

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

Version 1.0 October 28, 2022

© 2022-2023 by Magellan Rx Management, LLC. All rights reserved. Magellan Medicaid Administration is a division of Magellan Rx Management, LLC.

Revision History

Document Version	Date	Name	Comments
0.1	8/29/22	B. Silsley	Initial Creation
0.2	10/20/22	B. Silsley	Prepare for SME review
0.2	10/24/22	S. Kane	SME review
0.3	10/28/2022	B. Silsley	Address SME review. Prepare final version.

Table of Contents

1.0	In	troduction	4			
1.1		Dispensary Enrollment4				
1.2		Dispensary Identifier	4			
2.0	Sy	ystem Access	5			
2.1		Log In	5			
2	2.1.1	L First-time Users	5			
2	2.1.2	2 Existing Users	6			
2.2		Log Out	9			
3.0	Pr	rovider Enrollment	10			
3.1		Provider Information Management (PIM)				
3.2		Demographics Tab				
3	3.2.1	L General Information				
3	3.2.2	2 Addresses Section				
3	3.2.3	3 Editing an Address/Contact				
3	3.2.4	4 Adding a New Contact				
3.3		Electronic Funds Transfer (EFT) Tab				
3	3.3.1	L Dispensary Information and Dispensary Identifier				
3	3.3.2	2 Dispensary Contact Information				
3	3.3.3	3 EFT Authorization Form				
3.4		Electronic Remittance Advice (ERA) Tab				
3	8.4.1	Dispensary Information and Dispensary Identifier				
3	8.4.2	2 Other Identifiers				
3	8.4.3	3 Dispensary Contact Information	21			
3	3.4.4	Electronic Remittance Advice Information	21			
3	8.4.5	5 Submission Information	21			
3.5		Verification				
3.6		Submit				
4.0	Re	eview	26			
4.1		Review/Revisions				
5.0	Pr	rovider Information Management	30			
5.1		Maintaining Provider Information				
5.2		Web Claims Submission				
5.2		Web Remittance Advice				

1.0 Introduction

Q

Notes

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.

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

Department of aging	Ma	
Cardholders Pharmacists Prescribers iome Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Magellan Health.	🎇 Links 🔎 UAC 🊠 Site	Map 🖂 Contact I
Announcements Hide 🕞	Login	
Atest News Magelan is implementing pertinent changes to our web portals and web-based applications and tools. The first change will consist of a new look and feel for the web pages and tools, such as Find a Pharmacy and Drug Lookup. While the look may be changing, the functionality of these tools will remain the same. The second change implements OKTA with multifactor authentication for our provider web-based applications accessed via the web portal. Current users of Provider Enrollment, Web Claims Submission (WCS) and/or WebRA will need to complete a short migration process to verify their access credentials and move all existing applications performed for or or provider or between the new OKTA platform. A migration step-by-step job aid will be posted to the web portal prior to implementation. If a new pharmacy provider or plate a short mean of the new DKTA platform. A migration step-by-step job aid will be posted to the web portal prior to implementation. If a new pharmacy provider or plate a short mean of the new DKTA platform.	PRESCRIBERS your Cardholders' access to handy so Medical Exception	Login to review data, and get ervices like online s. Login to review
Prescriber would like to register for the secure web-based applications, they can still do so by clicking the UAC link to access our User Administration Console (UAC). 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	Cogin Now	arvices like online s.
Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.	Services and Applications	Hide 📊
CARDHOLDERS and POTENTIAL CARDHOLDERS: Information on PACE/PACENET and the Pennsylvania Rx Price Finder is available by clicking on the CARDHOLDERS tab beneath the Department of Aging logo.	Drug Coverage Lookup	Launch
 Want to know if your medication is covered by PACE/PACENET, CRDP (Chronic Renal Disease Program) or SPBP (Special Pharmaceutical Benefits Program)? Launch the Drug Coverage Lookup in the SERVICES AND APPLICATIONS box on the right of the screen to find Program specific drug information. 	Find a Doctor Opioid Calculator	Launcl Launcl Launcl
Need to find a pharmacy or a doctor? Go to the SERVICES AND APPLICATIONS box on the right of the screen and click on "launch".	Find a Pharmacy	D Launc
Looking for information about another government agency? Click on LINKS beneath the Magellan Rx Management logo.	Provider Enrollment	D Launc
PROVIDERS and POTENTIAL PROVIDERS: (his web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania Department of Aging (POA) and its anciliary 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, "Web RA, and "Medical Exception (ME) Submissions.		
 Access for Enrolled Providers to update information on their file through *Provider Information Management. 		
Please note — you will first need to register and create a User ID and Password to gain access to "these secured applications. To register, click on the "UAC" link at the top-right of this page. Whether you are an individual provider or are part of or manage a large practice or facility, contact the Web Support Call Center at (800) 241-8726; Hours 8:00 A.M. – 8:00 P.M., Monday through Friday should you need any assistance in creating and managing user accounts.		
Once your account has been created, return to this page and click the Login button on the right side of the page. After successfully logging in, you will see additional links under Services and Applications to the secured applications you have been authorized to access.		

Figure 2.1.1 – Commonwealth of Pennsylvania Web Portal Home Window

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.

L



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.

