COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B1700401

Aug 2017

Did You Know?

Occasionally, claims will appear as "Paid" (with a Paid date of "0") in the Provider Web Portal but not on the Remittance Advice (RA). This is due to the claim being flagged by a prepayment cycle. The claim is being reviewed before it is released. This process may take a few weeks.

All Providers

Accountable Care Collaborative (ACC): Access KP Program Ends, Members Enrolled in Colorado Access

Health First Colorado (Colorado's Medicaid Program) ACC: Access KP Program was a payment reform initiative within Colorado's ACC. The initiative was a limited benefit, capitated primary care model designed to pilot an alternative to the current fee for service payment mechanism; with the goal of improving the coordination of care for our members while simultaneously seeking to drive down costs. The initiative was a partnership between the Department of Health Care Policy and Finance (the Department), Colorado Access and Kaiser Permanente (KP).

The initiative was implemented on July 1, 2016, with enrollment of ACC Region 3 Health First Colorado members who were attributed to KP as their Primary Care Medical Provider. The enrollment was approximately 23,000 members.

The ACC: Access KP contract term expired June 30, 2017. The program has helped the Department, Colorado Access and KP understand the various operational challenges in implementing a partially capitated plan. However, the decision was made by

the partners involved not to renew the contract for an additional year. More information about successes and challenges will be available over the next few months, and specific information on the program will be included in the Department's legislative report that will be submitted in April 2018.

Effective June 30, 2017, Health First Colorado members will no longer be enrolled in the Access KP Program. Members currently enrolled in the Access KP Program will be automatically enrolled in Colorado Access on August 1, 2017.

This change in health plan enrollment will not change a member's benefits or services.
No action is needed by Health First Colorado members. Additionally, members can continue receiving their care through Kaiser Permanente.
Members were notified of this change by letter from Health First Colorado Enrollment.

Members should contact Colorado Access with questions about this change, their health plan, benefits or if they want to change their provider at 1-855-4MY-RCCO.

Frequently asked questions for members are available here on Colorado.gov/hcpf and here on HealthFirstColorado.com. Provider frequently asked questions are available here.

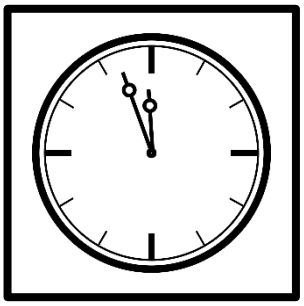
Contact Matthew Lanphier at Matthew.Lanphier@state.co.us or 303-866-2078 for more information.

ColoradoPAR Information

Tip of the Month

Starting this month, the ColoradoPAR website will feature advice designed to help providers better understand the Prior Authorization Request (PAR) process and manage their PARs.

PAR Timeliness



The Department has strict policies regarding PAR timeliness. For more information, click here or visit the ColoradoPAR website and click on the Provider Resources tab, then the Retroactive PAR Instructions.

A PAR submitted on or before the PAR's "From Date" (i.e. the date on which services are provided) is considered timely, and a PAR submitted after the "From Date" is considered untimely. The deadline for a same-day PAR submission is 11:59 p.m. (MT). If a PAR is submitted after midnight on the day the service was rendered, the PAR will be considered untimely and will be denied.

DME Supply PAR Requirements

Durable Medical Equipment (DME) providers submitting PARs for supplies are required to submit an order that contains the:

- Specific supply item and quantity requested on the PAR, and
- Dated signature of the appropriate ordering provider (e.g. MD, DO, NP, PA)

The order expires one year from the signature date. Any change either to units or to an item code requires a new order.

Please review the following examples:

- Supporting documentation for a PAR requesting 1000 units of code B4160 should include a doctor's order stating the name of the formula (e.g. Enfamil®, Nutren®) as well as the quantity (e.g. 1000 units @ 500 ml/unit).
- Supporting documentation for a PAR requesting 365 units for B4035 (enteral feeding supply kit for pump) should include a doctor's order stating the code B4025 or may state the item description (enteral feeding supply kit for pump) and must state the quantity such as 365 units, for 1/day/year or 31 per month, 12 refills, etc.

