



# Pharmacist Enrollment Guide

UnitedHealthcare Community & State



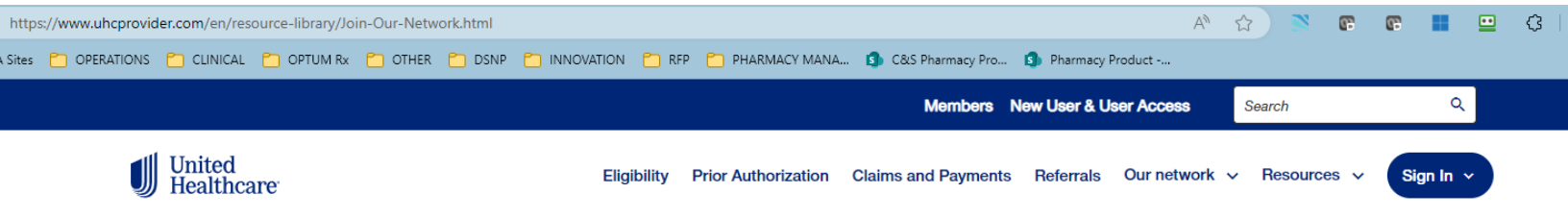
# UnitedHealthcare Community & State Pharmacist Enrollment

- The role of the pharmacist has expanded significantly over the years going beyond medication dispensing, enabling pharmacists to engage in direct patient care. As providers, Pharmacists can offer a wide range of clinical services to patients. These services include medication therapy management, disease management, immunizations, transitions of care management, point-of-care testing, patient education & counseling, and continues to expand!
- However, the scope of pharmacists can vary from state to state, and the legal capacity to assess, prescribe, and administer biological products is dependent on state. Traditionally, pharmacist provided patient care services have had limited reimbursement modalities. Pharmacists' ability to receive reimbursement for patient care services have advanced over the years, but despite new headways, the medical billing process remains inconsistent and there is no established standard in place. We are aiming to make it easy to support the implementation of Pharmacists Provider programs.
- The goal of this guide is to provide pharmacists a consistent, repeatable, enterprise-supported framework for provider enrollment that can continue to advance the ability of pharmacists to bill as providers within legislative boundaries. This guide will walk pharmacists through the core processes and steps needed to request providers enrollment when the time is right.



# Visit UHCProvider.com and Request to Join Our Network

[Join our network | UHCprovider.com](https://www.uhcprovider.com)



[Home](#) > [Resource Library](#) > [Join our network](#)

## Join our network

Join us in our commitment to what matters. Become part of a network of health care professionals and facilities committed to helping people live healthier lives and making the health care system better for everyone.

Our seamless **Onboard Pro** experience has replaced the RFP process.

### What you'll need to get started:

- Provider Portal access using your One Healthcare ID. Don't have a One Healthcare ID? [Register](#) now.
- Entity details including TIN(s), legal name and contact information
- Council for Affordable Quality Healthcare (CAQH) registration (only required for some states and specialties)
- If CAQH is required, make sure attestations and documentation are current



### Begin by selecting your entity type

Four buttons are displayed horizontally, each with a right-pointing chevron. The buttons are: 'Medical providers', 'Hospitals and facilities', 'Ancillary providers and centers', and 'Dental, vision, behavioral health and other'. A large orange arrow points down from the 'What you'll need to get started' section to the 'Ancillary providers and centers' button, which is also circled in orange.



# Select Pharmacist: Community Plan Network

Home > Resource Library > Join our network > Join our network - Ancillary providers and centers

## Join our network - Ancillary providers and centers













Become part of a network of health care professionals and facilities committed to helping people live healthier lives and making the health care system better for everyone. Select the appropriate service line below for instructions. If you don't see your specialty, please choose other.