Commonwealth of Pennsylvania Web Portal	Friday October	r 28, 2022 05:48 PM		
PPAR Pennsylvania DEPARTMENT OF AGING	Ma			
Home Cardholders * Pharmacists Prescribers MMAP	🛞 Links 📧 UAC 🚠 Site	Map 🖂 Contact Us		
Home Welcome to the Pennsylvania Department of Aging Web site, administered and maintained in conjunction with Magelian Health.				
Announcements Hide 🕞	Login			
Latest News Magelian is implementing pertinent changes to our web portals and web-based applications and tools. The first change will consist of a new look and feel for the web pages and tools, such as Find a Pharmacy and Drug Lookup. While the look may be changing, the functionality of these tools will remain the same. The second change implements OKTA with multificator authentication for our provider web-based applications accessed via the web portal. Current users of Provider Enrolment, Web Claims Submission (WCS) and/or WeBAR will need to complete a short migration process to verify their access credentials and move all existing application permissions to the new OKTA platform. A migration step-by-step job aid will be posted to the web portal prior to implementation. If a new pharmacy provider or prescriber would like to register for the secure web-based applications, they can still do so by clicking the UAC limit to access or User Administration consele (UAC).	PRESCRIBERS your Cardholders' d access to handy see Medical Exceptions PHARMACISTS your Cardholders' d occers to headers' d occers to headers' d	Login to review ata, and get rvices like online Login to review lata, and get		
	Remittance Advices	l.		
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal	LOGIN NOW			
Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.	Services and Applications	Hide 📊		
CARDHOLDERS and POTENTIAL CARDHOLDERS: Information on PACE/PACENET and the Pennsylvania RX Price Finder is available by clicking on the CARDHOLDERS tab beneath the Department of Aging logo.	Drug Coverage Lookup	D Launch		
Want to know if your medication is covered by PACE/PACENET, CRDP (Chronic Renal Disease Program) or SPBP (Special Pharmaceutical Benefits Program)? Launch the Drug Coverage Lookup in the SERVICES AND APPLICATIONS box on the right of the screen to find Program specific drug information.	Find a Doctor Opioid Calculator	Launch		
Need to find a pharmacy or a doctor? Go to the SERVICES AND APPLICATIONS box on the right of the screen and click on "launch".	Find a Pharmacy	Launch		
Looking for information about another government agency? Click on LINKS beneath the Magellan Rx Management logo.	Provider Enrollment	D Launch		
PROVIDERS and POTENTIAL PROVIDERS: This web portal provides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania Department of Aging (PDA) and its anciliary 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 anciliary programs, PACECares website; and				
 Access to web-based applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, "Web Claims Submission, "Web RA, and "Medical Exception (ME) Submissions. 				
Access for Enrolled Providers to update information on their file through "Provider Information Management.				
Please note — you will first need to register and create a User ID and Password to gain access to "these secured applications. To register, click on the "UAC" link at the top-right of this page. Whether you are an individual provider or are part of or manage a large practice or facility, contact the Web Support Call Center at (800) 241-8726, Hours 8:00 A.M. – 8:00 P.M., Monday through Finday should you need any assistance in creating and managing user accounts. Once your account has been created, return to this page and click the Login button on the right side of the page. After successfully logging in, you will see additional links under Services and Applications to the secured applications you have been authorized to access.				
© 2012, Magellan Health Services, Inc. All Rights Reserved. Legal Notices				

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.

	gellan Health Services
PLEAR NOTE: First time Practitioner/Pharmacist users must change their password before attempting to log in. Please access the change password link listed below.	A GELLAN HALTSINET Kang daws dl de Tar
Legin Please sign in below. indicates required field(s) User NamelD: Practitioners/Pharmacists forgot your password? click here Practitioners/Pharmacists need to change your password? click here Practitioners/Pharmacists need to change your password? click here Questions or Problems? Contact the Support Center at (800) 241-8726 	LEASE NOTE: First time Practitioner/Pharmacist users must change their password before attempting to log in. Please access the change password link listed below.
indicates required field(s) User Name/Di:	ogin Please sign in below.
User NameIID:	 indicates required field(s)
Password: Password: Practitioners:Pharmacists forgot your password? <u>click here</u> Practitioners:Pharmacists need to change your password? <u>click here</u> Practitioners:Pharmacists need to change your password? <u>click here</u> Practitioners:Pharmacists need to Change your password? <u>click here</u> Questions or Problems? Contact the Support Center at (800) 241-8726 CLOGIN CLEAR Cancel CACess Policy Users contact the support Center at (800) 241-8726 Unauthorized use is prohibited; Uses provide to security testing and monitoring; Nusubject to simular proceeding; No expectation of system to 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 othenwise to interfere with the system of its operation or system more 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 othenwise 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; 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 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 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 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 Evidence of such acts may be disclosed to law enforcement a	User NameilD: •
Practitioners/Pharmacists forgot your password? <u>click here</u> Practitioners/Pharmacists need to change your password? <u>click here</u> Practitioners/Pharmacists need to change your password? <u>click here</u> Cuck here Cuck he	Password: •
Practitioners/Pharmacists need to change your password? <u>click here</u> Practitioners/Pharmacists need to Register? <u>click here</u> Questions or Problems? Contact the Support Center at (800) 241-8726 LOGIN <u>CLEAR Cancel CACER Policy CLEAR Cancel CACER Policy CLEAR Cancel CLOGIN CLEAR CANCEL CLICAR CANCEL</u>	Practitioners/Pharmacists forgot your password? <u>click here</u>
Practitioners/Pharmacists need to Register? <u>click here</u> Questions or Problems? Contact the Support Center at (800) 241-8726 LOGIN <u>CLEAR</u> <u>Cancel</u> Access Policy This application and computer system are the property of Magelian 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; Unauthorized use is prohibited; Users (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 of monitoring; Users (authorized use is prohibited; Usage may be subject to security testing and monitoring; Users (authorized use is prohibited; Users (authorized users); No expectation of privacy except as otherwise provided by applicable privacy laws; No expectation of privacy except as otherwise 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 interface with the system of its operation are prohibited; User (authorized attempts to defined 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 interface with the system of its operation are prohibited; User (authorized attempts) be discl	Practitioners/Pharmacists need to change your password? <u>click here</u>
Cuestions or Problems? Contact the Support Center at (800) 241-8728	Practitioners/Pharmacists need to Register? <u>citck here</u>
	Questions of Problems? Contact the Support Center at (800) 241-8726
Access Policy This application and computer system are the property of Magelian 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 Magelian Health Services, Inc. Unauthorized use is prohibited; Usage may be subject to security testing and monitoring; Misuse is subject to criminal prosecution; Nexpectation of privacy except as otherwise provided by applicable privacy laws; Nexpectation of privacy except as otherwise provided by applicable privacy laws; Unauthorized attempts to defeat or cricumvent 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; 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 Magelian IT Support Center at (800) 241-8726.	LOGIN CLEAR Cancel
This application and computer system are the property of Magelian 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 Magelian Health Services, Inc. Users consent via utilization of such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of Magelian Health Services, Inc. Users consent via utilization of such interception, and monitoring; Users explicit to criminal prosecution; Nexpectation of privacy except as otherwise provided by applicable privacy laws; Nexpectation of privacy except as otherwise provided by applicable privacy laws; Users of this applicate of the sopuration or system may result in disciplinary action, termination of employment and/or civil and criminal penalties, and may be disclosed to law enforcement authorities; Users of this applicable to originary action, termination of other than intended purposes, to deny service to authorized users, to access, obtain, after, damage, or destroy information, or otherwise to interfere with the system of to portability, and prohibid, and the may be disclosed to law enforcement authorities; 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 Magelian IT Support Center at (800) 241-8726.	Access Policy
Unauthorized use is prohibited; Usage may be subject to executity testing and monitoring; Usage may be subject to criminal prosecution; Misuse is subject to criminal procedulon; No expectation of privacy except as otherwise provided by applicable privacy laws; No expectation of privacy except as otherwise provided by applicable privacy laws; No authorized 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, after, damage, or destroy information, or otherwise to initerfere with the system of its opplicable privacy laws; 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 Magelian IT Support Center at (800) 241-8726.	This application and computer system are the property of Magelian 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 Magelian Health Services, Inc.
For questions or comments, please call the Magellan IT Support Center at (800) 241-8726.	Unauthorized use is prohibited; Usage may be subject to security testing an monitoring; Misuse is subject to criminal procedution; 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, after, damage, or destroy information, or otherwise to inferting with the system of its operationar penolibled; 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
	or 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.



