



Health First Colorado (Colorado’s Medicaid program) and Child Health Plan *Plus* (CHP+) Network Participation Verification

Provider Request

This form serves to confirm participation of a Health First Colorado or Child Health Plan *Plus* (CHP+) provider in a Managed Care Organization (MCO) or Regional Accountable Entity (RAE) that is contracted with the Department of Health Care Policy and Financing (HCPF). This verification is required when a provider enrolls as a new Health First Colorado or CHP+ provider, when a current provider updates Health First Colorado or CHP+ network participation, and when a provider completes the Health First Colorado and CHP+ provider revalidation process. **Note: Verification of RAE participation is required only for RAE contracted behavioral health providers.**

Instructions: Complete this form and upload it as an attachment from the “Attachments and Submit” page of the online Provider Maintenance tool in the [Provider Web Portal](#).

Select the program(s) in which the provider participates as a network provider:

- | | |
|---|--|
| <input type="checkbox"/> ASOD - DentaQuest USA Insurance | <input type="checkbox"/> PACE - InnovAge/Total Longterm Care Loveland |
| <input type="checkbox"/> CHP+ - Colorado Access | <input type="checkbox"/> PACE - InnovAge/Total Longterm Care Thornton |
| <input type="checkbox"/> CHP+ - DentaQuest USA | <input type="checkbox"/> PACE - Rocky Mountain Health Care Services |
| <input type="checkbox"/> CHP+ - Denver Health Medical Plan Inc. | <input type="checkbox"/> PACE - Rocky Mountain PACE at Explorer |
| <input type="checkbox"/> CHP+ - Kaiser Permanente | <input type="checkbox"/> PACE - Senior Community Care |
| <input type="checkbox"/> CHP+ - Rocky Mountain HMO Inc | <input type="checkbox"/> RAE (Region 1) Rocky Mountain Health Plans |
| <input type="checkbox"/> MCO - Denver Health Medicaid Choice | <input type="checkbox"/> RAE (Region 2) Northeast Health Partners |
| <input type="checkbox"/> MCO - Rocky Mountain Health Plans Prime | <input type="checkbox"/> RAE (Region 3) Colorado Access |
| <input type="checkbox"/> MCO - Total Longterm Care Pueblo (PACE) | <input type="checkbox"/> RAE (Region 4) Health Colorado, Inc. |
| <input type="checkbox"/> MCO - TRU Community Care (PACE) | <input type="checkbox"/> RAE (Region 5) Colorado Access |
| <input type="checkbox"/> PACE - HopeWest | <input type="checkbox"/> RAE (Region 6) Colorado Community Health Alliance |
| <input type="checkbox"/> PACE - InnovAge/Total Longterm Care Aurora | <input type="checkbox"/> RAE (Region 7) Colorado Community Health Alliance |
| <input type="checkbox"/> PACE - InnovAge/Total Longterm Care Denver | <input type="checkbox"/> Colorado Access Behavioral Health for Denver |
| <input type="checkbox"/> PACE - InnovAge/Total Longterm Care Lakewood | <input type="checkbox"/> Health Medicaid Choice (DHMC) |

Provider Information

Provider Legal Name (group or individual): _____

Provider Doing Business As (DBA) Name (if applicable): _____

National Provider Identifier (NPI): _____ NPI Zip Code +4: _____ Medicaid ID (if applicable): _____

I attest that this information is true: (Note: If new provider, state “pending”.)

Provider/Attester Printed/Typed Name: _____

Provider/Attester Signature: _____ Date: _____

Contact your MCO / RAE provider relations representative for any questions about the use of this form.

