Provider Enrollment and Contracting for Pharmacy



IOWA MEDICAID, IOWA TOTAL CARE, MOLINA, AND WELLPOINT

Document Location:
https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/medicaid-pharmacy

Updated: Dec 1, 2026

IOWA Health and Human Services

Table of Contents

- General Overview of Process
- Iowa Medicaid Fee-for-Service (FFS) Enrollment
- Iowa Total Care (ITC) Contracting & Credentialing
- Molina Healthcare of Iowa Contracting & Credentialing
- Wellpoint Contracting & Credentialing
- Frequently Asked Questions
- Iowa Medicaid FFS Resources
- Managed Care Organization (MCO) Resources

General Overview

1. Enroll with Iowa Medicaid FFS

Provider:	Service:
Pharmacy	Point-of-Sale (POS) – Provider Type 08
	Durable Medical Equipment (DME) – Provider Type 12
Pharmacist	Medical – Provider Type 82 ▪ Immunizations & Point-of-Care Testing (POCT)

2. Contract and Credential with each MCO

Provider:	Service:	Notes:
Pharmacy	DME and Medical – Contract and credential with each MCO	ITC, Molina, Wellpoint
Pharmacist	Medical – Enroll with each MCO	ITC, Molina, Wellpoint

Iowa Medicaid Fee-for-Service

Providers must first enroll with Iowa Medicaid FFS prior to completing the contracting and credentialing process with each MCO for medical billing.

IOWA™ | Health and Human Services

Iowa Medicaid FFS

1. Visit the IA Medicaid Provider Forms HHS webpage.
2. Click on the 'Iowa Medicaid Universal Provider Enrollment Application' link (Form Number 470-0254).
3. Complete Sections A and B if you are enrolling in the Iowa Medicaid program as a new **Pharmacy** provider or if you are already enrolled but have a new Tax ID.
    a. To enroll for more than one provider type, you must complete a separate Section B for each provider type.
    b. Identify your provider type in Box 16 - Type Code:
        i. 08 – Pharmacy (POS)
        ii. 12 – Medical Supplies (DME)

3. To enroll with Iowa Medicaid as a **Pharmacist**, complete Section B:
    a. Identify your provider type in Box 16 - Type Code:
        i. 82 – Pharmacist
    b. Note – You will enter the pharmacy NPI, taxonomy and zip code in which you will be associated as a provider in boxes 31a – c.

4. Send the completed application to Iowa Medicaid via one of the options below:
    - Email: IMEProviderEnrollment@hhs.iowa.gov
    - Fax: Iowa Medicaid, Attn: Provider Enrollment at 515-725-1155
    - Mail: Iowa Medicaid, Attn: Provider Enrollment, PO Box 36450, Des Moines, Iowa 50315

5. The pharmacy and pharmacist will receive confirmation of enrollment via traditional mail.

Managed Care Organizations

After enrolling with Iowa Medicaid FFS, providers can begin the process to contract and credential with each MCO for medical billing.

IOWA Health and Human Services

Iowa Total Care - Pharmacy

1. Complete steps on Slide 5 to enroll with Iowa Medicaid FFS.
2. To contract and credential as a **Pharmacy** with ITC, follow the steps below for **Medical Billing:**
    a. Visit the 'Become a Provider | Iowa Total Care' webpage.
    b. Click on the 'Contract Request Form' link.
    c. Contract Request Form
        I. Under, 'Type of Contract Request,' select 'New Contract.'
        II. In the 'Entity NPI' field, enter the Pharmacy NPI.
        III. In the 'Provider Type' section, select 'Ancillary or Hospital Based Practitioners'
        IV. Complete the form in its entirety and click 'Submit.'
    d. Iowa Total Care will reach out for additional information if needed.
    e. The pharmacy will receive final confirmation of enrollment via email.

Iowa Total Care - Pharmacist

1. Complete steps on Slide 5 to enroll with Iowa Medicaid FFS.
2. To enroll as a **Pharmacist** with Iowa Total Care, follow the steps below for **Medical Billing**:
    a. A pharmacy must be contracted with ITC before the individual pharmacist can be enrolled.
    b. Visit the Iowa Total Care Contracting & Credentialing Forms webpage.
    c. Select the form titled, 'Iowa Statewide Universal Practitioner Credentialing Application.'
    d. Complete the form in its entirety.
    e. Send the completed form to NetworkManagement@IowaTotalCare.com.
    f. Iowa Total Care will reach out for additional information if needed.
    g. The pharmacist will receive final confirmation of enrollment via email.

Molina - Pharmacy

1. Complete steps on Slide 5 to enroll with Iowa Medicaid FFS.
2. To contract and credential as a **Pharmacy** with Molina Healthcare of Iowa, follow the steps below for **Medical Billing:**
    a. Visit the 'Molina | Join our Network' webpage.
    b. Click on 'Step One – Connect' to expand this section.
    c. Under 'Medical/Behavioral Health/Ancillary Providers,' click on the 'Contract Request Form' link.
    d. Provider Contract Request Form
        I. In the first section titled 'Please Select Provider Type,' select the 'DME' checkbox.
        II. In the same section as above, select the 'Other' checkbox and write in 'Pharmacy' – POCT/Immunizations.'
        III. In the 'Provider Identification' section, write in the Pharmacy NPI.
        IV. Complete the form in its entirety.
    e. Send the completed form to IAProviderContracts@MolinaHealthcare.com OR fax to (833) 671-3988.
    f. Molina will reach out for additional information if needed.
    g. The pharmacy will receive final confirmation of enrollment via email.