Commonwealth of Pennsylvania Web Portal	Thursday Oclober	06, 2022 04:30 PM pmg_provider1
PDA Pennsylvania Department of Aging		Magellan Rx
Choose a provider to work on behalf of		
Provider List:	MY DISPENSARY, LLC (NPI: 1234567890)	
	SELECT	
)

Figure 2.1.2.3 – Provider List window

5. Select the Dispensary name from the **Provider List** menu.

Page 8

6. Click **Select**. The **Commonwealth of Pennsylvania Web Portal Home** window appears. See Figure 2.1.2.4.

Commonwealth of Pennsylvania Web Portal	Friday October 28, 2022 05:46 PM	pmg_provider1			
DEPARTMENT OF AGING	Mag				
Home Cardholders * Pharmacists * Prescribers MMAP Image: Cardholders Image: Cardholders </td <td>inks 🔎 UAC 🊠 Site Map 🖂 Conta</td> <td>ct Us 👸 Logout</td>	inks 🔎 UAC 🊠 Site Map 🖂 Conta	ct Us 👸 Logout			
PACE/PACENET PBA Web Portal	Working on behalf of Change				
PACE/PACENET PBA Web Portal	Name: MY DISPENSARY	ше			
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal	NPI: 1234567890				
Enhancing the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual. This web notal norwides access to web applications for PACE and PACENET as well as supporting documents and information that the Pennsylvania Department of Aping (PDA) and its	Services and Applications	Hide 📊			
ancillary programs require.	Drug Coverage Lookup	D Launch			
Key features of the portal include:	Find a Physician	D Launch			
Secure web access to the portal for approved users;	Find a Pharmacy	D Launch			
Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACECares website; and	Opioid Calculator	D Launch			
	Provider Information Management	D Launch			
 Access to web-based applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, Web Claims Submission, Web RA, and Medical Exception (ME) Submissions. 	Web Remittance Advice	D Launch			
	Web Claims Submission	Launch			
Access for Enrolled Providers to update information on their file through "Provider Information Management". My Claims					
Access for Enrolled Providers to enroll additional programs.					
Cardholder Search Hide 🕞					
Search For: Vew Patient(s) V					
Cardholder Last Name o					
Cardholder ID •					
Cardholder Date of Birth					
SEARCH Clear					
© 2012, Magellan Health Services, Inc. All Rights Reserved. Legal Notices					

Figure 2.1.2.4 – Commonwealth of Pennsylvania Web Portal Home window



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 <u>Maintaining Provider Information</u> 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:

- <u>Demographics</u>
- <u>Electronic Funds Transfer (EFT)</u>
- <u>Electronic Remittance Advice (ERA)</u>
- <u>Verification</u>
- <u>Submit</u>



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.

Commonwealth of Pennsylvania Web Portal	Friday October 28, 2022 05:46 PM pmg_provider1			
DEPARTMENT OF AGING	Magellan Rx			
Home Cardholders Pharmacists Prescribers MMAP @) Links 🔎 UAC 🎰 Site Map 🖂 Contact Us 👸 Logout			
PACE/PACENET PBA Web Portal	Working on behalf of Change			
PACE/PACENET PBA Web Portal	Name: MY DISPENSARY, LLC			
Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET) and Ancillary Programs for the Pharmacy Benefits Administration (PBA) Web Portal	NPI: 1234567890			
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 montanes require	Services and Applications Hide			
Key fashus of the nortal include:	Drug Coverage Lookup 🗔 Launch			
	Find a Physician			
Secure web access to the portal for approved users;	Find a Pharmacy			
Access to specified information, applications, and links to support the Department's PACE, PACENET, and ancillary programs, PACECares website, and	Opioid Calculator 🔄 Launch			
	Provider Information Management 🔲 Launch			
 Access to web-based applications to support Pharmacy Benefit Administration (PBA) related to Provider Enrollment, Drug Lookup, web claims submission, web RA, and Medical Exception (ME) Submissions. 	Web Remittance Advice Launch			
	Web Claims Submission 🗔 Launch			
 Access for Enrolled Providers to update information on their file through "Provider information Management". 	My Claims D Launch			
Access for Enrolled Providers to enroll additional programs.				
	J			
Cardholder Search Hide				
Search For: Vew Patient(s)	-			
Cardholder Last Name 🧕				
Cardholder ID •				
Cardholder Date of Birth				
(SEADCH) Clear	-			
© 2012, Magellan Health Services, Inc. All Rights Reserved. Legal Notices				

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.

mmonweal	th of Pennsylvania Web Pe	ortal Provider Inform	ation Management				Friday	October 07, 2022 12:42 P
	PENNSYLVANI EPARTMENT OF AGING	а						Magellan
emogr	aphics							🏠 Portal Hon
ny informatio	on is incorrect, please update	it by clicking the Edit link	below. Some updates may re-	quire you to resubmit to	Provider S	ervices for review a	nd approval.	
Please no	te: You must save your informa	ation on each tab. All requ	uired fields must be completed	on each tab or popup wi	ndow before	e saving.		
Demographi	ics Electronic Funds T	ransfer (EFT) Elec	tronic Remittance Advice (ERA) Verification	Submi	it		
Dispensary II	D:1234567890							
General Inf	formation 🧷 Edit							
		Practice Type :	Dispensary					
		Enrollment Type :	In State					
		Program :	Medical Marijuana Assistar	nce Program (MMAP)				
		Effective Dates :	01/01/2022 - 06/30/2023					
		Dispensary ID :	1234567890					
		٥						
		ir	ndicates required field(s)					
Dispens	ary Federal Tax Identificat Employment Identifica	tion Number (TIN) : ●	indicates review required tiel	d(s)				
		Email : 🍳	bob.smith@gmail.com					
		Name : 🧕	MY DISPENSARY, LLC					
		(1	Enter the name as it appears or	the dispensary license	.)			
Addresses	Enter or edit the address ii	nformation.						
Add New Con	ntact 🕂 Help on Contact/A	Address Types						
	At a minimum, you are required	d to add contact informat	ion for your Business/Corpora	te Address and Servic	e Address	For independent dis	nensaries the business	/corporate and service
address	may be the same. All mailings	will be sent to the Busine	ess/Corporate address.				penetres, the business	
🛕 Any cha	anges to contact information	(add new contact, dele	te existing contact, change e	kisting contact info) w	ill require re	eview and approval	by Provider Services	
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Email
Ø 🗙	Service		123 MAIN STREET	HARRISBURG	PA	17109 -0000	7175559999	bob.smith@gmail.com
Ø 🗙	Business/Corporate		123 MAIN STREET	HARRISBURG	PA	17109 -0000	7175559999	bob.smith@gmail.com
Action	Туре	Contact/Name	Address	City	State	Zip	Phone	Email



3.2.1 General Information

The **General Information** section of the **Demographics** tab displays the information preloaded 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



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.

