



**PRENATAL PLUS PROGRAM
Participation Form**

PURPOSE OF PARTICIPATION FORM

Use of this document is required by 10 C.C.R. 2505-10 § 8.748.4. By signing this document, providers agree to adhere to the rules and requirements outlined on page 2.

INSTRUCTIONS FOR SUBMISSION

Entities that render and are reimbursed for Prenatal Plus Program services should submit one participation form. Only the supervising provider must sign the document.

Please submit signed document as an e-mail attachment to Kirstin.Michel@state.co.us. Please use "Prenatal Plus Program Provider Participation form" in the Subject field.

PROVIDER IDENTIFICATION

Billing Provider Name

Medicaid Billing Provider ID

(Complete multiple lines if services will be provided at multiple locations under different Billing Provider IDs.)

PROVIDER SIGNATURE

Supervising Provider Name

Supervising Provider Signature

Primary Contact Name

Primary Contact Email

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Primary Contact Phone

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Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

GENERAL REQUIREMENTS

Providers wishing to render and be reimbursed for Prenatal Plus Program services shall conform to the Medicaid Prenatal Plus Program administrative rules at 10 C.C.R. 2505-10 § 8.748.

This includes but is not limited to:

1. Being a Colorado Medicaid provider enrolled as one of the following Colorado Medicaid Billing Provider Types: Clinic, Federally Qualified Health Center, Rural Health Center, Non-Physician Practitioner Group, Physician, Nurse Practitioner, Certified Nurse-Midwife, or Physician's Assistant.
2. Managing a Prenatal Plus Program multidisciplinary team(s) of personnel. The team shall include:
 - a) A care coordinator(s);
 - b) A registered dietitian(s);
 - c) A mental health professional(s); if the Prenatal Plus Program Provider does not have a mental health professional, the provider must have a consistent, documented referral relationship with a mental health provider(s) who participates with the Colorado Medicaid Community Mental Health Services Program.
 - d) A Colorado Medicaid-enrolled physician, nurse practitioner, certified nurse-midwife, or physician's assistant who is the **supervising provider** that delegates the provision of Prenatal Plus Program services to the multidisciplinary team.
3. Retaining in the record of each client to whom Prenatal Plus Program services are rendered:
 - a) Identification of qualifying risk factors using the Program Eligibility Screening Form;
 - b) A client risk assessment using the Initial Assessment Form; and
 - c) Documentation of all services rendered.
4. Following any and all program policy and billing guidance provided.

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