COLORADO
Department of Health Care
Policy & Financing

Health First Colorado (Colorado's Medicaid program) & CHP+ Network Participation Verification

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 on the *Attachments and Fees page* of the Online Provider Enrollment tool.

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

- ☐ ASOD – DentaQuest USA Insurance
- ☐ CHP+ - Colorado Access
- ☐ CHP+ - DentaQuest USA
- ☐ CHP+ - Denver Health Medical Plan Inc.
- ☐ CHP+ - Friday Health Plans
- ☐ CHP+ - Kaiser Permanente
- ☐ CHP+ - Rocky Mountain HMO Inc.
- ☐ CHP+ - State Managed Care Network
- ☐ MCO – Denver Health Medical Choice
- ☐ MCO – Rocky Mountain Health Plans Prime
- ☐ MCO – Total Longterm Care Pueblo (PACE)
- ☐ MCO – TRU Community Care (PACE)
- ☐ PACE – InnovAge/Total Longterm Care Aurora

- ☐ PACE – InnovAge/Total Longterm Care Denver
- ☐ PACE – InnovAge/Total Longterm Care Lakewood
- ☐ PACE – InnovAge/Total Longterm Care Loveland
- ☐ PACE – InnovAge/Total Longterm Care Thornton
- ☐ PACE – Rocky Mountain Health Care Services
- ☐ PACE – Senior Community Care
- ☐ RAE (Region 1) Rocky Mountain Health Plans
- ☐ RAE (Region 2) Northeast Health Partners
- ☐ RAE (Region 3) Colorado Access
- ☐ RAE (Region 4) Health Colorado, Inc.
- ☐ RAE (Region 5) Colorado Access
- ☐ RAE (Region 6) Colorado Community Health Alliance
- ☐ RAE (Region 7) Colorado Community Health Alliance
- ☐ RAE (Region 8) Denver Health Medical Plan

Provider Information

Provider Legal Name (group or individual): _____

Provider DBA Name (if applicable): _____

NPI #: _____ NPI Zip Code +4: _____ Medicaid ID (if applicable)*: _____
If new provider, state "pending"

I attest that this information is true:

Provider Printed/Typed Name: _____

Provider/Attester Signature: _____ Date: _____

If you have any questions about the use of this form, please contact your MCO/ RAE provider relations representative.