Please note, eQHealth Solutions cannot accept a general MD order that only states, "CPAP Supplies." It must include the specific code or a description of the supply.

For example, an order for code A7035 should state either "Headgear" or "A7035" and must include the quantity needed for the entire PAR.

A DME supply PAR lacking a current signed order with the required information will be pended for additional information, and will be denied for lack of information (LOI) if the requested documentation is not received within 10 business days.

Reconsiderations

Two general reasons a PAR may be denied include: lack of medical necessity, or not meeting Health First Colorado benefit or service criteria. These are known as medical necessity denials and technical denials, respectively.

One of the most common technical denial reasons is lack of information, or LOI. This occurs when a provider fails to submit the required documentation supporting the medical necessity of the services requested in a timely manner.

If your PAR has been denied, for either medical necessity or technical reasons, you may request a reconsideration.

Reconsideration requests must:

- Be received within ten calendar days from the date it was denied, and
- Include the documentation that was initially requested (for LOI) or additional clinical documentation demonstrating medical necessity

You will be notified within four business days whether the PAR reconsideration resulted in the denial being reversed or upheld. If upheld, the PAR will remain denied. If reversed, the PAR will be approved with the original date span.

Reconsideration requests can be made online in eQSuite®, by phone, by fax or by mail. Click here for more information.

Nurse Advice Line

The Health First Colorado Nurse Advice Line helps members determine the appropriate course of action when faced with health issues.

Key Nurse Advice Line features:

- The Nurse Advice Line is available to members free of charge, 24 hours a day, 7 days a week, 365 days a year, in both English and Spanish.
- Registered Nurses will answer members' medical questions, provide care advice and provide guidance on the level of care that may be right for a particular medical situation or condition.
- Callers can receive help with ongoing medical conditions, such as diabetes or asthma.

The Nurse Advice Line can be tremendously helpful for both providers and members. Please share the benefits of the Nurse Advice Line with each of your Health First Colorado patients!

Contact eQHealth Solutions at 888-801-9355 or visit ColoradoPAR.com for questions or additional information.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers

Supply, Pharmacy with Durable Medical Equipment (DME)

Note: May apply to other provider types that bill for DME, prosthetics, orthotics or disposable supplies.

Face-to-Face (F2F) Requirement

As of **July 1, 2017**, the DME section of the Code of Colorado Regulations (CCR), located at 10 CCR 2505-10, § 8.590, was updated to incorporate the Federal F2F requirements.

Compliance with the F2F requirements is a condition of payment for DME requiring a F2F.

The DME Billing Manual has been updated to include information on the F2F regulation and a notation has been made in the Comments column of the Code Table next to codes that require a F2F.

New Modifiers RA and RB

The effective date of the following modifiers was **July 1, 2017**. These modifiers are informational only and do not affect reimbursement but must be used when applicable. They are required on both prior authorization requests and claims.

Modifier	Description
RA	Replacement of a DME, orthotic or prosthetic item
RB	Replacement of part of a DME, orthotic or prosthetic item furnished as part of a repair

Billing with Modifiers KH and KI

As a reminder, as of **March 1, 2017,** the KH and KI modifiers cannot be used in place of the RR (Rental) modifier. They must be used in the secondary position, in addition to the RR modifier, on claims. KH and KI are informational only and do not affect pricing.

Modifier	Description
KH	DMEPOS item, initial claim, purchase or first month rental
KI	DMEPOS item, second or third month rental

The KH and KI modifier are not required on prior authorization requests but must be used on claims, when applicable, as noted in the DME Billing Manual.

