



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 Behavioral Health Organization (BHO) 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.

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:

- | | |
|--|---|
| <input type="checkbox"/> BHO - Access Behavioral Care Denver | <input type="checkbox"/> MCO - San Luis Valley HMO (CHP+) |
| <input type="checkbox"/> BHO - Access Behavioral Care Northeast | <input type="checkbox"/> MCO - Innovage Greater Colorado (PACE) |
| <input type="checkbox"/> BHO - Behavioral Healthcare Inc. | <input type="checkbox"/> MCO - Rocky Mountain Health Care Services (PACE) |
| <input type="checkbox"/> BHO - Colorado Health Networks | <input type="checkbox"/> MCO - Total Longterm Care (PACE) |
| <input type="checkbox"/> BHO - Foothills Behavioral Health Partners | <input type="checkbox"/> MCO - Total Longterm Care Pueblo (PACE) |
| <input type="checkbox"/> MCO - Colorado Access (CHP+) | <input type="checkbox"/> MCO - TRU Community Care (PACE) |
| <input type="checkbox"/> MCO - Delta Dental Plan of CO (CHP+) | <input type="checkbox"/> MCO - Senior Community Care (PACE) |
| <input type="checkbox"/> MCO - Denver Health Medical Plan Inc (CHP+) | <input type="checkbox"/> MCO - ACC: Access Kaiser |
| <input type="checkbox"/> MCO - Kaiser Permanente (CHP+) | <input type="checkbox"/> MCO - Denver Health Medical Choice |
| <input type="checkbox"/> MCO - Rocky Mountain HMO Inc (CHP+) | <input type="checkbox"/> MCO - Rocky Mountain Health Plans Prime |

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/BHO provider relations representative.