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# Revision History

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<thead>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Table of Contents

1.0 Introduction .................................................................................................................................................. 5
2.0 System Access .................................................................................................................................................. 6
  2.1 Log In .......................................................................................................................................................... 6
    2.1.1 First-time Users ................................................................................................................................. 7
    2.1.2 Existing Users .................................................................................................................................... 7
  2.2 Log Out ...................................................................................................................................................... 11
3.0 Provider and Dispensing Prescribers Enrollment ......................................................................................... 12
  3.1 Enrollment .................................................................................................................................................. 12
4.0 Practice Type, Enrollment Type, and Program(s) ....................................................................................... 15
  4.1 Practice Type .............................................................................................................................................. 15
  4.2 Enrollment Type ....................................................................................................................................... 16
  4.3 Program(s) ............................................................................................................................................... 17
5.0 Demographics Tab ....................................................................................................................................... 20
  5.1 Edit Demographics Tab ........................................................................................................................... 21
  5.2 Addresses Section .................................................................................................................................... 23
    5.2.1 Business/Corporate ............................................................................................................................ 23
    5.2.2 Correspondence .................................................................................................................................. 26
    5.2.3 Lessor .................................................................................................................................................. 27
    5.2.4 Service ............................................................................................................................................... 28
    5.2.5 Software Vendor .................................................................................................................................. 30
6.0 Licenses/IDs Tab ......................................................................................................................................... 33
7.0 Owners Tab .................................................................................................................................................. 35
  7.1 Ownership Type ........................................................................................................................................ 35
8.0 Staff Tab ....................................................................................................................................................... 38
  8.1 Add Staff Information ............................................................................................................................... 38
9.0 Electronic Funds Transfer (EFT) Tab ........................................................................................................... 41
  9.1 Adding EFT Information ........................................................................................................................... 41
10.0 Electronic Remittance Advice (ERA) Tab ................................................................................................. 44
  10.1 Adding ERA Information ...................................................................................................................... 44
11.0 Pharmacy Info Tab ..................................................................................................................................... 47
  11.1 Pharmacy Information ............................................................................................................................ 47
12.0 Submit Tab .................................................................................................................................................. 50
  12.1 Declaration .............................................................................................................................................. 50
13.0 Review ......................................................................................................................................................... 57
  13.1 Review/Revisions ..................................................................................................................................... 57
14.0 Commonwealth of Pennsylvania Web Portal ............................................................................................. 62
  14.1 Provider Enrollment .................................................................................................................................. 62
14.1.1 Provider Enrollment Dashboard ................................................................. 63
14.1.2 Provider Information Management .............................................................. 66

15.0 Practice Types .................................................................................................. 70
15.1 Change Practice Type ....................................................................................... 74
1.0 Introduction

Web Provider Enrollment is a web-based application developed to provide authorized users with an online tool to apply for enrollment in the Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE) Program. It is strongly recommended that you do **not** run in compatibility mode if using Internet Explorer. This setting can be toggled on and off by selecting from the text menu at the top of your browser “Tools,” then “Compatibility View.” A check mark beside this setting indicates that you **are** running in compatibility mode. Google Chrome can be used instead of Internet Explorer if there are issues viewing the screens.

Provider Management allows users to update an application after obtaining a user name/ID and password.
2.0 System Access

2.1 Log In

To access Web Provider Enrollment, please use the following steps:

1. Access the Internet by opening the Web browser.

2. Type [https://papaceportal.magellanhealth.com](https://papaceportal.magellanhealth.com) into the Address box 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](image-url)
2.1.1 First-time Users

First-time users need to enroll to submit claims for PACE/PACENET or any of the ancillary programs. To begin the enrollment process, please use the following steps:

1. From the Commonwealth of Pennsylvania Web Portal window, click the UAC hyperlink. The User Administration Console, Who are you? window appears. See Figure 2.1.1.1.

![Figure 2.1.1.1 – User Administration Console, Who are you? Window](image)

2. Refer to the User Administration Console User Guide for detailed instructions on the registration process. To access this user guide, click Help in the top-right corner of the window.

2.1.2 Existing Users

When a provider is enrolled and registered with the User Administration Console and wants to enroll in additional programs with PACE, you will use the user name/ID and password you set up with User Administration Console.
If you are an existing Web Provider Enrollment user, please use the following steps:

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

   ![](image)

   **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.
3. Enter your **UserName/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 further 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.

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

![Commonwealth of Pennsylvania Web Portal Home window](image)

**Figure 2.1.2.4 – Commonwealth of Pennsylvania Web Portal Home window**

7. In the **Services and Applications** section, click **Launch** next to **Provider Information Management** to access the enrollment record(s).
2.2 Log Out

To log out of the Commonwealth of Pennsylvania Web Provider, please use the following steps:

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

![Commonwealth of Pennsylvania Web Portal Home window, Logout hyperlink](image)

**Figure 2.2.1** – Commonwealth of Pennsylvania Web Portal Home window, Logout hyperlink
3.0 Provider and Dispensing Prescribers Enrollment

3.1 Enrollment

First-time users need to enroll to submit claims for PACE/PACENET or any of the ancillary programs. To begin the enrollment process, please use the following steps:

1. From the Commonwealth of Pennsylvania Web Portal Home window, click Launch next to Provider Enrollment. Refer to Figure 2.1.2.4. The Enrollment for Pharmacies and Dispensing Prescribers window appears. See Figure 3.1.1.