Submit Pending	×	
Changes to your dispensary information must be submitted for review. If finished making changes to your information, please click on the submit tab to complete your application and submit your changes for review.		
Continue		

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.
Notes	•	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	• 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.
	Х	• 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

dresses Enter or	edit the address information.	Hide
dd New Contact 🛔	Help on Contact/Address Types	
dd New Contact/A	ddress Enter or edit the required inf	formation.
	• Type: •	indicates required field(s) * Business/Corporate * Contract / Address Types marked with an * are required.
U	se a previously entered address?	Select V
	Corporation Name : •	
	Contact First Name : • Contact Last Name : •	
	Street Address 1 : •	
	Street Address 2 : City : ●	
	State : • Zip : •	Select State
	Phone : •	
	Fax : •	9999999999
	Email : •	email@domain.com



Page 14 | Medical Marijuana Assistance Program (MMAP) Dispensary Provider Web Enrollment/Provider Information Management Guide 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 (\nearrow) 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.



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.



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

Construction Construction	monwealth of Pennsylvania Web Portal Provider In	formation Management							
	nennsvlvania								Magollan
control E cont	DEPARTMENT OF AGING								MANAGEN
<pre>read on the read on the read on the line read on the region of the read on the read o</pre>	ectronic Funds Transfer (EET)								🟠 Portal
	information is incorrect inlease update it by clicking the Ed	tit link below. Some undates may require	you to resubmit to F	Provider Services	s for review and an	oproval			4.0.0
	Please note: You must save your information on each tab. A	I required fields must be completed on ea	ach tab or nonun wind	low before equips	a				
	Thease note: For must save your momentation on each tab.	in required notas must be completed on ea			<u>а</u> ,				
peronzy of USHEMPS	Electronic Funds Transfer (EFT)	Electronic Remittance Advice (ERA)) Verification	Submit					
become and a local	spensary ID :1234567890								
	Electronic Funds Transfer (EFT)								
Perseavy information									
Digenergy field is a long with a with outpression is a long with a	Dispensary Information	 Indicates required field(s) 							
<pre> i field i i i i i i i i i i i i i i i i i i i</pre>	Dispensary Name:	• MY DISPENSARY, LLC ** Changes	to Dispensary Inform	ation in the "graye	ved out" fields must	t be made in the Der	nographics tab.		
	Street:	• 123 MIAN STREET							
i Auserborium: "In' and automate autom	City:	HARRISBURG							
	State/Province:	• PA							
	Zip Code/Postal Code:	• 17109 - 0000							
Jage Hall y electric last continuition furtible (111):	Dispensary Identifier								
bageneary Center First Kame Kame of A context	Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (EIN)	** Changes to the "grayed out" Dispense Identifier segment must be made in the	sary Federal Tax Ider e Demographics tab.	tification Number	er (TIN): Employmer	nt Identification Num	ther (EIN): in the Dispensary		
Dispersary Contact Information Conservator Informat	Dispensary ID:	o 1234567890							
Dispension Contact First Name (Name of a contact at Name: a contact first Name (Name Picenet) contact Name Picenet) contact Name Picenet (Name Picenet) contact Name Picenet) contact Name Picenet) contact Name Picenet (Name Picenet) contact Name Picenet) contact Name Picenet) contact Name Picenet (Name Picenet) contact Name Picenet) contact Name Picenet) contact Name Picenet (Name Picenet) contact Name Picenet Name Picenet (Name Picenet) contact Name Pi	Dispensary Contact Information								
Dispensary Contact Last Name: Tarbahone Number: * Bana Address: Fanacial institution formation Financial institution: Stret: Stret: <p< b=""></p<>	Dispensary Contact First Name (Name of a contact in the dispensary office for handling EFT issues):	. • ** Chan etc. on t	iges to the EFT Dispe the Demographics tai	nsary Contact Inf b must be made s	nformation affect on separately.	ly this tab. Changes	to the Business/Corporate Con	tact Name, Phone Number,	
Teephone Number: x Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address: Templand Address:<	Diaman (0.1414)	_							
Enail Address: Table address:	Dispensary Contact Last Name:	•							
Per Autorization Form Per Autorization	Dispensary Contact Last Name: Telephone Number:	• X	99999999	99 x99999999					
Street: City: State Province: S	Dispensary Contact Last Name: Telephone Number: Email Address: EFT Authorization Form we hereby authorize Manelian Health Services Corpora	X ion Ion behalf of the Pharmaceutical A	99999999	99 x99999999	(PACE) Program	and Medical Marili	uana Assistance Prooram (M	MAP)) hereinafter called "(Company." to initiate credit
City: • State Province: • Select State Zip Code/Postal Code: • Financial Institution Telephone Number: • Financial Institution Routing Number: • Tyne of Account A Financial Institution: • Business Savings • Personal Savings • Personal Code(Postal Code): • Submitting Financial Institution: • Business Savings • Personal Savings • Personal Code(Postal Code): • Submittion Routing Number: • Submittion Routing Number: • Submittion Submitting Financial • Submittion Submitting Enrollment: • Submission Information Submission Date: Submission	Dispensary Contact Last Name: Telephone Number: Email Address: EFT Authorization Form ve) hereby authorize Magellan Health Services Corpora ot entries to my (our) account indicated below and the of Financial institution Information Financial Institution Name:	x in (on behalf of the Pharmaceutical A isopository named below, hereinafter ca	99999999 Assistance Contract alled the "Depositor	99 x99999999 for the Elderly (y," to accept suc	(PACE) Program ch credit or debit d	and Medical Mariju entries to such acc	uana Assistance Program (M ount.	MAP)] hereinafter called "(Company," to initiate credit
State State Zip Code State Financial Institution Telephone Number: × Signed State State Financial Institution Routing Number: × State State Financial Institution Routing Number: State Signed State <td>Dispensary Contact Last Name: Telephone Number: Email Address: FF Authorization Form ve) hereby authorize Magellan Health Services Corpora it entries to my (our) account indicated below and the c Financial Institution Information Financial Institution Name: Street:</td> <td></td> <td>99999999 Assistance Contract alled the "Depository</td> <td>99 x99999999 for the Elderly (," to accept suc</td> <td>(PACE) Program</td> <td>and Medical Mariji entries to such acc</td> <td>uana Assistance Program (M ount.</td> <td>MAP)] hereinafter called "(</td> <td>Company," to initiate credit</td>	Dispensary Contact Last Name: Telephone Number: Email Address: FF Authorization Form ve) hereby authorize Magellan Health Services Corpora it entries to my (our) account indicated below and the c Financial Institution Information Financial Institution Name: Street:		99999999 Assistance Contract alled the "Depository	99 x99999999 for the Elderly (," to accept suc	(PACE) Program	and Medical Mariji entries to such acc	uana Assistance Program (M ount.	MAP)] hereinafter called "(Company," to initiate credit
Zip CodePosta Code: · Financial Institution Telephone Number: × Pinancial Institution Routing Number: · Type of Account at Financial Institution: Business Checking Bispensary's Account Number with Financial · Institution: Business Checking Personal Savings Other Checking Che	Elispensary Contact Last Name: Telephone Number: Email Address: FF Authorization Form we) hereby authorize Magellan Health Services Corpora is entries to my (our) account indicated below and the c Financial Institution Information Financial Institution Name: Street: City:		99999999 Assistance Contract alled the "Depositor	99 x99999999 for the Elderly (," to accept suc	(PACE) Program ch credit or debit e	and Medical Mariju	uana Assistance Program (M count	MAP)] hereinafter called "C	Company," to initiate credit
Financial Institution Telephone Number: x Financial Institution Routing Number: Type of Account at Financial Institution: Type of Account at Financial Institution: Business Savings Personal Savings Personal Checking Other Dispensary's Account Number with Financial Institution: Account Number Linkage to Dispensary Identifier Dispensary (Bentifier To Submission: Dispensary (Bentifier To Submission: Printed Tax Identification Number (EIN) Printed Tax Identification Number (EIN) Printed Tube of Person Submitting Enrollment: Printed Tile of Person Submitting Enrollment: Printed Tile of Person Submitting Enrollment: Printed Tile of Person Submitting Enrollment: Printed Tile of Person Submitting Enrollment: Account I of Company of the EFT Start/Change/Cancel Date: action action action baseness ary of the EFT reguired fields are subject to ontification to the dispensary or has received written notification from the dispensary of the SFTP seceptance. Your Remittance Advice written continue to the savisite to SS FTP accentificate Court Advice written continue to the savisite to SS FTP accentificate Court Advice written continue to the Start SFTP accentification by Basiness Starting Bacholece from Web RA to FTP is subject to SS FTP accentificate on Europarise to Start Change EFT Start Change Change Barry of the EFT reguired fields are subject to by Basiness Ariverse. Schanging Bacholece from Web RA to FTP is subject to SS FTP accentificate on Europarise to Start Change Start Start Start STP accentification by Basiness Stripes. Change Barry of the EFT reguired fields are subject to start Sta	Elispensary Contact Last Name: Telephone Number: Email Address: FT Authorization Form e) hereby authorize Magelian Health Services Corpora it entries tom youry account indicated below and the c Financial Institution Information Financial Institution Name: Street: City:	X X Iton (on behalf of the Pharmaceutical A pository named below, hereinafter ca 0 Select State	99999999 Assistance Contract alled the "Depositor	99 x99999999 for the Elderly (," to accept suc	(PACE) Program ch credit or debit i	and Medical Mariju	uana Assistance Program (M count.	MAP)] hereinafter called "G	Company," to initiate credit
