South Dakota BabyReady Application

Providers are required to abide by the terms and conditions in the South Dakota Medicaid Provider Agreement and the BabyReady 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 BabyReady services.

1. **General BabyReady 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 BabyReady 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 BabyReady 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 BabyReady 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. Faxed or scanned documents are acceptable.

5. Addendum

Attachment 2 – BabyReady Provider Addendum must be completed and signed by each designated provider listed in #3. Faxed 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:

BabyReady
700 Governors Drive
Pierre, SD 57501

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

Questions about the application can be addressed by email to Valerie.Kelly@state.sd.us or by phone to (605) 773-3495.