![Figure 3.1.1 – Enrollment for Pharmacies & Dispensing Prescribers Window](image)

2. Enter the NPI, TIN or EIN, E-mail address, State License Number, and press TAB.

3. The system checks all fields for proper formatting. If it meets requirements, a green check mark appears next to the field name.
Indicates required fields

- As you enter the TIN/EIN and e-mail address, a green check appears next to the fields.
- If you do not enter the valid number of digits for the TIN/EIN, you receive an error message advising nine digits are required.
- If you enter an invalid e-mail address format, you receive an error message advising you, “E-mail address must be of valid format”.
- To view or edit an existing application, you must enter the application tracking number assigned to your application. The tracking number is assigned after completing the first two screens and is sent to you in an e-mail and displayed on the screen.

4. Click Continue to proceed. The Practice Type, Enrollment Type & Program(s) window appears. See Figure 3.1.2.

![Figure 3.1.2 – Practice Type, Enrollment Type & Program(s) Window](image-url)
• If an enrollment has already been entered for the NPI you are attempting to use, an error message appears stating, “Existing Enrollment are Under Review or In Progress Status”.

• Upon clicking Continue, you receive an e-mail alerting that an application was started and it provides you with an Application Tracking # so that you can leave the system and come back in using the NPI, Federal Tax ID, E-mail, State License Number, and the Application Tracking # to access the application In Progress. See Figure 3.1.3.

Dear Provider,

Our records indicate that an application was started on our web portal (https://paceportal.magellanrx.com/soapportal/) for one or more of the following programs:

- PACE PACENT
- Special Pharmaceutical Benefits Program 1 (ADAP)
- Special Pharmaceutical Benefits Program 2 (Mental Health)
- CERDIP (Carcinoid Related Disease Program)
  - SE (Septic Bile)
  - CR (Cystic Fibrosis)
- MSUD (Maple Syrup Urine Disease)
- PUD (Pancreatitis)
- FA FAP (Familial Adenomatous Polyposis)
- WCMSF (Workers’ Compensation Medical Services Fund)
- AUTOCA (Autoimmune Chronic Care Benefits Continuation Fund)

You have received this response using the e-mail provided for the registration.

Please retain your Application Tracking ID IQL+eMWW. This ID accompanied by your NPI, TAX ID and e-mail address will be required to access your application if needed.

You may contact the Help Desk at 1-800-855-4080 if you have any questions.

Sincerely,

Provider Enrollment

Figure 3.1.3 – E-mail Alert
4.0 Practice Type, Enrollment Type, and Program(s)

The practice type, enrollment type, and program(s) selected on this window determine the information required to complete the enrollment application.

- Click the Help icon next to the Practice Type list to see a description of the Practice Types, Enrollment Types, and Programs.
- To cancel the enrollment, click the Cancel Enrollment hyperlink.

4.1 Practice Type

The Practice Type box is a required field, and once chosen, opens the Enrollment Type list, allowing you to select the type of enrollment needed.

1. In the Practice Type list, select a practice type that best describes your business. See Figure 4.1.1.

2. The Enrollment Type option appears: In State, Out of State, Different Office from Physician, or Same Office as Physician. See Figure 4.1.2.

- Once you select the Practice Type, your selection can’t be changed after saving the application.
- Depending on the Practice Type you select, you have different options available to you in the Enrollment Type list.
- See the Practice Type, Enrollment Type, and Programs table in Section 15.0 – Practice Types for a list of options.
4.2 Enrollment Type

The Enrollment Type list is a required field. The enrollment type selected determines the options presented for the practice type.

1. In the Enrollment Type list, select the appropriate enrollment type that best describes your business.

2. The Program(s) check boxes appear. See Figure 4.2.1.
4.3 Program(s)

The Program(s) options display the program choices based on the practice type and the enrollment type chosen. This option is a required field.

- See the Practice Type, Enrollment Type, and Programs table in Section 16.0 – Practice Types for a list of options.

1. Select the check boxes of the programs that are available based on the practice type.

   - The Medical Assistance Number box is a required field for enrollment in the Special Pharmaceutical Benefits Program 1 and 2 (SPBP). For all other programs, please indicate the Medical Assistance Number if it is known.

2. Click Continue. The Confirm Practice and Enrollment Type window appears.

3. If the selections you select are correct, click Continue. If they are not correct, click the Cancel & make changes hyperlink. See Figure 4.3.1.
4. Upon clicking **Continue**, the **Demographics** tab appears. See Figure 4.3.2.

- Once you click **Continue**, the **Application Tracking #** assigned to the application appears in the top-right title bar below the tabs. See Figure 4.3.2.
- It is recommended that you also make a note of the **Application Tracking #** so that you can access the application at a later time.
Along with the **Demographics** tab, you have access to the following tabs: \textbf{Licenses/IDs, Owners, Staff, Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA), Pharmacy Info, and Submit.}

- You may complete the information in any order; however, you cannot submit your application until all required information is entered.
- You MUST save your information on each tab. All required fields must be completed on each tab or pop-up window before saving.