Financial Institution Routing Number: • Type of Account at Financial Institution: • Business Savings Personal Savings Personal Checking Other	Dispensary Contact Last Name: Telephone Number: Email Address: FT Authorization Form e) hereby authorize Magelian Health Services Corpora it entries tom (your) account indicated below and the c Financial Institution Information Financial Institution Name: City: State/Province: Zip Code/Postal Code:	X X Ition (on behalf of the Pharmaceutical A lepository named below, hereinafter ce O Select State O Select State O	99999999	99 x99999999 for the Elderly (," to accept suc	(PACE) Program ch credit or debit e	and Medical Mariju	uana Assistance Program (M count.	MAP)] hereinafter called "G	Company," to initiate credit
Type of Account at Financial Institution: Business Savings Personal Savings Other Dispensary's Account Number with Financial • Institution: Account Number Linkage to Dispensary Identifier Dispensary Ederal Tax Identification Number (TIN): Employment Identification Number (TIN): Submission Information Reason for Submission: • Change Enrollment • Cancel Enrollment Printed Title of Person Submitting Enrollment: • Cancel Enrollment • Cancel Enr	Dispensary Contact Last Name: Telephone Number: Email Address: F7 Authorization Form e) hereby authorize Magelian Health Services Corpora financial Institution Information Financial Institution Name: City: State(Province: Zip Code/Postal Code; Financial Institution Telephone Number:	X X Ition (on behalf of the Pharmaceutical A lepository named below, hereinafter ce Select State - X	99999999	for the Elderly (," to accept suc	(PACE) Program ch credit or debit e	and Medical Mariju	uana Assistance Program (M count.	MAP)) hereinafter called "G	Company," to initiate credit
Dispensary's Account Number uith Financial • Institution: Account Number Linkage to Dispensary Identifier Dispensary Read Tax Identification Number (TIN): Employment Identification Number (EIN) Dispensary Read Tax Identification Number (EIN) Dispensary Read Tax Identification Number (EIN) Submission Information Reason for Submission: • Change Enrollment • Cancel Enrollment Printed Name of Person Submitting Enrollment: • Cancel Enrollment • Cancel Enro	Dispensary Contact Last Name: Telephone Number: Email Address: Email Address: FT Authorization Form wei hereby authorize Magellan Health Services Corpora it entries to my (uor) account indicated below and the c Financial Institution Information Financial Institution Services State(Province: Zip Code/Postal Code: Financial Institution Telephone Number: Financial Institution Telephone Number: State(Province)	X X X Iton (on behalf of the Phermaceutical A lepository named below, hereinafter cc Select State -	99999999 Assistance Contract alled the "Depositor 99999999	99 x9999999 for the Elderly (," to accept suc	(PACE) Program ch credit or debit e	and Medical Mariju entries to such acc	uana Assistance Program (M count.	MAP)) hereinafter called "(Company," to initiate credit
Account Number Linkage to Dispensary Identifier Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (EIN) Dispensary D:: *1234567890 Submission Information Reason for Submission: Change Enroliment Cancel Enroli	Dispensary Contact Last Name: Telephone Number: Email Address: Email Address: id hereby authorize Magellan Health Services Corpora itenties to my (our) account indicated below and the c Financial Institution Information Financial Institution Street: City: State/Province: Zip Code/Postal Code: Financial Institution Telephone Number: Financial Institution Telephone Number: State: Financial Institution Routing Number: Stype of Account at Financial Institution: Type of Account at Financial Institution	X X	99999999 Assistance Contract alled the "Depositor 99999999 ness Savings	59 x39999999 for the Elderly (" to accept suc 99 x39999999 Personal Savin	(PACE) Program ch credit or debit e	and Medical Mariju entries to such acc	uana Assistance Program (M count.	MAP)] hereinafter called "C	Company," to initiate credit
Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (EIN) Dispensary ID: • 1234567890 Submission Information Reason for Submission: • Change Enrollment Cancel Enrollment Reason for Submission: • Change Enrollment Cancel Enrollment Printed Title of Person Submitting Enrollment: • Printed Title of Person Submitting Enrollment: • Printed Title of Person Submitting Enrollment: • Requested EFT Start/Change/Cancel Date: Reason for Submission Date: Requested EFT Start/Change/Cancel Date: Reason for 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 time er as to afford COMPANY and DEPOSITORY ar easonable opportunity to at on it.	Dispensary Contact Last Name: Telephone Number: Email Address: Eff Authorization Form wei hereby authorize Magelian Health Services Corpora ie) hereby authorize Magelian Health Services Corpora institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Telephone Number: Financial Institution Reviews Financial Institution Routing Number: Type of Account at Financial Institution: Dispensary's Account Number Win Financial	X X Ion (on behalf of the Pharmaceutical / iepository named below, hereinafter cc O Select State X X X X X Select State X X Select State Select	99999999 Assistance Contract alled the "Depositor 99999999 ness Savings	99 x9999999 for the Elderly (," to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit (ngs O Person	and Medical Mariju entries to such acc	uana Assistance Program (M ount.	MAP)] hereinafter called "G	Company." to initiate credit
bispensary ID: e1234567890 Submission Information Reason for Submission: Change Enrollment: Printed Title of Person Submitting Enrollment: Printed Title of Person Person Submitting Enrollment: Printed Title of Person Person Submitting Enrollment: Printed Title of Person P	Bispensary Contact Last Name: Telephone Number: Email Address: EFT Authorization Form we) hereby authorize Magelian Health Services Corpora of entries to my (our) account Indicated below and the d Financial Institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Telephone Number: Financial Institution Routing Number: Type of Account a Financial Institution: Dispensary's Account Number with Financial Institution: Account Number Linkage to Dispensary Iden	× × ×	99999999 Assistance Contract alled the "Depositor 99999999 ness Savings	99 x9999999 for the Elderly (* to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit e ngs Person	and Medical Mariju entries to such acc	uana Assistance Program (M ount.	MAP)] hereinaffer called "G	Company," to initiate credit
Submission Information Reason for Submission: Change Enrollment: Change Enrollment: Printed Name of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment: Cancel Errollment: Cancel Errollme	Bispensary Contact Last Name: Telephone Number: Email Address: Email Address: Ef Authorization Form we) hereby authorize Magelian Health Services Corpora ot entries to my (our) account indicated below and the of Financial Institution Information Financial Institution Street: City: State/Province: Financial Institution Telephone Number: Financial Institution Routing Number: Type of Account at Financial Institution Dispensary's Account Number with Financial Institution: Account Number Linkage to Dispensary Ident	X X	99999999 Assistance Contract Assistance Contract 99999999 99999999 ness Savings	99 x9999999 for the Elderty (," to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit e	and Medical Mariju entries to such acc	uana Assistance Program (M iount.	MAP)] hereinafter called "C	Company," to initiate credit
