



## 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 Lakewood                               |
| <input type="checkbox"/> CHP+ - Colorado Access                     | <input type="checkbox"/> PACE - InnovAge/Total Longterm Care Loveland                               |
| <input type="checkbox"/> CHP+ - DentaQuest USA                      | <input type="checkbox"/> PACE - InnovAge/Total Longterm Care Thornton                               |
| <input type="checkbox"/> CHP+ - Denver Health Medical Plan Inc.     | <input type="checkbox"/> PACE - Rocky Mountain Health Care Services                                 |
| <input type="checkbox"/> CHP+ - Friday Health Plan                  | <input type="checkbox"/> PACE - Senior Community Care   |
| <input type="checkbox"/> CHP+ - Kaiser Permanente                   | <input type="checkbox"/> RAE (Region 1) Rocky Mountain Health Plans                                 |
| <input type="checkbox"/> CHP+ - Rocky Mountain HMO Inc              | <input type="checkbox"/> RAE (Region 2) Northeast Health Partners                                   |
| <input type="checkbox"/> MCO - Denver Health Medical Choice         | <input type="checkbox"/> RAE (Region 3) Colorado Access   |
| <input type="checkbox"/> MCO - Rocky Mountain Health Plans Prime    | <input type="checkbox"/> RAE (Region 4) Health Colorado, Inc.                                       |
| <input type="checkbox"/> MCO - Total Longterm Care Pueblo (PACE)    | <input type="checkbox"/> RAE (Region 5) Colorado Access   |
| <input type="checkbox"/> MCO - TRU Community Care (PACE)            | <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 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 Printed/Typed Name: \_\_\_\_\_

Provider/Attester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Revised: June 2021