**Figure 4.3.2 – Demographics Tab**
5.0 Demographics Tab

The Demographics tab displays the practice type, enrollment type, and programs you have selected. In addition, the NPI number, state tax ID, and the e-mail address submitted appears. This tab allows you to enter contacts and addresses.

1. In the Name box, enter the name of the pharmacy, the provider, dispensing physician, or the CRNP (Certified Registered Nurse Practitioner) that is associated with this NPI number. See Figure 5.1.

   - The Dispensing Physician and CRNP Practice Types have a field for First Name and Last Name.
   - Click the Cancel hyperlink to revert fields in this section back to original values before the last time you saved.

2. Click Save General Info.
5.1 Edit Demographics Tab

To edit the NPI number, TIN or EIN and the e-mail address, please use the following steps:

1. Click Edit. See Figure 5.1.1.

2. The Demographics, NPI/Federal Tax ID/Email window appears. See Figure 5.1.2.

Figure 5.1.1 – Demographics Tab, Edit Button

Figure 5.1.2 – Demographics, NPI/Federal Tax ID/Email Window
3. Click inside the appropriate fields to edit/change the **NPI**, **TIN/EIN**, or the **Email**.

- The **Back to Demographics** button takes you back to the Demographics tab without saving any changes you may have made.
- The **Cancel & do not save** hyperlink takes you back to the Demographics tab without saving any changes you may have made.
- If you click **Edit** and do not change anything and still click **Save General Info**, you receive an e-mail with a new **Application Tracking #** requiring you to log in again. It is best to click **Back to Demographics** or the **Cancel & do not save** hyperlink if you are not making changes.

4. Click **Save General Info** to save your edits. A pop-up window appears advising that your change was successful. See Figure 5.1.3.

![Figure 5.1.3 – Unique Identifiers Updated Window](image)

5. Click the **Close** hyperlink to exit the system and log back in with the revised information and the new **Application Tracking #**.
5.2 Addresses Section

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

![Figure 5.2.1 – Addresses Section](image)

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

5.2.1 Business/Corporate

The business/corporate address is required. The business/corporate address is the public mailing address. For independent providers, the business/corporate address and service address may be the same.

1. Click Add New Contact. The Add New Contact/Address window appears. Refer to Figure 5.2.1.1.
1. In the **Type** list, click **Business/Corporate**. Refer to Figure 5.2.1.1

2. Enter **Corporation Name**, if applicable.

3. Enter **Contact First Name** and **Contact Last Name**.

4. In the **Street Address 1** box, enter the street address or P.O. box.

5. In the **Street Address 2** box, enter additional address information or P.O. box, if applicable.

6. In the **City** box, enter the city.

7. In the **State** list, click the state.

8. In the **Zip** box, enter the zip code and, if known, the additional four digits.

9. In the **Phone** box, enter the telephone number. If there is an extension, you can enter up to eight digits. Enter numbers only. Hyphens, spaces, or other special characters are not allowed.

10. In the **Fax** box, enter the fax number. Enter numbers only. Hyphens, spaces, or other special characters are not allowed.

11. In the **Email** box, enter the e-mail address.

12. Click **Save Information**.

- To cancel saving the address, click the **Cancel & do not save** hyperlink.
13. The information entered appears on the **Demographics** tab, in the addresses window. The **Type** column displays the type of address entered. See Figure 5.2.1.2.
5.2.2  Correspondence

The correspondence address should be completed in order to direct program mailings to another address, if desired.

1. Click Add New Contact. The Add New Contact/Address window appears. Refer to Figure 5.2.2.1.
   - If the address has been entered previously, select the address that was previously submitted from the Use a previously entered address? list. The fields are populated with the address.

   ![Add New Contact/Address, Correspondence](image)

   Figure 5.2.2.1 – Add New Contact/Address, Correspondence

2. In the Type list, click Correspondence. See Figure 5.2.2.1.
3. In the Street Address 1 box, enter the street address or P.O. box.
4. In the Street Address 2 box, enter additional address information or P.O. box, if applicable.
5. In the City box, enter the city.
6. In the State list, click the state for the corporate address.
7. In the Zip box, enter the zip code and, if known, the additional four digits.
8. Click Save Information.

   - To cancel saving the address, click the Cancel & do not save hyperlink.
9. The information entered appears on the **Demographics** tab. The **Type** column displays the type of address entered. See Figure 5.2.2.2.

![Figure 5.2.2.2 – Demographics Tab, Correspondence Type](image)

### 5.2.3 Lessor

If you lease, the Lessor address should be completed with the address of the person or company who leases property (landlord) where the provider renders services.

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

1. Click **Add New Contact**. The **Add New Contact/Address** window appears. Refer to Figure 5.2.3.1.

![Figure 5.2.3.1 – Add New Contact/Address, Lessor](image)

2. In the **Type** list, click **Lessor**. See Figure 5.2.3.1.

3. In the **Contact First Name** box, enter the first name of the corporate contact.

4. In the **Contact Last Name** box, enter the last name of the corporate contact.
5. In the **Street Address 1** box, enter the street address or P.O. box.

6. In the **Street Address 2** box, enter additional address information or P.O. box, if applicable.

7. In the **City** box, enter the city.

8. In the **State** list, click the state.

9. In the **Zip** box, enter the zip code and, if known, the additional four digits.

10. Click **Save Information**.

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

11. The information entered appears on the **Demographics** tab, addresses section. The **Type** column displays the type of address entered. See Figure 5.2.3.2.