Example

PAR			**Claims**			
E0720	RR	x2	First month rental			
			E0720	RR	KH	x1
			Second month rental			
			E0720	RR	KI	x1

Modifications to Legacy Prior Authorization Requests (PARs)

For all PARs with a **Legacy** number, the information found in the Colorado interChange system is static and only reflects the information the Legacy system sent over at the time of the transition on March 1, 2017. **Modifications** to Legacy PARs are only viewable in eQSuite and will not reflect in the Provider Portal.

Note: Legacy PAR numbers can be identified by their format. They begin with an 'F' and are followed by six (6) digits.

If you are unable to be reimbursed for a claim due to **approved** modifications on a Legacy PAR that are not reflected in Colorado interChange, please email the following information to HCPF_DME@state.co.us:

- ICN of the denied claim(s)
- The associated approved eQHealth Review ID(s)

After the Department has confirmed that the claim is within the scope of the PAR modification in eQSuite, the claim will be reprocessed. Depending on volume, reprocessing may take several weeks or more; the Department appreciates your patience.

Contact Carrie Smith at HCPF_DME@state.co.us for more information.

Hospital Providers

Hospital Transportation Policy Information

To provide Non-Emergent Medical Transportation (NEMT) and/or Emergency Medical Transportation (EMT) services, hospitals must complete enrollment to become a Health First Colorado transportation provider.

How Does One Enroll?
Please review all the training resources available online before starting the process. An incorrect or incomplete application requires additional review. To access the application, please visit the Online Provider Enrollment (OPE) tool.

What Provider Type?

EMT and Air Ambulance

Enrollment Type: Facility
Provider Type: 13- Transportation
Specialty Codes:
- 083- Air- Emergent & Non-Emergent
- 124- County Agency, Non Metro Area
- 324- Emergency

NEMT

Enrollment Type: Atypical
Provider Type: 73- Transportation
Specialty Codes:
- 525- Non-emergency medical *NEMT providers outside the Veyo area
- 326- Transportation Broker- Non-Emergency Medical *NEMT providers in the Veyo area

*Note: Providers must also contact Veyo to enroll in the Veyo network.

How Does a Provider Submit Claims?
Once the enrollment is approved, reference the Transportation Billing Manual, available on the Billing Manuals page under the CMS-1500 drop-down list.

Contact Information
Contact NEMT@state.co.us for questions about transportation policy.

Contact Ana Lucaci at Ana.Lucaci@state.co.us or Raine Henry at Raine.Henry@state.co.us for questions about hospital policy.

Contact the Providers Services Call Center at 1-844-235-2387 for questions about enrollment or claims.

Contact the Veyo network at gonodera@veyo.com or 1-855-264-6368 for questions about joining the network.

Inpatient & Outpatient Hospital Supplemental Medicaid Payment Percentage Adjustment Factors

Below are the Inpatient Base Rate & Outpatient Supplemental Medicaid Payment Adjustment Factors by hospital for Federal Fiscal Year (FFY) 2016-17. The Inpatient Base Rate Hospital Supplemental Medicaid Payment equals the Medicaid Base Rate without Add-ons, multiplied by a percentage adjustment factor, multiplied by Medicaid discharges and multiplied by average Medicaid case mix. The Outpatient Hospital Supplemental Medicaid Payment equals the estimated Outpatient billed costs multiplied by an Outpatient percentage adjustment factor. The percentage adjustment factors are listed in the table below.

Contact Jeff Wittreich at Jeff.Wittreich@state.co.us or 303-866-2456 with questions.

