Remittance Advice will continue to be available via Web RA until your processor successfully completes FTP testing.

Figure 3.3.1 – Electronic Funds Transfer (EFT) Tab

3.3.1 Dispensary Information and Dispensary Identifier

Dispensary Information and **Dispensary Identifier** (EIN/TIN) cannot be edited on this window. Messages in red advise where to navigate to in the application to make any necessary adjustments to this information.

3.3.2 Dispensary Contact Information

Dispensary Contact information identifies the individual who should be contacted for any issues specifically regarding EFT information, such as bank accounts and routing.



- Changes to the Dispensary Contact information here affect this tab only. Changes to ERA contact information and/or the Business/Corporate information on the Demographics tab must be made separately.

1. Click **Edit** to enable the fields.
2. Complete the required fields in the **Dispensary Contact Information** section.
 - Dispensary Contact First Name
 - Dispensary Contact Last Name
 - Telephone Number



- Enter only numbers in the Telephone Number field. Hyphens, spaces, or other special characters are not allowed.

3.3.3 EFT Authorization Form

The EFT Authorization Form provides the information necessary for Magellan Health to initiate credit or debit entries to the bank account(s) entered here. This information allows Dispensaries to be paid for services.

1. Complete the required fields in the **Financial Institution Information** section.
 - Financial Institution Name
 - Street, City, State/Province, and Zip Code/Postal Code field
 - Financial Institution Routing Number.
 - Type of Account at Financial Institution
 - Dispensary's Account Number with Financial Institution
2. Complete the **Account Number Linkage to Dispensary ID** section. Optionally, enter your TIN or EIN. The Dispensary ID is required and is prefilled.
3. Complete the required fields in the **Submission Information** section.
 - Reason for Submission
 - Printed Name of Person Submitting the Enrollment

- Printed Title of Person Submitting the Enrollment



- Select the option for **Change Enrollment** when establishing the initial reason for submission.

4. Click **Save EFT Info**. The information is saved. The following message displays.

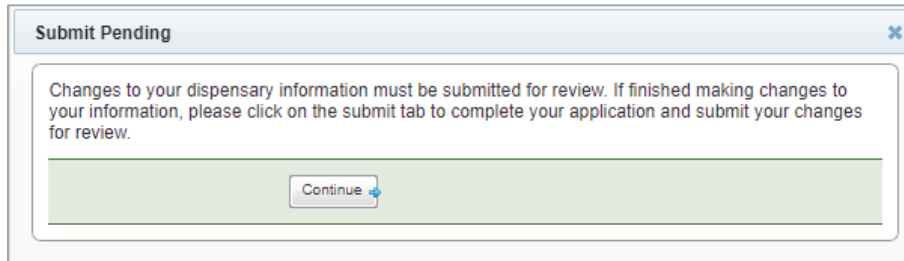


Figure 3.3.1 – Submit Pending Message

5. Click **Continue**.



- A message appears in a green bar at the top of the page indicating your information has been saved.
- Click the **Cancel** hyperlink to cancel your entries.

6. After all information has been added and saved, click on the **Electronic Remittance Advice (ERA)** tab.

3.4 Electronic Remittance Advice (ERA) Tab

Electronic Remittance Advice (ERA) is a required tab. Once completed, it authorizes Magellan Health Corporation to provide you with weekly remittance information on claims processed.

An electronic remittance advice, or ERA, is an itemized listing of claims paid and reversed.

Commonwealth of Pennsylvania Web Portal | Provider Information Management
Friday | October 28, 2022 | 04:59 PM

Electronic Remittance Advice (ERA)
Portal Home

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

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

Demographics
Electronic Funds Transfer (EFT)
Electronic Remittance Advice (ERA)
Verification
Submit

Dispensary ID :1234567890

Electronic Remittance Advice (ERA)
Edit

Indicates required field(s)

Dispensary Information

Dispensary Name: MY DISPENSARY, LLC
Changes to Dispensary Information in the "grayed out" fields must be made in the Demographics tab.

Street: 123 MAIN STREET

City: HARRISBURG

State/Province: PA

Zip Code/Postal Code: 17109 - 0000

Dispensary Identifier

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

Employment Identification Number (EIN)

Dispensary ID: 1234567890

Other Identifiers

Does your dispensary have a Clearinghouse number (TPA number)?:
Yes
No

TPA refers to Third Party Administrator.