![Figure 5.2.3.2 – Demographics Tab, Addresses Section, Lessor Type](image)

### 5.2.4 Service

The service address is required. The service address is the physical location of the pharmacy.

- 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.

1. Click **Add New Contact**. The **Add New Contact/Address** window appears. Refer to Figure 5.2.4.1.
2. In the **Type** list, click **Service**. Refer to Figure 5.2.4.1

3. In the **Street Address 1** box, enter the street address or P.O. box.

4. In the **Street Address 2** box, enter additional address information or P.O. box, if applicable.

5. In the **City** box, enter the city.

6. In the **State** list, click the state.

7. In the **Zip** box, enter the zip code and, if known, the additional four digits.

8. In the **County** box, enter the name of the county the Pharmacy is located.

9. In the **Phone** box, enter the telephone number. If there is an extension, you can enter up to eight digits. Enter numbers only. Hyphens, spaces, or other special characters are not allowed.

10. In the **Fax** box, enter the fax number. Enter numbers only. Hyphens, spaces, or other special characters are not allowed.

11. In the **Email** box, enter the e-mail address.

12. Click **Save Information**.

   - To cancel saving the address, click the **Cancel & do not save** hyperlink.
13. The information entered appears on the Addresses section. The Type column displays the type of address entered. See Figure 5.2.4.2.

![Figure 5.2.4.2 – Addresses section, Service Type](image)

5.2.5 Software Vendor

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

- 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.

1. Click Add New Contact. The Add New Contact/Address window appears. Refer to Figure 5.2.5.1.

![Figure 5.2.5.1 – Add New Contact/Address, Software Vendor](image)

2. In the Type list, click Software Vendor.

3. In the Software Vendor Name box, enter the software vendor name.
4. In the **Street Address 1** box, enter the street address or P.O. box.

5. In the **Street Address 2** box, enter additional address information or P.O. box, if applicable.

6. In the **City** box, enter the city.

7. In the **State** list, click the state.

8. In the **Zip** box, enter the zip code and, if known, the additional four digits.

9. In the **Phone** box, enter the telephone number. If there is an extension, you can enter up to eight digits. Enter numbers only. Hyphens, spaces, or other special characters are not allowed.

10. In the **Email** box, enter the e-mail address.

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

11. Click **Save Information**.

12. The information entered appears on the Demographics tab, **Addresses** section. The **Type** column displays the type of address entered. Refer to Figure 5.2.5.2.

    - You can delete or edit the addresses you entered by clicking the **Pencil or X** icon.

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<tr>
<th>Icon</th>
<th>Name</th>
<th>Description</th>
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</table>
| ![Pencil](icon.png) | 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. |

Figure 5.2.5.2 – Addresses Tab, Software Vendor Type
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<tr>
<th>Icon</th>
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<th>Description</th>
</tr>
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</table>
| X    |      | • 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. |

13. After all information has been added and saved, click the **Licenses/IDs** tab. See *Section 6.0 — Licenses/IDs Tab*. 
6.0 Licenses/IDs Tab

The Licenses/IDs tab requires you to enter any license or IDs you have. For example, NPI, NCPDP (National Council for Prescription Drug Programs) number, etc. This is a required tab.

1. The **State License Number** pulls over from the initial entry screen and populates on the window.

2. In the **(From) Effective Date** box, enter the (from) effective date, or select the date by using the **Calendar** icon. See Figure 6.0.1.

![Figure 6.0.1 – Calendar Icon](image)

- To go back a month, click the single arrow pointing left on the calendar; to go forward a month, click the single arrow pointing right on the calendar; or click the month and year lists to select the month or year.
- To select the current date, click **Today**.

3. In the **(To) Effective Date** box, enter the (to) effective date, or select the date by using the **Calendar** icon. Refer to Figure 6.0.1.

4. Click the option that best describes your **Medical Assistance Status**.

5. The **Medical Assistance Number** is populated based on what was entered on the **Practice Type, Enrollment Type & Programs** window. Refer to Figure 4.2.1.

6. In the **DEA Number** box, enter the Drug Enforcement Agency (DEA) number. The DEA number is a combination of two alphas and seven numerals.

7. In the **Medicare Number** box, enter the Medicare number.

8. Click **Save License/ID Info**. See Figure 6.0.2.
To cancel the entries, click the **Cancel** hyperlink. Your fields revert to the original values before the last save.

![Figure 6.0.2 – Licenses/IDs Tab](image)

9. After all information has been added and saved, click the **Owners** tab. See Section 7.0 — Owners Tab.
7.0 Owners Tab

Based on the practice type selected, the Ownership Type list is customized. This tab is required.

7.1 Ownership Type

To select the ownership type that best describes your business, please use the following steps:

1. In the Ownership Type list, select an ownership type. See Figure 7.1.1.

![Figure 7.1.1 – Ownership Type List](image)

2. Click Save Ownership Info.

3. Click Add New Owner/Officer Info. The Add New Owner/Officer Information window appears. See Figure 7.1.2.

- The ownership type of Other requires you to complete a description.
- You are required to add contact information for at least one owner.
4. In the **Contact First Name** box, enter the contact’s first name.