### What to have ready

- Complete contact information
- NPI and TIN
- W-9, if applicable
- Cultural competency details

Expand All

 Ambulatory infusion suites (AIS)	<input type="text"/>
 Ambulatory surgery centers	<input type="text"/>
 Dialysis	<input type="text"/>
 Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)	<input type="text"/>
 Hemophilia treatment center	<input type="text"/>
 Home- and community-based services (HCBS)	<input type="text"/>
 Home health and hospice	<input type="text"/>
 Home infusion/specialty pharmacy	<input type="text"/>
 Independent diagnostic testing facilities (IDTF)	<input type="text"/>
 Laboratory	<input type="text"/>
 Pharmacist: Community Plan network	<input type="text"/>
 Radiology	<input type="text"/>



# Request to Enroll with United Healthcare

**\*\*At present, pharmacists may email [uhccs\\_pharmacy@uhc.com](mailto:uhccs_pharmacy@uhc.com) to initiate the enrollment process... and soon, pharmacists may submit requests directly to UHC by completing the enrollment form: [Pharmacist Provider Enrollment](#) \*\***

## Pharmacist: Community Plan network

Thank you for your interest in becoming a UnitedHealthcare Community Plan (Medicaid) network pharmacist. If accepted, you'll be able to provide care beyond standard medication dispensing. This means helping patients with important health issues, getting needed care, and avoiding unnecessary emergency room visits.

### Required steps



### Required documentation

- Proof of state Medicaid enrollment
- Completed Pharmacist Provider Enrollment form
- Pharmacist/pharmacy contact information
- Individual and/or location National Provider Identifier (NPI) number and/or tax ID number (TIN)
- W-9
- Additional documents as required per state Medicaid program

### Submission instructions

- All providers must first enroll with the individual state-specific Medicaid program. If you are not currently enrolled, information on how to complete this process may be found through the state Medicaid site or the state's UnitedHealthcare Community Plan Pharmacist Provider Enrollment form which is available by emailing [uhccs\\_pharmacy@uhc.com](mailto:uhccs_pharmacy@uhc.com).
- After enrolling with the state's Medicaid program, complete and submit the Pharmacist Provider Enrollment form.
- Once you're enrolled as a UnitedHealthcare Community Plan in-network provider, you'll need to create a One Healthcare ID, if you don't already have one, and [register](#) for the UnitedHealthcare Provider Portal. You will use this secure portal to work with us, and access patient- and practice-specific information.

### What happens after submission

If the application or supporting documentation is incomplete, you will receive an email identifying the missing information within 5-7 business days. The review will begin upon the receipt of the completed documentation required for enrollment.

### If your request is declined

We actively monitor regulatory changes associated with provider enrollment across all Medicaid markets. Your request will remain on file for a period of 1 year. We will reach out to you if we begin enrolling pharmacists in your state.



### Questions?

If you have questions about the process or need assistance, please email [uhccs\\_pharmacy@uhc.com](mailto:uhccs_pharmacy@uhc.com). You will receive a response within 10 business days.





# Pharmacist Provider Enrollment

Pharmacists electing to provide services covered by Medicaid should complete the following steps to request enrollment with UnitedHealthcare Community Plan.

- In compliance with federal requirements in the 21st Century Cures Act, most states require all providers to first enroll with their state Medicaid program, as applicable.
  - If you are not currently enrolled with the state Medicaid program, visit the following link for more information: [State Medicaid Enrollment Resources](#)
- Once enrolled with Medicaid, please complete and submit this form to initiate the process with UnitedHealthcare
  - This form may be used for up to 3 pharmacists per pharmacy location; however, there is no limit to the number of pharmacists per location. To request enrollment for additional pharmacists, please complete additional form submissions as needed.
- Within 3-5 business days, you should receive a secure email from UnitedHealthcare requesting any additional documents required for enrollment.
- When all the required documentation is submitted and reviewed for completion, UnitedHealthcare will send a provider contract via DocuSign for electronic signature.
- Once your contract has been completed, and you are ready to see patients as a provider, visit [Get Connected](#) on our UHC.provider.com website to learn how to create a **One Healthcare ID** and a **UnitedHealthcare Provider Profile**.

**Review &  
Complete  
Form**

For questions or concerns, email us at Pharmacist Provider Enrollment:  
[uhccs\\_pharmacy@uhc.com](mailto:uhccs_pharmacy@uhc.com)

# Complete Pharmacist Provider Enrollment Form



## Pharmacist Provider Enrollment

Pharmacists electing to provide services covered by Medicaid should complete the following steps to request enrollment with UnitedHealthcare Community Plan.