Dispensary Contact Information

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

Dispensary Contact Last Name:

Telephone Number:
X
999999999/99999999

Email Address:

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Dispensary)

Dispensary Federal Tax Identification Number (TIN):

Employment Identification Number (EIN)

Dispensary ID: 1234567890

Method of Retrieval:
FTP 835
Web RA
Third Party Vendor

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name (Official Name of the dispensary's clearinghouse):

Clearinghouse Contact First Name:

Clearinghouse Contact Last Name:

Telephone Number:

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

Submission Information

Reason for Submission:
Change Enrollment
Cancel Enrollment

Printed Name of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

Submission Date:
(mm/dd/yyyy)

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

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

Changes to any of the ERA required fields are subject to verification by Business Services. Changing Method of Retrieval from Web RA to FTP is subject to 835 FTP acceptance. Your Remittance Advice will continue to be available via Web RA until your processor successfully completes FTP testing.

Figure 3.4.1 – Electronic Remittance Advice (ERA) Tab

3.4.1 Dispensary Information and Dispensary Identifier

Dispensary Information and **Dispensary Identifier** cannot be edited on this window. Messages in red advise where to navigate to in the application to make any necessary adjustments to this information.

3.4.2 Other Identifiers

Indicate if your dispensary uses the services of a third-party administrator (TPA). If the answer is **Yes**, you must provide the TPA number.

3.4.3 Dispensary Contact Information

The Dispensary Contact information identifies the individual who should be contacted for any issues specifically regarding ERA information, such as the TPA clearinghouse used or remittance advice retrieval.



- Changes to the Dispensary Contact information here affect this tab only. Changes to EFT contact information and/or the Business/Corporate information on the Demographics tab must be made separately.

1. Click **Edit** to enable the fields.
2. Complete the required fields in the **Dispensary Contact Information** section.
 - Dispensary Contact First Name
 - Dispensary Contact Last Name
 - Telephone Number

3.4.4 Electronic Remittance Advice Information

When electronic payments are created weekly using EFT, a Remittance Advice (RA) is also created in an 835 format. You must select your preference for retrieving this information.

1. Select the **Method of Retrieval** from the provided options:
 - FTP 835
 - Web RA
 - Third Party Vendor
2. If using a Clearinghouse, provide the name and contact information, including telephone number and email address.


3.4.5 Submission Information

1. Complete the required fields in the **Submission Information** section.
 - Reason for Submission
 - Printed Name of Person Submitting the Enrollment
 - Printed Title of Person Submitting the Enrollment



- Select the option for **Change Enrollment** when establishing the initial reason.

2. Click **Save ERA Info**. The information is saved. The Submit Pending Message displays. See Figure 3.3.1.




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

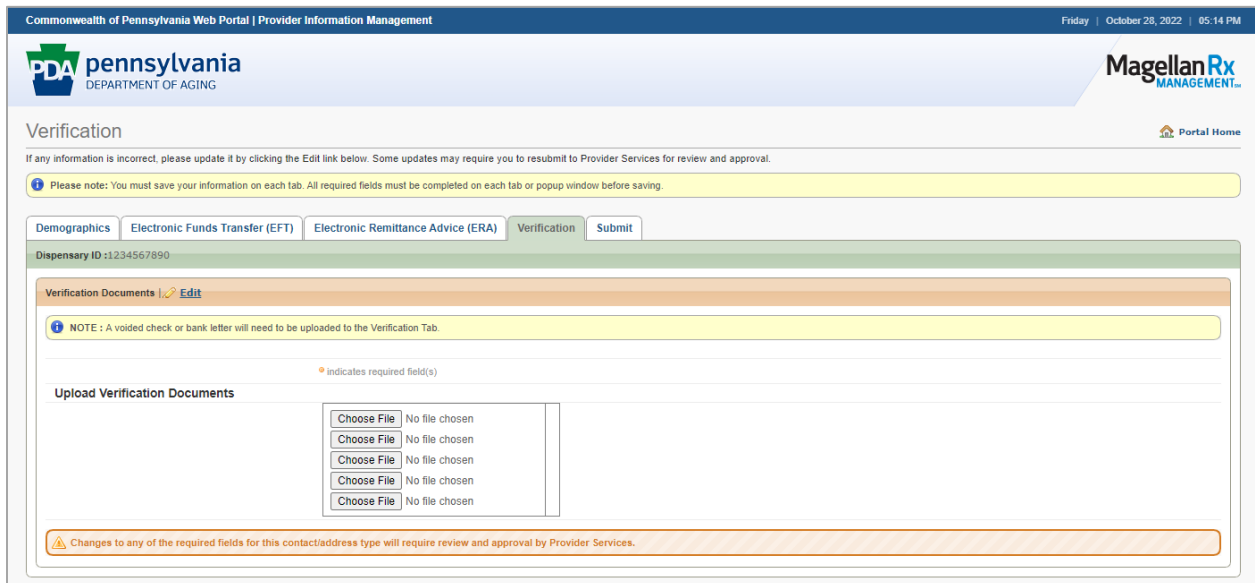
3. After all information has been added and saved, click on the **Verification** tab.