5. In the **Contact Last Name** box, enter the contact’s last name.

6. In the **Title** box, enter the title.

7. In the **Street Address 1** box, enter the street address or P.O. box.

8. In the **Street Address 2** box, enter additional address information or P.O. box, if applicable.

9. In the **City** box, enter the city.

10. In the **State** list, click the state.

11. In the **Zip** box, enter the zip code and, if known, the additional four digits.

12. In the **Ownership Percentage** box, enter the percentage of the business owned.

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.
• Do not enter the percent sign when entering the percentage owned.
• If the percentage entered is more than a whole number, it is rounded up. However, it must total 100 percent.
• The percentage entered does not display a total until you submit the application, so if the percentages do not add up to 100 percent, you receive an error message after you submit the application.
• Click the **Cancel & do not save** hyperlink to cancel your entries.

13. In the **Phone** box, enter the telephone number. If there is an extension, you can enter up to eight digits. Enter numbers only. Hyphens, spaces, or other special characters are not allowed.

14. In the **Email** box, enter the e-mail address.

15. Click **Save Information**. The information you entered appears.

16. Click **Save Ownership Info**. The information is saved. See Figure 7.1.3.

![Figure 7.1.3 – Owner/Officer Information, Saved](image)

- To delete or edit the owner/officer information, click the **Pencil** icon or **X** icon.
- To add additional owners, click **Add New Owner/Officer Info** and complete the required fields until all owners or officers are listed.
- To cancel the entries, click the **Cancel & do not save** hyperlink. The fields revert to the original values before the last save.

17. After all information has been added and saved, click on the **Staff** tab. See **Section 8.0 — Staff Tab**.
8.0  Staff Tab

This tab is used to list your staff members. The options available in the Staff Type list are customized based on the practice type selected. This tab is required to be completed before you submit your enrollment application.

8.1  Add Staff Information

To add staff information, please use the following steps:

1. Click **Add Staff Information**. The **Add New Staff Information** window appears. See Figure 8.1.1.

   - If you are a monitoring physician, you must enter your information under the **Staff** type.
   - If you are a Dispensing Physician, you must enter someone else’s information on the staff tab (the other physician/physicians in the practice)
   - You are required to add information for the Pharmacy Manager.
   - If you are a Certified Registered Nurse Practitioner (CRNP) entering this application and you select that option on the **Practice** type, you must add the Collaborating Physician’s information on the **Staff** tab.
2. In the **Staff Type** list, select the staff type. Refer to Figure 8.1.2.

3. In the **First Name** box, enter the first name.

4. In the **Last Name** box, enter the last name.

5. In the **NPI** box, enter the NPI number. This is a ten-digit numeric field.

6. In the **License Number** box, enter the license number.

7. In the **Specialty** box, enter the specialty.

8. In the **Degree** box, enter the degree.

9. Click **Save**. The information is saved. See Figure 8.1.3.
Figure 8.1.3 – Add Staff Information, Saved

- To delete or edit the staff information, click the Pencil icon or the X icon.
- To add additional staff, click Add Staff Information and complete the required fields until all staff are listed.
- Click the Cancel & do not save hyperlink to cancel your entries.

10. After all information has been added and saved, click on the Electronic Funds Transfer (EFT) tab. See Section 9.0 — Electronic Funds Transfer (EFT) Tab.
9.0  **Electronic Funds Transfer (EFT) Tab**

Electronic Funds Transfer (EFT) is a required tab. Once completed, it authorizes Magellan Health Services, on behalf of the program(s) you signed up for, to initiate entries to the account indicated on the application and the depository named on the application.

9.1  **Adding EFT Information**

Some of the information at the top of the Electronic Funds Transfer tab cannot be edited on this window. Messages in red font are present to advise where to navigate in the application to make any necessary adjustments to this information.
To enter information on the Electronic Funds Transfer (EFT) tab, please use the following steps:

1. Enter the first name of the person in the office who handles the EFT issues in the **Provider Contact First Name** field.
2. Enter the last name of the person in the office who handles the EFT issues in the **Provider Contact Last Name** field.

3. Enter the **Telephone Number** (Enter numbers only. Hyphens, spaces, or other special characters are not allowed.).

4. Enter the **Financial Institution Name**.

5. Enter the address using the **Street, City, State/Province, and Zip Code/Postal Code** fields.

6. Enter the **Financial Institution Routing Number**.

7. Select the **Type of Account at Financial Institution** from the available radio buttons.

8. Enter the **Provider’s Account Number with Financial Institution**.

9. Select the **Reason for Submission** from the radio buttons.

10. Enter the **Printed Name of Person Submitting the Enrollment**.

11. Enter the **Printed Title of Person Submitting the Enrollment**.

12. Click **Save EFT Info**. The information is saved.

13. After all information has been added and saved, click on the **Electronic Remittance Advice (ERA)** tab. See Section 10.0 — **Electronic Remittance Advice (ERA) Tab**.
10.0 Electronic Remittance Advice (ERA) Tab

Electronic Remittance Advice (ERA) is a required tab. Once completed, it authorizes Magellan Health Services, on behalf of the program(s) you signed up for, to provide you with weekly remittance information on claims processed.