Reason for Submission: • Change Enrollment: • Cancel Enrollment Printed Name of Person Submitting Enrollment: • Printed Title of Person Submitting Enrollment: • Submission Date: Submission Date: @ (mmidd/yyyy) Requested EFT Start/Change/Cancel Date: @ (mmidd/yyyy) sauthority is for emain in full force until the COMPANY has provided wittlen notification to the dispensary or has received wittlen notification from the dispensary's authorized agent of termination of this EFT agreement in such time and in such immer as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	Dispensary Contact Last Name: Telephone Number: Email Address: Email Address: Email Address: Email Address: Email Address: Email Address: Ef Authorization Form e) hereby authorize Magellan Health Services Corpora it entries to my (our) account indicated below and the of Financial Institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Routing Number: Type of Account A Financial Institution Dispensary S Account Number with Financial Institution State() Employment Identification Number (EIN)		99999999 Assistance Contract Assistance Contract 99999999 99999999 ness Savings	99 x9999999 for the Elderty (," to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit (ngs Person	and Medical Mariju entries to such acc	uana Assistance Program (M iount.	MAP)] hereinafter called "G	Company," to initiate credit
Printed Name of Person Submitting Enrollment: • Printed Title of Person Submitting Enrollment: • Submission Date: Immiddlyyyyy Requested EFT Start/Change/Cancel Date: Immiddlyyyyy sa uthority 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 immed and in such processor survey and DEPOSITORY are assentible comportunity to act on ut A changes to any of the EFT required fields are subject to extinction by Business Evolutions. Subject to 835 EFTP acceptance. Your Remittance Advice written to be available via Web RA until your processor survey.	Bispensary Contact Last Name: Telephone Number: Email Address: Email Address: Email Address: Email Address: Email Address: Enail Address: Ef Authorization Form (our) account indicated below and the of Financial Institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Telephone Number: Financial Institution Routing Number: Type of Account a Financial Institution: Dispensary's Account Number with Financial Institution: Account Number Linkage to Dispensary Iden Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (IC) Submission Information		99999999 Assistance Contract alled the "Depository 99999999 ness Savings	99 x9999999 for the Elderly (," to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit (ngs O Person	and Medical Mariju entries to such acc	uana Assistance Program (M ount.	MAP)] hereinafter called "G	Company," to initiate credit
Printed Title of Person Submitting Enrollment: • Submission Date: © (minidd/yyyy) Requested EFT Start/Change/Cancel Date: © (minidd/yyyy) submission Submitting Enrollment: • © (minidd/yyyy) submission Submitting Enrollment: • © (minidd/yyyy) submission Submitting Enrollment: • © (minidd/yyy) submission Submitting Enrollment: • © (minidd/yyyy) Submission Submitting Enrollment: • • Anges to any of the EFT required fields are subjectoroportunity to activities. Changing RAcholec from Web RAcho EFT is subject to 835 FTP acceptance. Your Remitting Enrollment E	Bispensary Contact Last Name: Telephone Number: Email Address: Eff Authorization Form w) hereby authorize Magelian Health Services Corporate entries to my (our) account indicated below and the of Financial Institution Information Financial Institution Name: Street: City: State/Province: Zip Code/Postal Code: Financial Institution Routing Number: Type of Account a Financial Institution: Dispensary's Account Number with Financial Institution: Statestitution: Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (IN): Submission Information Reason for Submission:		ssistance Contract Assistance Contract alled the "Depositor 99999999 ness Savings	99 x9999999 for the Elderly (," to accept suc 99 x99999999 Personal Savin	(PACE) Program ch credit or debit (ngs O Person	and Medical Mariju entries to such acc	uana Assistance Program (M ount.	MAP)] hereinafter called "G	Company," to initiate credit
Submission Date: Immediation model Requested EFT Start/Change/Cancel Date: Immediation model saturbority 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 in 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 in 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 agent of the EFT required fields are subject to verification by Business changing BA 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.	Bispensary Contact Last Name: Telephone Number: Email Address: Eff Authorization Form we) hereby authorize Magelian Health Services Corporate entries to my (our) account indicated below and the of Financial Institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Routing Number: Type of Account a Financial Institution: Dispensary's Account Number with Financial Institution Dispensary Federal Tax Identification Number (Tik): Employment Identification Number (Tik): Employment Identification Number (Tik): Submission Information Reason for Submission: Printed Name of Person Submitting Enrollment:		seisistance Contract Assistance Contract alled the "Depositor 99999999 ness Savings	99 x9999999 for the Elderly (," to accept suc 99 x99999999 Personal Savin	(PACE) Program ch credit or debit (ngs O Person	and Medical Mariju entries to such acc	Jana Assistance Program (M ount.	MAP)] hereinafter called "G	Company," to initiate credit
Requested EFT Start/Change/Cancel Date: 📃 (mm/dd/yyyy) is 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 inner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	Bispensary Contact Last Name: Telephone Number: Email Address: Eff Authorization Form wei) horeby authorize Magelian Health Services Corporabil entries to my (our) account indicated below and the of Financial Institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Regelian Health Services Zip Code/Postal Code: Financial Institution Regelian Health Services Zip Code/Postal Code: Financial Institution Regelian Health Services Zip Code/Postal Code: State/Province: Type of Account A Financial Institution: Dispensary's Account Number with Financial Institution: Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (IN): Submission Information Reason for Submission: Printed Name of Person Submitting Enrollment:		ssistance Contract alled the "Depositor 99999999 ness Savings	99 x9999999 for the Elderly (," to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit (ngs O Person	and Medical Mariju entries to such acc	Jana Assistance Program (M ount.	MAP)] hereinafter called "G	Company," to initiate credit
is 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 inner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	Bispensary Contact Last Name: Telephone Number: Email Address: Eff Authorization Form eip horeby authorize Magelian Health Services Corpora bit entries to my (our) account indicated below and the of Financial Institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Telephone Number: Financial Institution Routing Number: Type of Account A Financial Institution: Dispensary's Account Number with Financial Institution: State: Subpensary Federal Tax Identification Number (TIN): Employment Identification Number (IN): Submission Information Reason for Submission: Printed Title of Person Submitting Enrollment: Submission Date:		ssistance Contract alied the "Depositor 99999999 ness Savings Cel Enrollment	99 x9999999 for the Elderly (," to accept suc 99 x0999999 Personal Savin	(PACE) Program ch credit or debit (and Medical Mariju entries to such acc	uana Assistance Program (M ount.	MAP)] hereinafter called "G	Company," to initiate credit
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 lesting.	Elispensary Contact Last Name: Telephone Number: Ernall Address: Ernall Address: Ernalization Form wei) hereby authorize Magelian Health Services Corpora wei) hereby authorize Magelian Health Services Corpora to ethics to my (our) account indicated below and the of Financial Institution Information Financial Institution Information Street: City: State/Province: Zip Code/Postal Code: Financial Institution Telephone Number: Tipe of Account A Financial Institution: Dispensary's Account A Financial Institution: Dispensary Federal Tax Identification Number (TNI) Employment Identification Number (CIN) Employment Identification Number (CIN) Submission Information Printed Title of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment: Submission Date: Requested EFT Start/Change/Cancel Date:	× × ×	ssistance Contract alied the "Depositor 99999999 ness Savings C cel Enrollment	99 x9999999 for the Elderly (* to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit e	and Medical Mariju entries to such acc	uana Assistance Program (M ount.	MAP)] hereinafter called "G	Company." to initiate credit
	Dispensary Contact Last Name: Telephone Number: Email Address: Eff Authorization Form Work account indicated below and the of Financial Institution Information Financial Institution Name: State: City: State: City: State: Financial Institution Routing Number: Financial Institution Routing Number: Financial Institution Routing Number: Type of Account A Financial Institution Dispensary's Account Number with Financial Institution Dispensary's Account Number With Financial Institution Submission Information Printed Title of Person Submitting Enrollment: Printed Title of Person Submitting Enrollment: Requested EFT Start/Change/Cancel Date: submission Tate: Requested EFT Start/Change/Cancel Date: submission Tate: Submission Information		SSISTANCE Contract alled the "Depositor SSISTANCE Contract SSISTANCE C	59 x9999999 for the Elderly (" to accept suc 99 x9999999 Personal Savin	(PACE) Program ch credit or debit e	and Medical Mariji entries to such acc	uana Assistance Program (M count.	MAP)) hereinafter called "(Company," to initiate credit