3.5 Verification

The **Verification** tab is used to upload the required documentation in support of banking information. A voided check or bank letter is required.



- If providing a voided check, do not use a starter check that does not contain the information, such as routing number and address.



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Verification [Portal Home](#)

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

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

Demographics | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | **Verification** | Submit

Dispensary ID :1234567890

Verification Documents [Edit](#)

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

Upload Verification Documents

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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

Figure 3.5.1 – Verification Tab

Complete the following steps to provide the required documentation.

1. Click **Edit** to enable adding documents.
2. Click **Choose File** to select a document from your local computer to attach.
3. Choose a file from your local computer and click **OK**.
4. Click **Upload** to upload your file to the Dispensary Portal.
5. After uploading the document(s), click on the **Submit** tab.

3.6 Submit

The **Submit** tab allows you to finalize all information and submit it for review.

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Submit Provider Information Management Update [Portal Home](#)

UPDATES PENDING: You have updated information in your profile that requires review and approval by Provider Services. Carefully review your changes and if you have no further updates, acknowledge any agreements that may be listed below and click Submit. After submitting your changes, no further updates are allowed until Provider Services has completed their review. You will be notified during the review process as to the status of your submission at the email address provided on the Demographics tab.

Demographics | Electronic Funds Transfer (EFT) | Electronic Remittance Advice (ERA) | Verification | **Submit**

Dispensary ID :0054305494

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

Action	Item	Status
Action	Item	Status

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

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

indicates required field(s)

Preparer's First Name :

Preparer's Last Name :

Preparer's Title :

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Figure 3.6.1 – Submit Enrollment Application Button

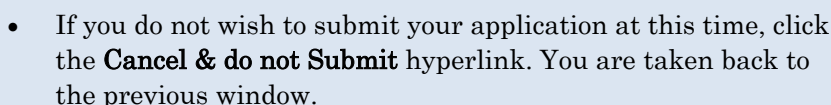
1. Complete the required fields.
 - Preparer's First Name
 - Preparer's Last Name
 - Preparer's Title
2. Click **Submit MMAP Update**. The **Confirm Submission** window appears. See Figure 3.6.1.

Confirm Submission ✕

Once submitted, no further changes may be made until Provider Services has reviewed and approved your updates.

| [Cancel & do not Submit](#)

Figure 3.6.1 – Confirm Submission Window




- 


- 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 the errors are on. See Figure 3.6.2.
- You will receive an email within 24 hours containing electronic copies of your changes. See Figures 13.1.7 and 13.1.8.
- Please add the email address MMAPPSQA@magellanhealth.com to your address book to ensure delivery of these messages. If you do not add the email address, please make sure you check your junk mail folders prior to calling Provider Services asking 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 MMAP.

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Demographics

Portal Home

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

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

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

ERROR: Enter required field(s).

Demographics
Electronic Funds Transfer (EFT)
Electronic Remittance Advice (ERA)
Verification
Submit

Dispensary ID : 1234567890

General Information | Edit

Practice Type : Dispensary
Enrollment Type : In State
Program : Medical Marijuana Assistance Program (MMAP)
Effective Dates : 01/01/2022 - 06/30/2023
Dispensary ID : 1234567890

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

Dispensary Federal Tax Identification Number (TIN) : *
Employment Identification Number (EIN)

Email : * bob.smith@hotmail.com
Name : * MY DISPENSARY, LLC
(Enter the name as it appears on the dispensary license.)

