

South Dakota Pregnancy Program Application

Providers are required to abide by the terms and conditions in the South Dakota Medicaid Provider Agreement and the Pregnancy Program Provider Addendum.

Location Name: _____
(As found in the Provider's Medicaid enrollment record)

Street Address: _____
City: _____ State: _____ Zip Code: _____ - _____

Billing NPI: _____

Clinic contact person for questions regarding this application:

Name: _____

Telephone: _____

Email: _____

Please complete one application for each Clinic where you would like to provide Pregnancy Program services.

1. General Pregnancy Program Information:

Name of individual completing the application: _____

Email address: _____

Telephone number: _____

Name of applicant organization (or parent organization applying for more than one site):

If a parent organization exists, list the name of the person responsible for oversight of all clinics: _____

Email address of parent organization: _____

Telephone number of parent organization: _____

a. Primary Contact Information for Clinic Applying for Designation:

Name of person responsible for Pregnancy Program at clinic:

First Name: _____ Last Name: _____

Title: _____ Telephone number: _____

Email address: _____

2. Designated Provider Qualifications

Designated Providers must meet the following qualifications to be eligible to participate in the pregnancy program model:

- Designated Provider is a licensed physician, physician assistant, certified nurse practitioner, certified nurse midwife working in a private clinic, rural health clinic, federally qualified health care center, a tribal provider with a contract under public law 93-638, or an Indian Health Service clinic.
- Designated Provider agrees to maintain credentials with a birthing hospital if the provider intends to perform the birth or maintain a relationship and communication with another provider or facility that can perform the birth, including a process for timely transition of care.
- Designated Provider agrees to be enrolled in South Dakota Medicaid and have a signed agreement to participate as a pregnancy program provider.

3. Designated Providers at the Clinic Listed Above:

Name of Designated Provider(s)	Credentials of Designated Provider(s)	Servicing NPI

4. Barriers to Care Initiatives

Attachment 1- Barriers to Care Initiative document must be completed and signed by the individual listed in #1a. Fax or scanned documents are acceptable.

5. Addendum

Attachment 2 – Pregnancy Program Provider Addendum must be completed and signed by each designated provider listed in #3. Fax or scanned documents are acceptable.

6. Application Submission

After completing the application electronically, print, and submit it with signed Addendum Forms for each designated provider to:

Pregnancy Program, 700 Governors Drive, Pierre, SD 57501

Applications may also be submitted by fax to 605-773-5246,
or email to: cmforms@state.sd.us

Questions about the application can be addressed to Valerie Kelly at:
Valerie.Kelly@state.sd.us, or calling (605) 773-3495