Molina - Pharmacist

1. Complete steps on Slide 5 to enroll with Iowa Medicaid FFS.
2. To enroll as a **Pharmacist** with Molina Healthcare of Iowa, follow the steps below for **Medical Billing**:
    a. Visit the 'Molina | Join our Network' webpage.
    b. Click on 'Step One – Connect' to expand this section.
        I. Under 'Medical/Behavioral Health/Ancillary Providers,' click on the 'Contract Request Form' link.
        II. Provider Contract Request Form
            i. In the first section titled 'Please Select Provider Type,' select the 'Other' checkbox and write in 'Pharmacist – POCT/Immunizations.'
            ii. In the 'Provider Identification' section, write in 'Pharmacist NPI, Pharmacy NPI,' and provide both numbers.
            iii. Complete the form in its entirety.
    c. Send the completed form to IAProviderContracts@MolinaHealthcare.com OR fax to (833) 671-3988.
    d. Molina will reach out for additional information if needed.
    e. The pharmacist will receive final confirmation of enrollment via email.

Wellpoint - Pharmacy

1. Complete steps on Slide 5 to enroll with Iowa Medicaid FFS.
2. To contract and credential as a **Pharmacy** with Wellpoint Iowa, Inc., follow the steps below for **Medical Billing:**
    a. Visit the Wellpoint | Join our Network webpage.
    b. Scroll down to the blue highlighted section.
    c. Under 'Provider Type,' select 'Other.'
    d. Under, 'Does your organization have an existing Availity Account?,' answer 'Yes' or 'No' and then click 'Continue.'
    e. Complete the application in its entirety and submit.
    f. Wellpoint will reach out to discuss the contract and collect additional information (including W-9).
    g. The pharmacy will receive final confirmation of enrollment via traditional mail.

Wellpoint - Pharmacist

1. Complete steps on Slide 5 to enroll with Iowa Medicaid FFS.
2. To enroll as a **Pharmacist** with Wellpoint Iowa, Inc., follow the steps below for **Medical Billing**:
    a. Visit the Forms | Wellpoint Iowa, Inc. webpage.
    b. Scroll down and click on the 'Provider Demographics/Credentialing' section to expand.
    c. Select the 'Roster Automation Standard Template' link. An Excel spreadsheet will download.
        I. Open the Excel spreadsheet and complete the roster in its entirety using the instructions on the first tab titled 'User Reference Guide.'
        II. Please include the name and address for each applicable pharmacy location.
    d. Visit the Wellpoint Availity Login webpage.
        I. Existing Availity Users: Login with existing username and password.
        II. New Availity Users: On the right side of the webpage, click on 'Create a Free Account' and follow the prompts.
        III. After logging in, click on 'Help & Training' from the main webpage.
        IV. Using the search bar, type in 'Submit a Provider Roster' to locate the instructions for uploading a completed roster.
        V. Upload the completed roster in Availity.
        VI. For further assistance, please contact your Wellpoint Provider Relations contact.
    e. Wellpoint will reach out for additional information if needed.
    f. The pharmacist will receive final confirmation of enrollment via traditional mail.

Frequently Asked Questions

- **Does a pharmacy or pharmacist need to contract and credential with the MCOs for point of sale billing?**
  - No. Effective 12/1/26, the outpatient pharmacy benefit is managed through FFS for all members. For point of sale billing, the pharmacy or pharmacist only needs to enroll with IA Medicaid.
- **Does a pharmacy or pharmacist need to contract and credential with the MCOs for medical billing?**
  - Yes. After enrolling with IA Medicaid, the pharmacy or pharmacist must enroll with each MCO for medical billing for Managed Care members.
- **Does a pharmacist need to notify IA Medicaid & the MCOs when they're no longer employed by a pharmacy?**
  - Yes. The pharmacist should notify each entity they are enrolled with:
    - IA Medicaid, Iowa Total Care, and Molina: Email the entities using the contact information provided on the following slides.
    - Wellpoint: Complete the Termination tab in the roster Excel file and upload it to Availity using the standard process.

Iowa Medicaid FFS Resources

For any questions on the enrollment process, please contact Iowa Medicaid Provider Services:

- Phone: (800) 338-7909 **or** (515) 256-4609
- Email: IMEProviderEnrollment@hhs.iowa.gov
- Webpage: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services

Additional Resource:

- https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/medicaid-pharmacy

MCO Resources

Please include the applicable Provider Relations contact on all email communications to any MCO Provider Services email group.

- **To identify your counties Provider Relations contact, refer to the maps below:**

Iowa Total Care

- Visit the Iowa Total Care Territory Maps webpage.
- Under 'Provider Relations,' click on the 'Access PR Map (PDF)' link.

Molina

- Visit the Molina Provider Communications webpage.
- View the 'Provider Relations Representative Map by County.'

Wellpoint

- Visit the Wellpoint Provider Resources Overview webpage.
- Scroll down to the 'Related Information' section and click on 'Provider Account Management – State Representative Map.'

MCO Resources

For any questions on the MCO contracting and credentialing process, please contact the MCO directly:

Iowa Total Care

- Phone: 1-833-404-1061
- Email: NetworkManagement@IowaTotalCare.com
- Webpage for Providers: https://www.iowatotalcare.com/providers.html

Molina

- Phone: 1-844-236-1464
- Email: IAProviderContracts@MolinaHealthcare.com
- Webpage for Providers: https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx

Wellpoint

- Phone: 1-833-731-2143
- Email: ProviderNetworkIA@wellpoint.com
- Webpage for Providers: https://www.provider.wellpoint.com/iowa-provider/home