Hospital	FFY 2016-17 Inpatient Percentage Adjustment Factor (%)	FFY 2016-17 Outpatient Percentage Adjustment Factor (%)
Animas Surgical Hospital	120.81%	39.45%
Arkansas Valley Regional Medical Center	128.75%	52.38%
Aspen Valley Hospital	128.75%	52.38%
Banner Health Fort Collins	50.21%	26.62%
Boulder Community Hospital	50.21%	26.62%
Cedar Springs Behavior Health System	0.00%	0.00%
Centennial Peaks Hospital	0.00%	0.00%
Centura Health - Avista Adventist Hospital	121.02%	52.35%
Centura Health - Castle Rock Adventist Hospital	50.21%	26.62%
Centura Health - Littleton Adventist Hospital	121.02%	52.35%
Centura Health - Longmont United Hospital	50.21%	26.62%
Centura Health - Mercy Medical Center	120.81%	39.45%
Centura Health - Ortho Colorado	50.21%	26.62%
Centura Health - Parker Adventist Hospital	50.21%	26.62%
Centura Health - Penrose -St. Francis Health Services	50.21%	26.62%
Centura Health - Porter Adventist Hospital	50.21%	26.62%
Centura Health - Saint Anthony Central Hospital	50.21%	26.62%
Centura Health - Saint Anthony North Hospital	50.21%	26.62%
Centura Health - Saint Anthony Summit Hospital	120.81%	39.45%
Centura Health - St. Mary-Corwin Medical Center	119.37%	43.00%
Centura Health - St. Thomas More Hospital	120.81%	39.45%
Children's Hospital Colorado	5.72%	6.49%
Clear View Behavioral Health	0.00%	0.00%
Colorado Acute Long Term Hospital	5.00%	5.00%
Colorado Mental Health Institute-Ft Logan	0.00%	0.00%
Colorado Mental Health Institute-Pueblo	0.00%	0.00%
Colorado Plains Medical Center	120.81%	39.45%
Colorado West Psychiatric Hospital Inc	0.00%	0.00%
Community Hospital	119.37%	43.00%
Conejos County Hospital	120.81%	39.45%
Craig Hospital	5.00%	5.00%
Delta County Memorial Hospital	128.75%	52.38%
Denver Health Medical Center	32.00%	18.64%
East Morgan County Hospital	128.75%	52.38%
Eating Recovery Center	0.00%	0.00%
Estes Park Medical Center	27.82%	17.20%
Family Health West Hospital	119.37%	43.00%
Good Samaritan Medical Center	50.21%	26.62%
Grand River Medical Center	128.75%	52.38%

Hospital	FFY 2016-17 Inpatient Percentage Adjustment Factor (%)	FFY 2016-17 Outpatient Percentage Adjustment Factor (%)
Gunnison Valley Hospital	128.75%	52.38%
Haxtun Hospital	128.75%	52.38%
HealthOne Medical Center of Aurora	50.21%	26.62%
HealthOne North Suburban Medical Center	50.21%	26.62%
HealthOne Presbyterian/St. Luke's Medical Center	121.02%	52.35%
HealthOne Rose Medical Center	121.02%	52.35%
HealthOne Sky Ridge Medical Center	50.21%	26.62%
HealthOne Spalding Rehabilitation Hospital	5.00%	5.00%
HealthOne Swedish Medical Center	121.02%	52.35%
HealthSouth Rehabilitation Hospital - Colorado Springs	5.00%	5.00%
HealthSouth Rehabilitation Hospital - Denver	5.00%	5.00%
Heart of the Rockies Regional Medical Center	128.75%	52.38%
Highlands Behavioral Health System	0.00%	0.00%
Keefe Memorial Hospital	128.75%	52.38%
Kindred Hospital	5.00%	5.00%
Kindred Hospital Aurora	5.00%	5.00%
Kit Carson County Memorial Hospital	128.75%	52.38%
Kremmling Memorial Hospital	128.75%	52.38%
Lincoln Community Hospital and Nursing Home	128.75%	52.38%
Lutheran Medical Center	50.21%	26.62%
McKee Medical Center	50.21%	26.62%
Medical Center of the Rockies	50.21%	26.62%
Melissa Memorial Hospital	128.75%	52.38%
Memorial Hospital	25.00%	18.64%
Montrose Memorial Hospital	128.75%	52.38%
Mount San Rafael Hospital	120.81%	39.45%
National Jewish Health	5.72%	6.49%
North Colorado Medical Center	27.82%	17.20%
Northern Colorado Long Term Acute Care Hospital	5.00%	5.00%
Northern Colorado Rehabilitation Hospital	5.00%	5.00%
Pagosa Mountain Hospital	128.75%	52.38%
Parkview Medical Center	119.37%	43.00%
Peak View Behavioral Health	0.00%	0.00%
Pikes Peak Regional Hospital	120.81%	39.45%
Pioneers Hospital	128.75%	52.38%
Platte Valley Medical Center	50.21%	26.62%
Poudre Valley Hospital	27.82%	17.20%
Prowers Medical Center	128.75%	52.38%
Rangely District Hospital	128.75%	52.38%