10.1 Adding ERA Information

Some of the information at the top of the Electronic Remittance Advice tab cannot be edited on this window. Messages in red font are present to advise where to navigate in the application to make any necessary adjustments to this information.
Figure 10.1.1 – Electronic Remittance Advice (ERA) Tab
1. Click Yes or No in the Does your pharmacy have a Clearinghouse number (TPA number)? option. If Yes, go to step 2. If No, go to step 3.

   - If you click Yes, the Will your Electronic Funds Transfers be sent to your affiliated TPA? option appears. Click Yes or No to respond to that question.
   - If you click Yes, the TPA Number box appears.

2. In the Trading Partner ID (TPA Number) box, enter the TPA (third-party administrator) number. This is a ten-character numeric field.

3. Enter the first name of the person in the office who handles the ERA issues in the Provider Contact First Name field.

4. Enter the last name of the person in the office who handles the ERA issues in the Provider Contact Last Name field.

5. Enter the Telephone Number (Enter numbers only. Hyphens, spaces, or other special characters are not allowed.).

6. Select the Method of Retrieval from the provided options.

7. Select the Reason for Submission from the provided options.

8. Enter the Printed Name of Person Submitting Enrollment.

9. Enter the Printed Title of Person Submitting Enrollment.

10. Click Save ERA Info. The information is saved.

11. After all information has been added and saved, click on the Pharmacy Info tab. See Section 11.0 — Pharmacy Info Tab.
11.0  Pharmacy Info Tab

This tab allows you to enter information about your pharmacy. For example, store hours, if you offer delivery service or are open 24 hours for emergency services. Certain fields on this tab are required.

11.1  Pharmacy Information

To add your pharmacy information, please use the following steps:

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

   - If you selected **Yes** in the **Open 24 hours** option, you do not need to complete the **Open Every Day From**, **Open Every Day Until**, **Open Every Day Monday – Friday From**, **Open Monday – Friday Until**, **Open Saturday From**, **Open Saturday Until**, **Open Sunday From**, or **Open Sunday Until** fields. The **Not Applicable** check boxes will automatically be selected next to each row of fields.

2. To enter times in the **Open Every Day From**, **Open Every Day Until**, **Open Every Day Monday – Friday From**, **Open Monday – Friday Until**, **Open Saturday From**, **Open Saturday Until**, **Open Sunday From**, and **Open Sunday Until** boxes, click inside the field. A pop-up box appears. See Figure 11.1.1.
Figure 11.1.1 – Pharmacy Information, Sliders to Select Hour and Minute

- Slide the bar on the **Hour** and **Minute** option to select the time you open. The minutes adjust in fifteen minute increments.
- You can select the times for the remaining fields by clicking inside the fields and sliding the **Hour** and **Minute** bars, or typing the time in the fields.
- When selecting the time using the sliders pop-up window, you can select the current time by clicking **Now**.
- When you are finished entering the time, click **Done**. The pop-up window closes.

3. Click **Yes** or **No** in the **Offer Delivery Service?** option.
4. Click **Yes** or **No** in the **Offer Deliver Service to Dialysis Centers?** option.

5. Click **Yes** or **No** in the **Offer 24 Hour Emergency Service?** option.

6. Click **Yes** or **No** in the **Collect Calls Accepted?** option.

7. Click **Yes** or **No** in the **Price Matching Policy?** option.

8. In the **Do you participate in the following Medicare Part D Plan(s)** section, click the applicable check box(s).

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

   - Clicking **Yes** for **Are you approved as a 340B provider?** option only means you may sell 340B-designated drugs. Patients receiving 340B drugs may or may not be cardholders in any of the programs in which you are enrolling your pharmacy.
   - Medicare Part D may change yearly, so the plans listed may differ from those pictured.
   - Click the **Cancel** hyperlink. The fields revert to the original values before the last save.
   - If you selected the **Practice** type of **Mail Order**, you have three additional questions to answer.
   - If you clicked **Yes** to **Signature reference** file, then that is the only question you see. If you clicked **No**, then you are required to answer the **Signature reference waiver**. Mail order pharmacies utilizing a package tracking tool may find that none of these options apply. In those instances, checking **“NO”** for all three (3) questions will NOT cause the application to be rejected. If you clicked **Yes** to **Signature reference waiver**, then you must answer **Signature reference waiver approval received**. See Figure 11.1.2.

   ![Figure 11.1.2 – Pharmacy Info, Mail Order Questions](image)

10. Click **Save General Info**. The information is saved.

11. After all information has been added and saved, click on the **Submit** tab. See **Section 12.0 – Submit Tab**.
12.0 Submit Tab

This tab allows you to finish the application and submit it for review.

12.1 Declaration

Depending on the programs you selected, you see the agreement forms for those programs. To view the forms and sign them, please use the following steps:

1. Click the View And Acknowledge hyperlink under the Action column. See Figure 12.1.1.

   ![Figure 12.1.1 – Declaration, View And Acknowledge Hyperlink](image)

2. Click the scroll bar on the Adobe window to scroll down to locate the acknowledgement fields. See Figure 12.1.2.

   - You need Adobe Reader to view any printable PDF document(s). Click the button to the left of the View/Acknowledge window to download a free copy of Adobe Reader. See Figure 12.1.2.
3. In the **Authorized Agent’s First Name** box, enter authorized agent’s first name.

4. In the **Authorized Agent’s Last Name** box, enter authorized agent’s last name.

5. In the **Authorized Agent’s Title** box, enter the authorized agent’s title. The current date and time appears on the acknowledgement form.

