

# Provider Enrollment and Contracting for Pharmacy

**IOWA MEDICAID, IOWA TOTAL CARE,  
MOLINA, AND WELLPOINT**

**Document Location: HHS IA  
Medicaid Pharmacy Webpage**

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# 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 <ul style="list-style-type: none"><li>Immunizations &amp; Point-of-Care Testing (POCT)</li></ul>

## 2. Contract and Credential with each MCO

Provider:	Service:	Notes:
Pharmacy	POS – Contract with each pharmacy network	ITC – Express Scripts
		Molina – CVS Caremark
		Wellpoint – CVS Caremark
	DME and Medical – Contract and credential with each MCO	ITC, Molina, Wellpoint
Pharmacist	Medical – Credential with each MCO	ITC, Molina, Wellpoint

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# Iowa Medicaid Fee-for-Service

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



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# 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](mailto: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.



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# Iowa Total Care - Pharmacy

1. Complete steps on Slide 4 to enroll with Iowa Medicaid FFS.
2. To contract and credential as a **Pharmacy** with ITC, follow the steps below:
  - a. For **POS Billing**, join the Pharmacy Network with Express Scripts:
    - I. Visit the [www.esiprovider.com](http://www.esiprovider.com) webpage.
    - II. On the right side of the webpage, click the orange button titled 'New Account.'
    - III. Follow the prompts to create an account.
    - IV. After successfully logging in, select 'Apply to Become a Network Provider.'
    - V. Complete the application in its entirety and submit.
  - b. For **DME and Medical Billing**:
    - I. Visit the '[Become a Provider | Iowa Total Care](#)' webpage.
    - II. Click on the 'Contract Request Form' link.
    - III. 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.'
    - IV. Iowa Total Care will reach out for additional information if needed.
    - V. The pharmacy will receive final confirmation of enrollment via email.

# Iowa Total Care - Pharmacist

1. Complete steps on Slide 4 to enroll with Iowa Medicaid FFS.
2. To credential 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 credentialed.
  - 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](mailto: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 4 to enroll with Iowa Medicaid FFS.
2. To contract and credential as a **Pharmacy** with Molina Healthcare of Iowa, follow the steps below:
  - a. For **POS Billing**, join the Pharmacy Network with CVS Caremark:
    - I. Visit the [‘Molina | Join our Network’](#) webpage.
    - II. Click on ‘Step One – Connect’ to expand this section.
    - III. Under ‘Pharmacy Providers,’ click on the ‘Join CVS Caremark Network’ link.
    - IV. Click on the ‘Pharmacy Pre-Enrollment Questionnaire’ link.
    - V. Complete the questionnaire in its entirety and submit.
  - b. For **DME & Medical Billing**:
    - I. Visit the [‘Molina | Join our Network’](#) webpage.
    - II. Click on ‘Step One – Connect’ to expand this section.
    - III. Under ‘Medical/Behavioral Health/Ancillary Providers,’ click on the ‘Contract Request Form’ link.
    - IV. 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 ‘Pharmacist – POCT/Immunizations.’
      - iii. In the ‘Provider Identification’ section, write in the Pharmacy NPI.
      - iv. Complete the form in its entirety.
    - V. Send the completed form to [IAProviderContracts@MolinaHealthcare.com](mailto:IAProviderContracts@MolinaHealthcare.com) OR fax to (833) 671-3988.
    - VI. Molina will reach out for additional information if needed.
    - VII. The pharmacy will receive final confirmation of enrollment via email.

# Molina – Pharmacist

1. Complete steps on Slide 4 to enroll with Iowa Medicaid FFS.
2. To credential 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](mailto: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 4 to enroll with Iowa Medicaid FFS.
2. To contract and credential as a **Pharmacy** with Wellpoint Iowa, Inc., follow the steps below:
  - a. For **POS Billing**, join the Pharmacy Network with CVS Caremark:
    - I. Visit the [www.caremark.com](http://www.caremark.com) webpage.
    - II. At the bottom of the page, click on the 'Pharmacists & Medical Professionals' link.
    - III. Under 'Additional Resources for Medical Professionals', select the 'Forms and Guides' link.
    - IV. Scroll down and click on the 'Pharmacy Pre-Enrollment Questionnaire' dropdown to expand this section.
    - V. Click on the 'Complete Pre-Enrollment Questionnaire' link.
    - VI. Complete the questionnaire in its entirety and submit.
  - b. For **DME & Medical Billing**:
    - I. Send an email to [providernetworkIA@wellpoint.com](mailto:providernetworkIA@wellpoint.com) and include the following information:
      - i. Request to credential and contract for provider type 08 (Medical) and provider type 12 (DME).
      - ii. Name of Pharmacy
      - iii. Address of Pharmacy
      - iv. Pharmacy NPI
      - v. Name of primary contact, phone number, and email address.
    - II. Wellpoint will reach out to discuss the contract and collect additional information (including W-9).
    - III. The pharmacy will receive final confirmation of enrollment via traditional mail.