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.



- 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**

e



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



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



Figure 3.3.1 – Submit Pending Message

5. Click Continue.



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 Info	ormation Management	Friday October 28, 2022 04:59 PM
PPA pennsylvania DEPARTMENT OF AGING		Magellan Rx
Electronic Remittance Advice (ER	A)	🏠 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)	lectronic Remittance Advice (ERA) Verification Submit	
Dispensary ID :1234567890		
Electronic Remittance Advice (ERA) 2 Edit		
	P indicates required field(s)	
Dispensary Information	a MY DISPENSARY 11 C or channes to Ninesen referencies in the "second cut" fields must be made in the Demonstration tab	
Street:	123 MAIN STREET	
City:	• HARRISBURG	
State/Province:	PA	
Zip Code/Postal Code:	▶ 17109 - 0000	
Dispensary Identifier Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (EIN)	** 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.	
Dispensary ID:	» 1234567890	
Other Identifiers Does your dispensary have a Clearinghouse number (TPA number)?:	♥ Ores ONo "TPA" refers to Third Party Administrator.	
Dispensary Contact Information		
Dispensary Contact First Name (Name of a contact of 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 Nu etc. on the Demographics tab must be made separately.	nber,
Dispensary Contact Last Name:		
Telephone Number:	X 999999999999999999999999999999999999	
Email Address:		
Electronic Remittance Advice Information		
Preference for Aggregation of Remittance Data Dispensary Federal Tax Identification Number (TIN): Employment Identification Number (EIN)	a (e.g., Account Number Linkage to Dispensary)	
Dispensary ID:	» 1234567890	
Method of Retrieval:	FTP 835 Web RA Third Party Vendor	
Electronic Remittance Advice Clearinghouse I	nformation	
dispensary's clearinghouse):		
Clearinghouse Contact First Name:		
Clearinghouse Contact Last Name:		
Telephone Number:		
Email Address:	(format: user@domain.com)	
Submission Information	O Deve Feelweet O Devel Feelweet	
Reason for subfillssion:	Change Enrollment Cancel Enrollment	
Printed Name of Person Submitting Enrollment:	<u>ا</u>	
Printed Title of Person Submitting Enrollment:		
Submission Date:	E (mm/dd/yyyy)	
Requested ERA Effective Date:	L III (mm/dd/yyyy)	
Requested ERA Cancel Date:	UES (mm(dd/yyyy)	
Changes to any of the ERA required fields are subject until your processor successfully completes FTP test	to verification by Business Services. Changing Method of Retrieval from Web RA to FTP is subject to 835 FTP acceptance. Your Remittance Advice will contin ing.	ue to be available via Web RA

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.