6. Click **Save Changes**.

7. Repeat steps 3–6 on every agreement form.

8. Once you have acknowledged all agreements, the **Submit Enrollment Application** button appears along with fields to sign the preparer’s name. See Figure 12.1.3.
9. In the **Preparer’s First Name** box, enter the preparer’s first name.

10. In the **Preparer’s Last Name** box, enter the preparer’s last name.

11. In the **Preparer’s Title** box, enter the preparer’s title.

12. Click **Yes** or **No** to complete the **Training?** radio button.

13. Click **Submit Enrollment Application**. The **Confirm Submission** window appears. See Figure 12.1.4.

   ![Confirm Submission Window](image)

   **Figure 12.1.4 – 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.

14. Click **Submit** to submit your application for review. The application successfully submitted message appears. See Figure 12.1.5.
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 12.1.6.

An e-mail is sent to the e-mail address provided containing the application tracking number. You also receive an e-mail within 24 hours containing electronic copies of your enrollment application and agreement(s). See Figures 12.1.7 and 12.1.8.

Please add the e-mail address PacePS@magellanhealth.com to your address book to ensure delivery of these messages. If you do not add the e-mail address, please make sure you check your junk mail folders prior to calling Provider Services asking for the confirmation e-mail.

After your application is reviewed and a determination is made, you receive notification via e-mail as well as US mail from Provider Services.

Figure 12.1.6, provides an example of an error message that may be returned for incomplete information.
Figure 12.1.6 – Enrollment Error Message Example
15. Click **Close Window** to return to the enrollment start page. Refer to Figures 12.1.6 and 2.1.2.
Once your application is approved, you will receive a letter of approval via e-mail and mail. See Figure 13.1.5.
13.0 **Review**

13.1 **Review/Revisions**

If there are any changes needed after the enrollment application has been reviewed, you receive an e-mail notification advising you that your application is returned for more information needed. See Figure 13.1.1. You are able to access the enrollment application to make the changes.

![Sample of Returned for Information E-mail](image)

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1. Log in to the Web Provider application by following the steps in *Section 2.1 – Log In.*
2. In the NPI, Provider Federal Tax Identification Number (TIN) Employment Identification Number (EIN), and E-mail boxes, enter the NPI, federal tax ID or employment ID, e-mail, and the application tracking number in the appropriate fields. See Figure 13.1.2.

![Figure 13.1.2 – Enrollment for Pharmacies & Dispensing Prescribers Window](image)

3. Click Continue. The Demographics tab appears. See Figure 13.1.3.
4. Make the required updates/revisions and click **Save** to save the changes on the tab you made changes or revisions to.

- Once the changes are made, it is critical that you access the **Submit** tab, complete the required fields, and click **Submit Enrollment Application** to resubmit the application with the changes. The revised application is sent to PACE Provider Services where someone reviews the application. See Figure 13.1.4.
Once your application is approved, you will receive a letter of approval via e-mail and mail. See Figure 13.1.5.
Dear Provider:

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

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Group ID</th>
<th>Program Effective Date</th>
</tr>
</thead>
</table>

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

Please use your NPI number, and Group ID, listed above, when billing for payment of drugs provided to eligible cardholders.

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

At the time of enrollment you declined on-site training.
At the time of enrollment you confirmed your acceptance of on-site training. The trainer will be contacting you in the near future to select a date and time for the training.

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

Written correspondence should be forwarded to the following address:

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

Sincerely,
Provider Services

4000 Crume Mill Road, Suite 301 Harrisburg, PA 17112 (717) 651-3600
14.0 Commonwealth of Pennsylvania Web Portal

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 from.

14.1 Provider Enrollment

To access Provider Enrollment, please use the following steps:

1. After logging in using your user name/ID and password, click the Launch hyperlink on the Provider Enrollment option under the Services and Applications box. Refer to Figure 2.1.2.4. The Provider Enrollment Dashboard window appears. See Figure 14.1.1.

![Figure 14.1.1 – Provider Enrollment Dashboard Window](image)

- If you have submitted an application or Provider Information Management update that is pending a determination, you cannot submit a new application until a determination has been made.
- The Pencil icon appears allowing you to make changes to the application if it was returned for information.
- The Close Window hyperlink takes you back to the main portal screen. Refer to Figure 14.1.1.

2. If you do not have any applications or Provider Information Management updates pending determination, your window displays the Add New Application button. Refer to Figure 14.1.1.

3. Follow the steps for enrollment in Sections 3.0 – 12.0 of this user guide.
14.1.1 Provider Enrollment Dashboard

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

<table>
<thead>
<tr>
<th>Icon</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Pencil" /></td>
<td>Pencil</td>
<td>• The Pencil icon allows you to edit an application in progress or one that was returned to you for information.</td>
</tr>
<tr>
<td><img src="image" alt="X" /></td>
<td>X</td>
<td>• The X icon allows you to delete an <em>In Progress</em> application that has not yet been submitted. Once you click the Delete icon, a warning window appears advising that you have chosen to delete an <em>In Progress</em> application. To confirm the action, click <strong>Delete</strong> or click the <strong>Cancel &amp; do not delete</strong> hyperlink to keep the application intact.</td>
</tr>
<tr>
<td><img src="image" alt="Magnifying Glass" /></td>
<td>Magnifying Glass</td>
<td>• The Magnifying Glass icon allows you to view the provider application submitted. No editing is allowed.</td>
</tr>
</tbody>
</table>

- If you click the **Magnifying Glass** icon to view an application you have submitted, you see a **Back to Dashboard** button. Clicking **Back to Dashboard** takes you back to the **Provider Dashboard** window. If you click the **Close Window** hyperlink, you are taken back to the **Web Portal** main screen. See Figure 14.1.1.1.
1. To make changes or updates to a returned for information application, click the **Pencil** icon. Refer to Figure 14.1.1.1.