Hospital	FFY 2016-17 Inpatient Percentage Adjustment Factor (%)	FFY 2016-17 Outpatient Percentage Adjustment Factor (%)
Rio Grande Hospital	120.81%	39.45%
Saint Joseph Hospital	121.02%	52.35%
San Luis Valley Regional Medical Center	120.81%	39.45%
SCL Health Community Hospital - Westminster	50.21%	26.62%
Sedgwick County Memorial Hospital	128.75%	52.38%
Select Long Term Care Hospital	5.00%	5.00%
Select Specialty Hospital - Denver	5.00%	5.00%
Southeast Colorado Hospital	128.75%	52.38%
Southwest Memorial Hospital	128.75%	52.38%
Spanish Peaks Regional Health Center	128.75%	52.38%
St. Mary's Hospital and Medical Center	121.02%	52.35%
St. Vincent General Hospital District	128.75%	52.38%
Sterling Regional Medical Center	120.81%	39.45%
The Memorial Hospital	128.75%	52.38%
UCHealth Broomfield Hospital	50.21%	26.62%
University of Colorado Hospital	32.63%	28.10%
Vail Valley Medical Center	120.81%	39.45%
Valley View Hospital	120.81%	39.45%
Vibra Long Term Acute Care Hospital	5.00%	5.00%
Weisbrod Memorial County Hospital	128.75%	52.38%
Wray Community District Hospital	128.75%	52.38%
Yampa Valley Medical Center	120.81%	39.45%
Yuma District Hospital	128.75%	52.38%

Newly Issued FY 2017-18 Outpatient Enhanced Ambulatory Patient Grouping (EAPG) Base Rates, New System Mass-Adjustment Coordination and Hospital Engagement Meetings

Newly Issued Outpatient EAPG Base Rates FY 2017-18
Outpatient EAPG Base Rates to be effective FY 2017-18 have been posted to the Outpatient Hospital Payment web page. These rates were calculated by applying a 1.4% increase to the transitional hospital-specific EAPG base rates effective on October 31, 2016.

Contact Andrew Abalos at Andrew.Abalos@state.co.us or 303-866-2130 with any questions regarding the new EAPG rates or the EAPG methodology in general.

Inpatient Claim Mass-Adjustment Coordination:

The Department has begun work on pulling together a group of hospitals who will help test mass adjustments before rolling out to all hospitals. We will be reaching out to Hospital CFOs/Reimbursement Professionals through our Hospital Engagement Newsletters to provide updates as we test the process and roll it out.

- We will continue to communicate updates until the mass-adjustments have been completed.
- Please contact Diana.Lambe@state.co.us with any concerns about the impending mass adjustments or for more information.
- Please sign up to receive the Hospital Engagement Meeting newsletters.

Hospital Engagement Meetings:

The Department has been holding multiple Hospital Engagement Meetings in 2017 to discuss current issues regarding payment reform and operational issues moving forward. The next meeting is scheduled for Friday, September 1, 2017.