- 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.



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.



Commonwealth of Pennsylvania Web Portal Provider Information Management	Friday October 28, 2022 05:14 PM
DEPARTMENT OF AGING	Magellan Rx MANAGEMENT.
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 2 Edit Image: NOTE : A voided check or bank letter will need to be uploaded to the Verification Tab.	
indicates required field(s)	
Choose File No file chosen Choose File No file chosen	

Figure 3.5.1 – Verification Tab

Complete the following steps to provide the required documentation.

1. Click **Edit** to enable adding documents.

Page 22

- 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.

	Pennsylvania Web Portal Provider	Information Management			Sunda	ay October 30, 2022 04:19 PM
PDA PE	nnsylvania RTMENT OF AGING					MagellanRx
Submit Pro	ovider Information Ma	nagement Update				🏠 Portal Home
UPDATES PEN click Submit. / Demographics	IDING: You have updated information in After submitting your changes, no furthe t tab.	your profile that requires review an r updates are allowed until Provider	id approval by Provider S r Services has completed	ervices. Carefully review your chan their review. You will be notified du	ges and if you have no further updates, acknowledge any agreements ring the review process as to the status of your submission at the emi	that may be listed below and ail address provided on the
Demographics	Electronic Funds Transfer (EFT)	Electronic Remittance Advice	(ERA) Verification	Submit		
Dispensary ID :00	54305494					
Declaration R	eview and acknowledge your accepta	nce of the agreements listed below	w.			
	Action			Item	Status	
	Action			Item	Status	
	Preparer's First N	indicates required field(s) ame: •				
	Preparer's Last N					
	Prenarer's	ame : •				
	Preparer's	ame : • Title : • Date : Sunday October 30, 2022	2 04:19 PM			
	Preparer's	ame : • Title : • Date : Sunday October 30, 2022	2 04:19 PM			
	Preparer's	ame : • Title : • Date : Sunday October 30, 2022	2 04:19 PM			
	Preparer's	ame : • [Title : • [Date : Sunday October 30, 2022	2 04:19 PM			
	Preparer's	ame : •	2 04:19 PM			
	Preparer's	ame : •	date			
	Preparer's	ame : •	date			
	Preparer's	ame : •	2 04:19 PM			

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 chang udpates.	es may be made until Provider Services has reviewed and approved you	r
	Submit Cancel & do not Submit	

Figure 3.6.1 – Confirm Submission Window



- If you do not wish to submit your application at this time, click the **Cancel & do not Submit** hyperlink. You are taken back to the previous window.
- 3. Click **Submit** to submit your application for review. The application successfully submitted message appears.



Figure 3.6.2, provides an example of an error message that may be returned for incomplete information.





FW: MMAP-Application ID				
Kane, Stefanie N.	← Reply	≪ Reply All	→ Forward	i
To Silsley, Barbara Cc Collect, Lilith			Fri 10/28	8/2022 12:06 PM
Retention Policy Email Retention (2 years) Expires 10/27/2024				
😵 Business Use				
MMAP Enrollment.pdf v 105 KB				
Start your reply all with: Thank you! Thank you so much! Looks great, thank you! (i) Feedback				
Here is finally the fixed version of the email. Woohoo!				
From: MMAPPSQA@magellanhealth.com < MMAPPSQA@magellanhealth.com >				
Sent: Friday, October 28, 2022 11:58 AM				
To: Kane, Stefanie N. < <u>snkane@magellanhealth.com</u> > Subject: MMAP-Application ID				
Dear Dispensary:				
Thank you for submitting your updates through the Department of Aging's web portal. Your updates were r notified within three (3) business days of the status of your updates.	eceived and a	are now being pr	rocessed. You w	rill be
You may contact the MMAP Help Desk at 1-833-605-0629 if you have any questions.				
Sincerely,				
ММАР				

Figure 3.6.4 – Email confirmation with enrollment attached

4. Click **Close Window** to return to the enrollment start page. Refer to <u>Section 3.0</u>, <u>Provider Enrollment</u>.



5. 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.

pennsylvania DEPARTMENT OF HEALTH	
MY DISPENSARY, LLC 123 MAIN STREET HARRISBURG PA 17109-000	October 24, 2022 Dispensary ID: 1234567890
Dear Dispensary:	
We are unable to process your update	due to the following reason(s):
DENY TEST DOES NOT MATCH DOC NEED BANK DATA	
Please visit papaceportal.magellanhea changes/corrections.	lth.com and log in to make the necessary
If you have any questions, please call	1-833-605-0629.
Sincerely,	
MMAP	
4000 Crums Mill Road, Sui	te 301 🗆 Harrisburg, PA 17112 🗆 (717) 651-3600

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

Commonwealth of Pennsylvania Web Portal Provider Information Management	Sunday October 30, 2022 04:43 PM
PDA pennsylvania DEPARTMENT OF AGING	MagellanRx
Demographics	🏠 Portal Home
If any information is incorrect, please update it by clicking the Editl 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: • obob.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.

Commonwealth of Pennsylvania Web Portal Provider Information Management		Sunday October 30, 2022 04:19 PM
PDA pennsylvania Department of Aging		Magellan Rx
Submit Provider Information Management Update	e	🟠 Portal Home
LUPDATES PENDING: You have updated information in your profile that requires review click Submit. After submitting your changes, no further updates are allowed until Prov Demographics tab.	v and approval by Provider Services. Carefully review your changes and if ider Services has completed their review. You will be notified during the re	you have no further updates, acknowledge any agreements that may be listed below and view process as to the status of your submission at the email address provided on the
Demographics Electronic Funds Transfer (EFT) Electronic Remittance Advi	ce (ERA) Verification Submit	
Dispensary ID :0054305494		
Declaration Review and acknowledge your acceptance of the agreements listed b	elow.	
Action	Item	Status
Action	Item	Status
Indicates required field(s Preparer's First Name : Preparer's Last Name : Preparer's Last Name : Preparer's Title : Date : Sunday October 30, 2) 	
Submit MMAP	Update	
© 2012, Magellan Health Services, Inc. All Rights Reserved. Legal Notices		

Figure 4.1.3 – Submit Tab



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

pennsylvania DEPARTMENT OF HEALTH	
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 informatic	on 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.

Name:	MY DISPENSARY,	LLC
NPI:	1234567890	
Services and App	olications	Hide
Drug Coverage L	.ookup	🗇 Laund
Find a Physician		🗇 Launo
Find a Pharmacy		🕒 Launo
Opioid Calculato	r	🗅 Launo
Provider Informa	tion Management	🗇 Launo
Web Remittance	Advice	🕒 Launo
Web Claims Sub	mission	🗇 Launo
My Claims		🗇 Laund

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.





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**.