2. The application appears. See Figure 14.1.1.2.
3. Click the tab you wish to revise. Make the necessary revisions and click Save.

4. Click the Submit tab and submit the application by clicking Submit Enrollment Application so that the changes are sent to the Provider Services team. See Figure 14.1.1.3.
You need to sign the acknowledgement forms for the new programs in which you are enrolling prior to submitting the application.

14.1.2 Provider Information Management

To access Provider Information Management, please use the following steps:

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 14.1.2.1.
2. The **Provider Information Management** window appears. See Figure 14.1.2.2.
3. If updates are needed, click the **Edit** hyperlink on the applicable tab(s) to update. Some updates may require you to submit the changes to Provider Enrollment for review and approval.

4. Click **Save** on each tab that changes are made.

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

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

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

- Change in Practice Type and Enrollment Type can be completed through the **Practice Type Change** link, additional programs can be added through the **Enrollment** link. If you need to change the NPI, please contact Provider Enrollment at 1-800-835-4080 to complete a new application.

- If you would like to discontinue your participation in a program, please contact Provider Services.
## 15.0 Practice Types

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Enrollment Type</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Registered Nurse Practitioner</td>
<td>Different Office From Physician</td>
<td>PACE/PACENET</td>
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<td></td>
<td>Same Office as Physician</td>
<td>PACE/PACENET</td>
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<td>Home Health Agency</td>
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<td>Home Infusion</td>
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<td>PACE/PACENET</td>
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<td>Cystic Fibrosis (CF), Maple Syrup Urine Disease (MSUD), Phenylketonuria (PKU), Spina Bifida (SB)</td>
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<td>Special Pharmaceutical Benefits Program 2 (Mental Health) Monitoring</td>
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<td>Pennsylvania Patient Assistance Program (PA PAP)</td>
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<td>Workers’ Compensation Security Fund (WCSF)</td>
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<td>Automotive Catastrophic Loss Benefits Continuation Fund (AutoCAT)</td>
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<td>Automotive Catastrophic Loss Benefits Continuation Fund (AutoCAT)</td>
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</tbody>
</table>
15.1 Change Practice Type

To change the practice type, please use the following steps below:

1. From the main portal window, click **Launch** next to **Change Practice Type** in the **Services and Applications** section. The **Confirm Practice Type Change** window appears. See Figure 15.1.1

![Figure 15.1.1 – Confirm Practice Type Change window](image)

2. Click **Continue**.

3. The **Practice Type, Enrollment Type & Program(s)** window appears. See Figure 15.1.2.

![Figure 15.1.2 – Practice Type, Enrollment Type & Program(s) window](image)

4. Select the appropriate practice type from the **Practice Type** list.

5. The window refreshes and allows for updates to be made to the **Enrollment Type** field. See Figure 15.1.3.
6. Select the applicable enrollment type from the **Enrollment Type** list. The window refreshes to allow **Programs** to be selected. See Figure 15.1.4.

7. Select the **Program(s)**.

8. Enter the **Medical Assistance Number**, if applicable.

9. Click **Continue**. The **Confirm Practice and Enrollment Type** window appears. See Figure 15.1.5.
10. Click **Continue** if all information is correct. The **Demographics** tab appears. See Figure 15.1.6.
11. Make any other required updates on the applicable tabs.

12. Click the **Submit** tab. See Figure 15.1.7.
13. Click the **View and Acknowledge** hyperlink. The **View/Acknowledge Agreement** window appears. See Figure 15.1.8.

14. Click **Open** to view the agreement. See Figure 15.1.9.
15. Enter the **Authorized Agent’s First Name**.

16. Enter the **Authorized Agent’s Last Name**.

17. Enter the **Authorized Agent’s Title**.

18. Click **Save Changes**. The **Submit** tab appears with the **Status** changed from **Acknowledgement Required** to **Acknowledged**.

19. Repeat steps 14–19 for each program. The window refreshes once all programs are acknowledged. See Figure 15.1.10.
20. Enter the **Preparer’s First Name**.

21. Enter the **Preparer’s Last Name**.

22. Enter the **Preparer’s Title**.

23. Select the applicable **Training**.

24. Click **Submit Enrollment Application**. The **Confirm Submission** window appears. See Figure 15.1.11.
25. Click **Submit**. The **Declaration** window appears. See Figure 15.1.12.

26. Click **Close**. The **Practice Type Change Dashboard** appears. See Figure 15.1.13.
27. Click the **Close Window** link to return to the **Portal Home** window. Refer to Figure 2.1.2.4.

Upon completion and submission of the changes, you will receive confirmation of receipt by e-mail. Provider Enrollment will notify you of the rejection or approval of these changes within three business days.