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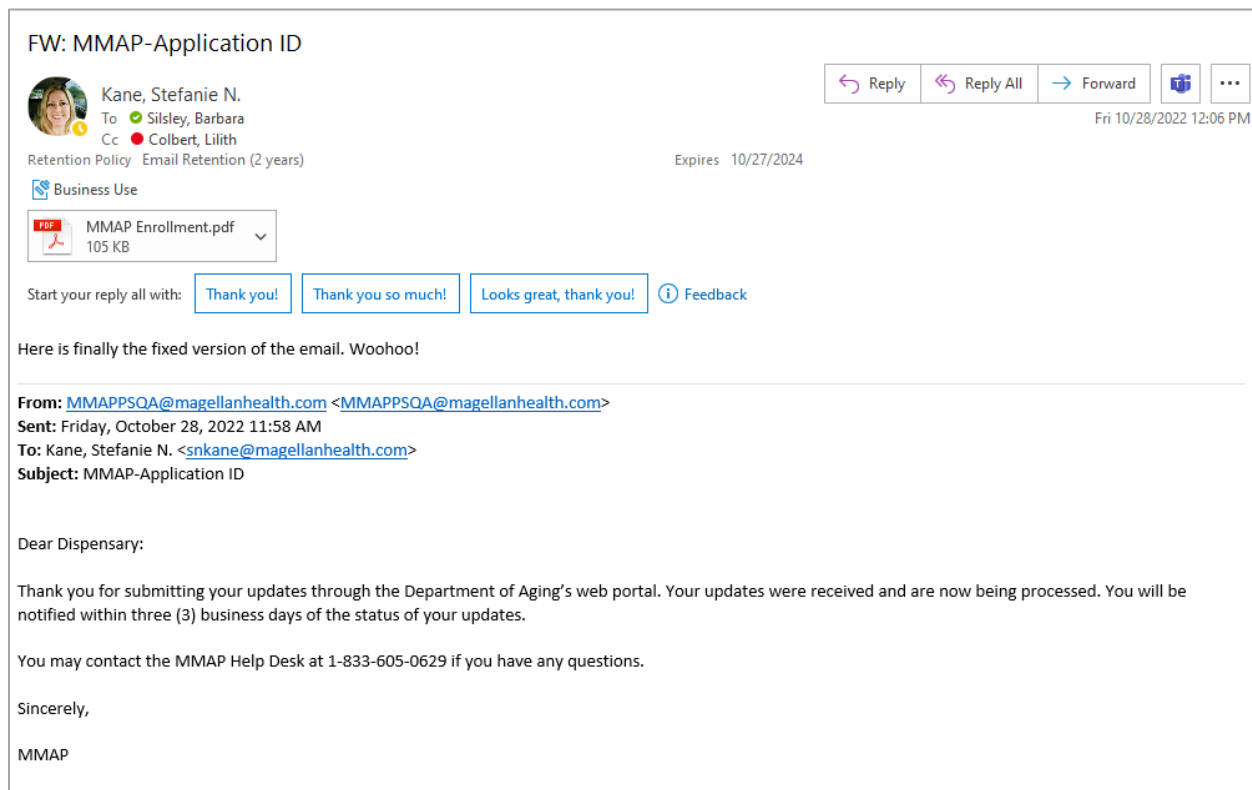



Figure 3.6.4 – Email confirmation with enrollment attached

- Click **Close Window** to return to the enrollment start page. Refer to [Section 3.0. Provider Enrollment](#).



- If you attempt to log back into the application prior to MMAP reviewing it, you receive an error message.

- Once your application is approved, you will receive a letter of approval via email and mail. See Figure 4.1.4.

4.0 Review

4.1 Review/Revisions

If the review of your enrollment information determines information is missing, incorrect or needs any clarification, you receive an email notification advising you that your application has been returned for more information needed. See Figure 4.1.1. You must access the enrollment application to make the changes.