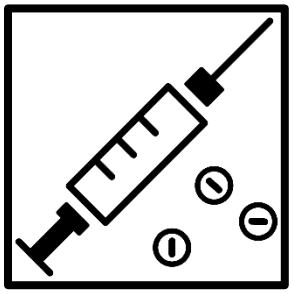
- Sign up to receive the Hospital Engagement Meeting newsletters.
- The agenda for upcoming meetings will be available on our external website in advance of each meeting at the Inpatient Hospital Payment web page.
- Registration links for each session during the day will also be available prior to the meeting. Just click on the links to register for each session and you will receive the link to connect to the webinar.
- For more information, please click: Inpatient Hospital Payment.
- The meetings are all held on a Friday:
    - September 1, 2017 and November 3, 2017

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us or 303-866-2083 with questions or requests for more information.

Pharmacy Providers

Opioid Policy Updates

Effective August 1, 2017, policy for opioid prescriptions in members naïve to opioids:



- Opioid prescriptions for the opioid naïve will be limited to a 7 day supply for the first fill. Each day will be limited to a maximum of 8 pills per day (max of 56 pills for each fill).
- Two refills will be allowed that are also limited to 7 day supply each. Each day will be limited to a maximum of 8 pills per day (max of 56 pills for each fill).
- Any further fills will require a prior authorization and could require a teleconsult with a pain management physician consult.

Effective October 1, 2017, the total daily limit of Morphine Milligram Equivalents (MME) will be decreasing to 250 MME/day from current maximum of 300 MME/day.

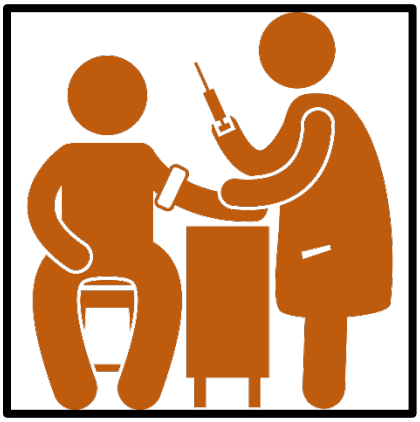
- Beginning October 1, 2017, the prescription that puts the member above 250 MME will reject and require a prior authorization and possibly a consult with our pain management physician.
- It is recommended that providers and their teams work to taper Health First Colorado members to at or below 250 MME prior to October 1, 2017.

Contact Magellan at 800-424-5725 for more information.

Physician-Administered Drugs

Physician-administered drugs or medications administered by a health care professional (not self-administered) may be covered as a pharmacy benefit if they are administered in the member's home or in a long term care (LTC) facility.

If a member is receiving a physician-administered drug in a LTC facility, the medication may be a covered pharmacy benefit. A prior authorization may be required to confirm the place of administration.



If a member does not reside in a LTC facility AND the drug will be administered at the member's home, then a "12" place of service code should be submitted on the pharmacy claim in order for the claim to pay.

Depending on the medication, a clinical prior authorization may also be required regardless of the place of administration.

If the physician administered-drug is not administered in the member's home or LTC facility, then the medication is not a pharmacy benefit and should be billed as a medical claim.

For more information, see Appendix P and the Preferred Drug List (PDL) under Pharmacy.

CORRECTION from May bulletin:

Additionally, in the May bulletin, the following products were incorrectly listed as covered with a prior authorization:

- Generic Flonase - Fluticasone nasal spray – (Purrigo Co and Rugby)
- Generic Nasacort - Triamcinolone nasal spray for members ages 2-4 years (Purrigo Co)
- Generic Claritin - Loratadine tablets and oral solution (multiple manufacturers)
- Generic Zyrtec - Cetirizine tablets and syrup (multiple manufacturers)
- Humulin R vial
- Humulin N vial
- Humulin 70/30 vial

These products do **not** require a prior authorization. They are listed on the PDL as preferred products. Please see the PDL, on the Provider Forms page on Colorado.gov/hcpf under Pharmacy, for further information.