# Wellpoint - Pharmacist

1. Complete steps on Slide 4 to enroll with Iowa Medicaid FFS.
2. To credential as a **Pharmacist** with Wellpoint Iowa, Inc., follow the steps below for **Medical Billing**:
  - a. Send an email to [providernetworkIA@wellpoint.com](mailto:providernetworkIA@wellpoint.com) and include the following information:
    - I. Request to be credentialed for provider type 82 (Pharmacist).
    - II. Name of pharmacist
    - III. Phone number of pharmacist
    - IV. Email address of pharmacist
    - V. Individual pharmacist's NPI
    - VI. Name and address of **pharmacy** location(s)
  - b. Complete the Wellpoint Provider Roster:
    - I. Visit the [Forms | Wellpoint Iowa, Inc.](#) webpage.
    - II. Scroll down and click on the 'Provider Demographics/Credentialing' section to expand.
    - III. Select the 'Roster Automation Standard Template' link. An Excel spreadsheet will download.
    - IV. Open the Excel spreadsheet and complete the roster in its entirety using the instructions on the first tab titled 'User Reference Guide.'
    - V. Upload the completed roster to Wellpoint's provider portal by visiting the [Availity Login](#) webpage.
      - i. New Availity Users: Click on 'Create a Free Account' on the right-hand side of the webpage.
      - ii. Existing Availity Users: Login with existing username and password.
      - iii. After successfully logging in, click on 'Help & Training' from the main page.
      - iv. Type 'Submit a Provider Roster' in the search bar to locate instructions for uploading a completed roster.
      - v. For additional assistance, please contact your Wellpoint Provider Relations contact.
  - c. Wellpoint will reach out to collect further information (including W-9).
  - d. The pharmacist will receive final confirmation of enrollment via traditional mail.



# Frequently Asked Questions

- ▶ **Once a pharmacist completes the Provider Enrollment process for Iowa Medicaid, can they begin submitting claims to the MCOs?**
  - No. While the Iowa Medicaid provider enrollment process is a necessary step to contract with the MCOs, the pharmacy/pharmacist must also complete a separate process to contract and credential with each MCO and their pharmacy networks.
- ▶ **A pharmacy is contracted with each MCO's Pharmacy Network. Can the pharmacy begin submitting medical claims to the MCOs?**
  - No. Contracting solely with an MCO pharmacy network will not allow the pharmacy/pharmacist to bill medically with the MCOs. The pharmacy/pharmacist must become contracted and credentialed for medical billing with each MCO.
- ▶ **Should IA Medicaid & the MCOs be notified when a pharmacist is no longer employed by a pharmacy?**
  - Yes. To unlink a pharmacist NPI from a pharmacy NPI, please notify IA Medicaid and each MCO via email using the contact information on the following slides.

# 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](mailto:IMEProviderEnrollment@hhs.iowa.gov)
- Webpage: [Medicaid Provider Services | Health & Human Services](#)

## **Additional Resource:**

- [Iowa Medicaid Pharmacy Provider Webpage](#)

# 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: [Providers | Iowa Total Care](#)

## **Molina**

- Phone: 1-844-236-1464
- Email: IAProviderContracts@MolinaHealthcare.com
- Webpage for Providers: [Providers | Molina Healthcare](#)

## **Wellpoint**

- Phone: 1-833-731-2143
- Email: ProviderNetworkIA@wellpoint.com
- Webpage for Providers: [Providers | Wellpoint Iowa, Inc.](#)

# 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 Resources Contact](#) webpage.
- Scroll down to the middle of the page.

## **Wellpoint**

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



# Questions?

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