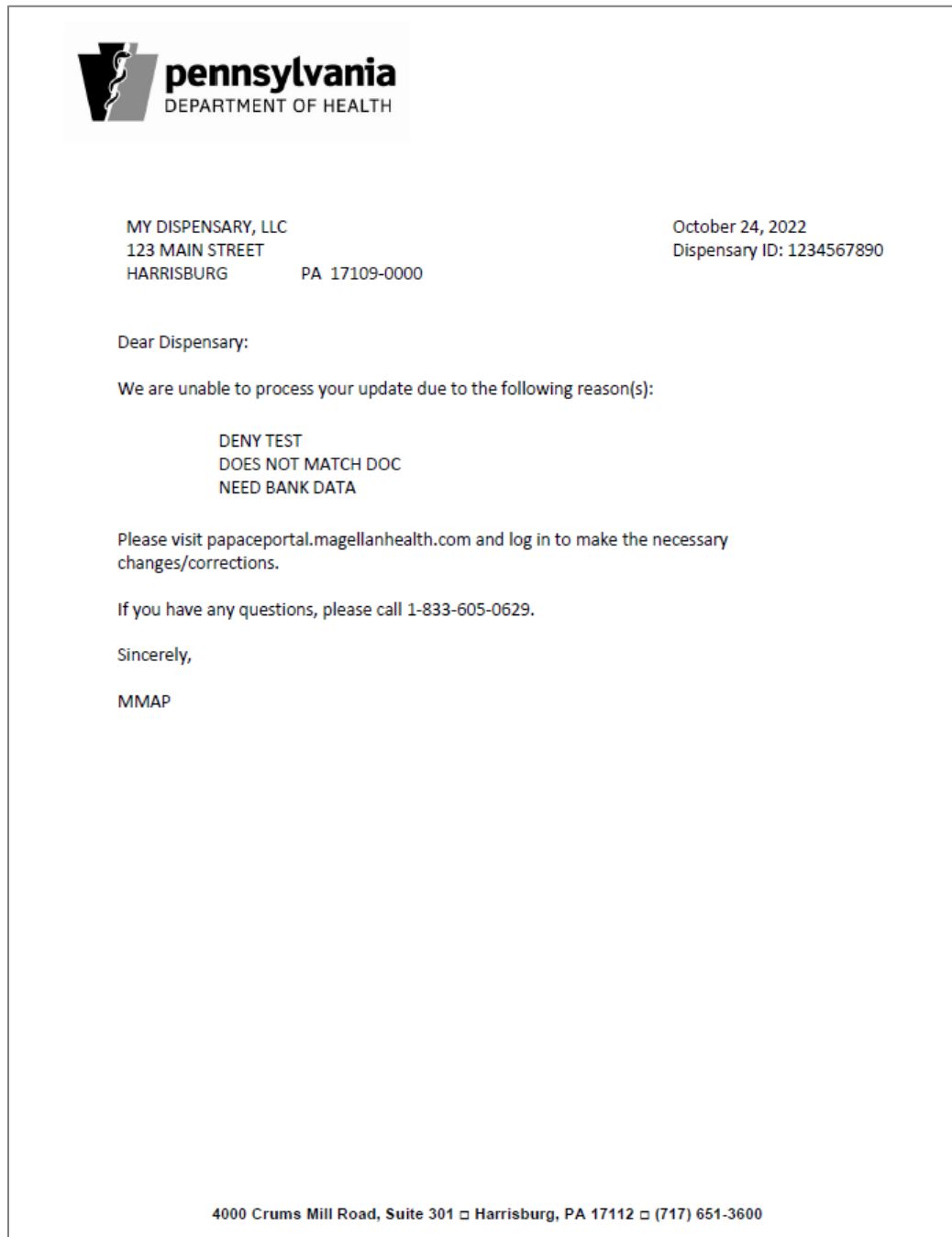


Figure 4.1.1 – Sample of Returned for Information Email

1. Log in to the Web Provider application by following the steps in *Section 2.1 – Log In*.
2. Click **Launch** next to **Provider Information Management** in the **Services and Applications** section to access your enrollment record.
3. The **Demographics** tab appears. See Figure 4.1.2

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Demographics [Portal Home](#)

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

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

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

Demographics **Electronic Funds Transfer (EFT)** **Electronic Remittance Advice (ERA)** **Verification** **Submit**

Dispensary ID : 1234567890

General Information [Edit](#)

Practice Type : Dispensary
Enrollment Type : In State
Program : Medical Marijuana Assistance Program (MMAP)
Effective Dates : 01/01/2022 - 06/30/2023
Dispensary ID : 1234567890

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

Dispensary Federal Tax Identification Number (TIN) :
Employment Identification Number (EIN) :
Email : bob.smith@gmail.com
Name : MY DISPENSARY, LLC
(Enter the name as it appears on the dispensary license.)