Brand - Generic Changes

Effective July 1, 2017, the following brand/generic changes were implemented for Health First Colorado members:

- Sumatriptan nasal spray (generic Imitrex nasal spray) is preferred and brand Imitrex nasal spray is non-preferred. Brand Imitrex nasal spray will require a prior authorization.
- Sumatriptan injection (generic Imitrex injection) is preferred and brand Imitrex injection is non-preferred. Brand Imitrex injection will require a prior authorization.

Please see the PDL, on the Provider Forms page on Colorado.gov/hcpf under Pharmacy, for further information.

Drug Utilization Review (DUR) Board Meeting

Drug Utilization Review Board Meeting:
Tuesday, August 15, 2017
6:00-9:00 p.m.
Skaggs School of Pharmacy and Pharmaceutical Sciences Building
12850 East Montview Blvd, Aurora CO 80045
Seminar Room - Room 1000; First floor
Parking available in the Henderson/Visitor Parking Garage

Contact Robert Lodge at Robert.Lodge@state.co.us or 303-866-3105 for more information.

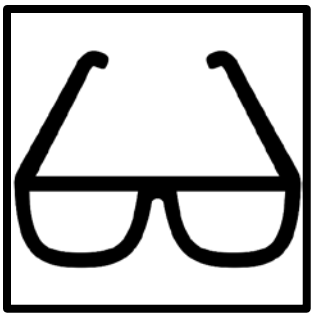
Physicians, Optometrists, and Opticians

Update on Vision Claims Denied Incorrectly for Prior Authorization Requirements

Claims for several vision codes were denying incorrectly for requiring prior authorization. These claims were denied for EOB code 0192: "Prior Authorization (PA) is required for this service. An approved PA was not found matching the provider, member, and service information on the claim." This problem primarily affected physician and optician provider types.

This incorrect PA requirement was removed from the codes listed below on July 3, 2017. Providers should now resubmit claims that were denied for EOB 0192 to meet timely filing requirements.

The following codes were updated in the claims system:



	Contact Lenses, per lens
V2520	Contact lens, hydrophilic, spherical
V2522	hydrophilic, bifocal
V2523	hydrophilic, extended wear
V2500	PMMA spherical
V2510	gas permeable, spherical
V2512	gas permeable, bifocal
V2521	hydrophilic, toric or prism ballast
V2530	scleral, gas impermeable
V2531	scleral, gas permeable
V2501	PMMA toric or prism ballast
V2503	PMMA color vision deficiency
V2511	gas permeable, toric, prism ballast
V2513	gas permeable, extended wear
V2599	contact lens, other type

	Vision Aids
V2600	hand held low vision aids and other nonspectacle mounted aids
V2610	single lens spectacle mounted low-vision aids
V2615	telescopic and other compound lens system

	Ocular Prosthetics
V2623	prosthetic eye, plastic, custom
V2624	polishing/resurfacing of prosthesis
V2625	enlargement of prosthesis
V2626	reduction of prosthesis
V2627	scleral cover shell over shrunken eyes
V2629	prosthetic eye, other type
	Miscellaneous Vision Supply, per lens
V2744	tint, photochromatic
V2745	tint, any color/solid/gradient
V2750	anti-reflective coating
V2755	UV lens
V2770	occluder lens
V2780	oversize lens
V2781	progressive lens
	Contact Lens Procedure
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia

Contact Elizabeth Freudenthal at Elizabeth.Freudenthal@state.co.us or 303-866-6814 with any questions about vision and eyewear policy.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Labor Day **Monday, September 4**	State Offices, DentaQuest, DXC, and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

DXC Contacts

DXC Office
Civic Center Plaza
1560 Broadway Street, Suite 600
Denver, CO 80202

Provider Services Call Center
1-844-235-2387

DXC Mailing Address
P.O. Box 30
Denver, CO 80201