- In compliance with federal requirements in the 21st Century Cures Act, most states require all providers to first enroll with their state Medicaid program, as applicable.
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  - This form may be used for up to 3 pharmacists per pharmacy location; however, there is no limit to the number of pharmacists per location. To request enrollment for additional pharmacists, please complete additional form submissions as needed.
- Within 3-5 business days, you should receive a secure email from UnitedHealthcare requesting any additional documents required for enrollment.
- When all the required documentation is submitted and reviewed for completion, UnitedHealthcare will send a provider contract via DocuSign for electronic signature.
- Once your contract has been completed, and you are enrolled as a provider, visit [Get Connected](#) on our UHC provider.com website to learn how to create a [One Healthcare ID](#) and a [UnitedHealthcare Provider Portal Profile](#).

For questions or concerns, email us at [Pharmacist Provider Enrollment: uhcs\\_pharmacy@uhc.com](mailto:uhcs_pharmacy@uhc.com)

Pharmacy Name: \*

Pharmacy Contact: \*

Name of primary contact for this enrollment request

Primary Contact Email: \*

Primary Contact Phone: \*

Pharmacy Address (line 1) \*

Pharmacy Address (line 2)

Pharmacy City \*

Pharmacy State \*

Select

Pharmacy Zip Code \*

Pharmacy NPI \*

Pharmacy/Facility TIN \*

Tax ID of payable entity

Place of Service Type

Select all applicable:

Community Pharmacy  Retail Pharmacy  FQHC

- Pharmacists will be contracted as individuals practicing within the Pharmacy Group Practice. This enables the pharmacist to bill for services they provided within the pharmacy with payment for the services made to the pharmacy.
- The enrollment form may be used to submit up to 3 pharmacists per pharmacy location; however, there is no limit to the total number of pharmacists which may enroll per location. Complete additional forms as necessary.
- The form contains smart-logic which will allow for state-specific data to be collected as one moves through the form.



# Pharmacist Provider Enrollment Form

- Required fields are marked with a (\*) and the form will not submit if these fields are not completed.
- Pharmacists who will be submitting claims for multiple places of service will need to have a form submitted for each pharmacy location.
- Pharmacists are currently able to enroll for payment of medically billed services in a limited number of states. If your state is not currently accepting enrollment requests, please check back later as pharmacist enrollment opportunities are continuing to expand.

Pharmacy Name: \*

Pharmacy Contact: \*

Name of primary contact for this enrollment request

Primary Contact Email: \*

Primary Contact Phone: \*

Pharmacy Address (line 1) \*

Pharmacy Address (line 2)

Pharmacy City \*

Pharmacy State \*

Pharmacy Zip Code \*

Pharmacy NPI \*

Pharmacy/Facility TIN \*

Tax ID of payable entity

Place of Service Type

Select all applicable:

- Community Pharmacy     Retail Pharmacy     FQHC  
 Medical Practice     Clinic Pharmacy

Select the state for which you are requesting to enroll: \*

(Note: Pharmacists must enroll with the respective State Medicaid with UnitedHealthcare.)





# Key Information Requirements

Select the state for which you are requesting to enroll: \*

(Note: Pharmacists must enroll with the respective State Medicaid Program prior to enrolling with UnitedHealthcare.)

Pharmacists requesting enrollment in Washington may contract with both our Medicaid Program and our Commercial Employer & Individual Health Plans

Please indicate the plans with which you wish to enroll:

- Medicaid
- Employer & Individual

Enrolling Pharmacist's Full Name \*

Last name, First name MI

Enrolling Pharmacist's Email \*

Enrolling Pharmacist's NPI \*

Pharmacist's License Number \*

Please provide provider license information for the state in which you are requesting enrollment.

Are there additional pharmacists enrolling at this location?

- YES
- NO

Required Documents

Please provide a copy of the Pharmacy W-9

Drag and drop files here or [browse files](#)

➤ Currently, this enrollment process is limited to our Community & State (Medicaid) Health Plans

➤ [Except for the state of Washington where pharmacists may select to enroll in our Medicaid and/or commercial health plans.]

➤ The pharmacy location NPI and Tax ID Number will be required for the place of service payment, including a copy of the pharmacy W-9 (All information is transmitted and stored securely.)

For questions or concerns, email us at Pharmacist Provider Enrollment:  
[uhccs\\_pharmacy@uhc.com](mailto:uhccs_pharmacy@uhc.com)

