



## PHARMACY PROVIDER NETWORK ENROLLMENT REQUEST INSTRUCTIONS

**TO:** Pharmacy Data Management, Inc.

**ATTENTION:** Pharmacy Enrollment

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NCPDP ID #:** \_\_\_\_\_

**NPI** \_\_\_\_\_

**NCPDP CHAIN CODE (if applicable):** \_\_\_\_\_

**PHARMACY NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**CONTACT EMAIL:** \_\_\_\_\_

**CONTACT PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**CONTACT FAX:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Thank you for your interest in joining Pharmacy Data Management Inc.'s (PDMI) Pharmacy Network. Pharmacy providers must complete the enrollment application, provide all the necessary documentation, and pass our credentialing and minimum conditions for participation standards to participate in our Network.

### **INSTRUCTIONS:**

1. Complete the enrollment and (if already provided) credentialing application in its entirety.
2. Choose and complete all Additional Credentialing Documentation in accordance with the services you provide.
3. Provide all required documentation. Your application **WILL NOT** be processed without ALL below documentation submitted to PDMI.
  - a. [Completed FWA Attestation](#)
  - b. State Pharmacy License
  - c. Pharmacist-in-Charge State License
  - d. Unrestricted Full DEA Certificate (C2-C5)
  - e. Professional Liability Insurance Certificate (minimum \$1 million occurrence/ \$3 million annual aggregate)

[pdmi.com](http://pdmi.com) | 8530 Crossroads Drive | Poland, Ohio 44514 | [800.767.4226](tel:800.767.4226)

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- f. Federal Tax ID Certificate
  - g. W9
  - h. Medicare ID Award Notice or Medicare ID Number
  - i. Photo of pharmacy dispensing area (includes visual of inventory / stock)
  - j. Photo of store front (includes visual of location address)
  - k. Sterile Compounding Certification (if applicable)
  - l. Board of Equalization Permit (CA only)
  - m. Medicaid Provider Notice (for all states provider is Medicaid-authorized)
  - n. Any additional information or documentation requested by PDMI
4. Return the application and required supporting documentation to:
    - a. Email: [pharmacyenrollment@pdmi.com](mailto:pharmacyenrollment@pdmi.com) (in pdf format)
    - b. Fax: 330-757-8487
    - c. U.S. Mail: PDMI Pharmacy Enrollment, 8530 Crossroads Drive, Poland OH 44514.
  5. PDMI will review your enrollment application and provide notice to you if:
    - a. Additional information is required to complete enrollment
    - b. The application for enrollment is denied for any reason
    - c. The application for enrollment is accepted
  6. Once your application has been accepted, a Pharmacy Services Agreement (PSA) will be provided to you for your review and signature
    - a. Sign the Pharmacy Services Agreement provided and return to PDMI
    - b. Only after receiving a signed full copy of the PSA will the applicant then be implemented into the PDMI network per the supporting PSA.
    - c. The applicant will receive a welcome letter notifying them of the effective date of their participation and a countersigned copy of the PSA for their records

Please allow up to 10-15 business days for processing of your submitted application. To check on the status of your application after 10-15 business days, please email your request to [pharmacyenrollment@pdmi.com](mailto:pharmacyenrollment@pdmi.com).

**The importance of your NCPDP Number:** To ensure timely responses to your requests, you must include your NCPDP Number in the subject line of ALL email correspondence to PDMI.

**The importance of your NCPDP profile information:** PDMI utilizes monthly NCPDP DataQ update information to maintain most of the Pharmacy Provider demographic information for the PDMI pharmacy directories and networks. It is your responsibility to ensure your NCPDP profile information is updated in a timely manner. PDMI will no longer accept or respond to requests from pharmacies to update information found at NCPDP including most pharmacy demographic information, such as phone numbers and addresses as



these will be maintained via the DataQ update process. To update your NCPDP information, please visit NCPDP's website at [www.NCPDP.org](http://www.NCPDP.org).

### **PDMI CONTACT INFORMATION:**

- By PHONE (Pharmacy Help Desk)
  - Please refer to the member ID card for phone numbers that best address your questions or issues.
  - For all other issues, please call the Pharmacy Help Desk at 800-767-4226 and choose Option 1.
  - Pharmacy Help Desk hours: Mon. – Fri., 8:30 a.m. to 10 p.m. EST; Saturday 9 a.m. to 5 p.m. EST.
  - Pharmacy Help Desk fax: 330-757-7102
- By WEBSITE
  - [www.pdmi.com/pdmi/resources/network-pharmacy-support](http://www.pdmi.com/pdmi/resources/network-pharmacy-support)
  - PDMI provides the most up-to-date forms and contact information here
  - MAC Appeals procedure, ETF Forms, Remittance Forms, Payer Sheets
- EMAIL
  - [pharmacy@pdmi.com](mailto:pharmacy@pdmi.com): Claims calculation issues, contract issues, affiliation issues.
  - [pharmacyenrollment@pdmi.com](mailto:pharmacyenrollment@pdmi.com): Enrollment updates, credentialing, contracting requests, pharmacy not contracted.
  - [MAC@pdmi.com](mailto:MAC@pdmi.com): Please use for all MAC appeals and requests.
  - [pharmacypayables@pdmi.com](mailto:pharmacypayables@pdmi.com): Please use for all EFT, ACH, 835, remittance, and pay center issues.
  - [audit@pdmi.com](mailto:audit@pdmi.com): Please use for all questions and communications regarding audits and recoveries.
- PHARMACY NETWORK VOICEMAIL
  - 330-757-0724 x5229
  - Please use this number at your convenience for issues you wish to discuss via a returned phone call.
- PHARMACY NETWORK FAX
  - 330-757-8487
  - Please use at your convenience for transmitting documentation related to any of the Pharmacy  
Network functions and label it ATTENTION: PHARMACY NETWORK.
- U.S. MAIL
  - ATTENTION: PHARMACY NETWORK, 8530 Crossroads Drive, Poland OH 44514.

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