Figure 4.1.2 – Enrollment Application, Demographics Tab

4. Select the appropriate tab where modifications need to be made.
5. Click the **Edit** icon in the appropriate section on the tab to enable the editable fields.
6. Make the required updates/revisions and click **Save** to save the changes on the tab you changed.



- Once the changes are made, it is critical that you access the **Submit** tab, complete the required fields, and click **Submit MMAP Update** to resubmit the application with the changes. The revised application is sent to Provider Services for review. See Figure 4.1.3.

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Submit Provider Information Management Update

⚠️ UPDATES PENDING: You have updated information in your profile that requires review and approval by Provider Services. Carefully review your changes and if you have no further updates, acknowledge any agreements that may be listed below and click Submit. After submitting your changes, no further updates are allowed until Provider Services has completed their review. You will be notified during the review process as to the status of your submission at the email address provided on the Demographics tab.

Demographics
Electronic Funds Transfer (EFT)
Electronic Remittance Advice (ERA)
Verification
Submit

Dispensary ID :0054305494

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

Action	Item	Status
Action	Item	Status

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

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

* indicates required field(s)

Preparer's First Name :

Preparer's Last Name :


Preparer's Title :

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Submit MMAP Update

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Figure 4.1.3 – Submit Tab



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

7. Once your application is approved, you will receive a letter of approval via email and mail. See Figure 4.1.4.



MY DISPENSARY, LLC
123 MAIN STREET
HARRISBURG PA 17109-0000

October 24, 2022
Dispensary ID: 1234567890

Dear Dispensary:

This letter serves as acceptance of the updated information entered in the Dispensary Portal.

Medical Marijuana Assistance Program (MMAP)

MMAP

Sincerely,

MMAP

4000 Crums Mill Road, Suite 301 □ Harrisburg, PA 17112 □ (717) 651-3600

Figure 4.1.4 – Sample Approval letter

5.0 Provider Information Management

Once your application has been approved, you can log into the Commonwealth of Pennsylvania Web Portal to add or update your information.

Upon logging in using your user name/ID and password, the Commonwealth of Pennsylvania Web Portal home window appears. You have several options to select.

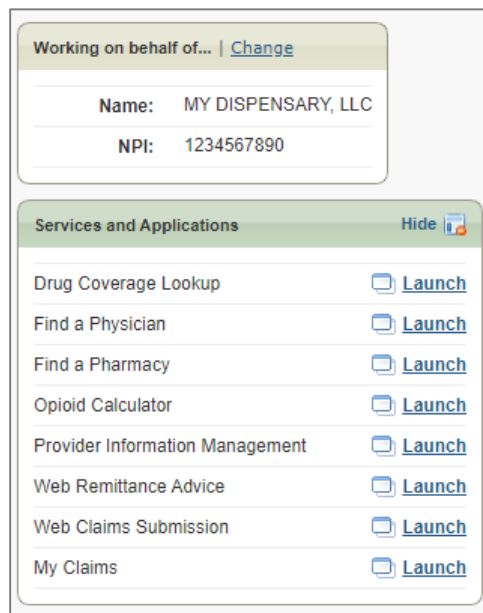


Figure 14.1.5 – Services and Applications

5.1 Maintaining Provider Information

Once you have completed the initial enrollment steps above, you are responsible for maintaining the information about your business that is housed in the Web Portal. This information includes general and function-specific contacts, email addresses, phone numbers, etc.



- If updates are needed, click the **Edit** hyperlink on the applicable tab(s) to update. Some updates may require you to submit the changes for review and approval.



- Once the changes are made and submitted, you must wait for determination before you can make any further changes.

5.2 Web Claims Submission

See the **Web Claims Submission User Guide for Medical Marijuana Dispensary Providers** for information on submitting claims. From the Home page, select **Pharmacists**, then **Manuals**.

5.2 Web Remittance Advice

See the **Web Remittance Advice (RA) User Guide** for information on remittance advices. From the Home page, select **Pharmacists**, then **Manuals**.