

All Providers

- 1 Did You Know? Service Limits, Prior Authorizations and the EPSDT Benefit
- 1 National Correct Coding Initiative (NCCI) Notification of Quarterly Updates
- 1 Requesting a Backdated Enrollment Effective Date
- 2 Reminder to Verify Member Eligibility Prior to Rendering Services

DMEPOS Providers

- 3 Peristeen® Expanding to Adults

Federally Qualified Health Centers (FQHCs)

- 3 Policy Clarification Requiring Provider IDs for FQHCs

HCBS Providers with CCT Specialty

- 4 CCT Reauthorization

Hospital, Lab and Physician Services

- 4 Urinalysis Tests Information

Hospital Providers

- 5 General Updates

Pharmacies and All Medication-Prescribing Providers

- 5 Dispense as Written (DAW) Override Code Reminder
- 6 Brand Name Medications in Generic Mandate-Exempt Classes on the Preferred Drug List (PDL)
- 9 Drug Utilization Review Updates

Physician-Administered Drug Providers

- 9 Quarter 1 Rate Updates 2019

Physician Services

- 9 Policy Update Requiring a Prior Authorization Request (PAR) for Back Surgery and Other Select Surgical Codes

Speech Therapy Providers

- 10 Policy Update Requiring Prior Authorization (PA) for Speech Therapy

Transportation Providers

- 11 Non-Emergent Medical Transportation (NEMT) Process Change

Provider Billing Training Sessions

- 12 March and April 2019 Provider Billing Training Sessions

Did You Know?

There are no service limits for members up to age 20. The Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit process is available for children and youth that need services or supplies above a standard limit.

Providers can add additional units to a Prior Authorization Request (PAR) which is submitted to eQHealth. Exceptions may be granted based on documentation of medical necessity. Approved PARs will be sent to the Colorado interChange to allow providers to submit claims for payment.

For procedure codes that do not show as covered in the fee schedule, visit the [EPSDT link on the eQHealth website](#) for more information on how submit a PAR.

All Providers

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the [Centers for Medicare & Medicaid Services \(CMS\) website](#) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available in April 2019. For more information, visit the [CMS NCCI web page](#).

Requesting a Backdated Enrollment Effective Date

Providers can request an enrollment effective date up to 365 days prior to the current date on their enrollment application from the Request

Information Panel by entering the specified date in the Requesting Enrollment Effective Date field.

Refer to the example in the [Backdating a New Enrollment Application Provider Enrollment Portal Quick Guide](#), available on the [Quick Guides and Webinars web page](#).

This applies only to providers starting a new enrollment application or resuming an application that is still in process. For providers who are already enrolled and approved, a [Backdate Enrollment Form](#), available on the [Provider Forms web page](#), must be completed and mailed to DXC Technology (DXC).

The following documentation must be attached to the enrollment application (if applicable):

- License
- Certifications
- Malpractice/liability insurance
- Board certification
- Enrolled MD, DO, DPM or OD for clinics

If any of the above documents are dated **after** the requested enrollment effective date, the earliest backdate allowable is the date of that document. For example, if a provider requests a backdated enrollment effective date of March 1, 2018, but the license date is April 1, 2018, then April 1, 2018, is the earliest allowable enrollment effective date.

Reminder to Verify Member Eligibility Prior to Rendering Services

All providers are reminded to verify member eligibility prior to rendering service. Records of eligibility should be retained for billing purposes.

It is critical for providers to always check the eligibility response at each visit as eligibility may change.

Obtaining prior authorization is not a guarantee of eligibility.

For more information on how to verify member eligibility in the Provider Web Portal, refer to the [Verifying Member Eligibility and Co-Pay Provider Web Portal Quick Guide](#), available on the [Quick Guides and Webinars web page](#).

More information can also be found in the [General Provider Information Manual](#), available on the [Billing Manuals web page](#) under the General Provider Information drop-down section.

Providers may also call the [Provider Services Call Center](#) at 1-844-235-2387 to verify eligibility by pressing 1 after the greeting, then pressing 2 and selecting option 1.



Durable Medical Equipment, Prosthetic, Orthotic and Supply (DMEPOS) Providers

Peristeen® Expanding to Adults

This article provides follow-up guidance to the policy which was published in the [December 2018 Provider Bulletin \(B1800424\)](#).

Effective October 16, 2018, the Department of Health Care Policy & Financing (the Department) expanded coverage of the Peristeen® system to adults. The allowable quantity is two (2) per year. Additional quantities will be reviewed for medical necessity on a case-by-case basis by a physician.

Prescribers must submit a Prior Authorization Request (PAR) via the eQHealth Solutions PAR portal, eQSuite®. A diagnosis is required for approval, which is based on the member's clinical indications and not on a specific diagnosis. The PAR will then be reviewed to determine if the request is medically appropriate.

Authorization will be approved for one (1) year. The medical documentation required to establish medical necessity for an approval is clinical documentation from a medical provider, such as office visit notes supporting the member's needs.

Coding for the Peristeen® system will be assigned moving forward; however, in the interim, continue to bill using the E1399 code. Once the Colorado interChange is configured to process claims for the new coding, the Department will publish the codes and guidance in a future provider bulletin.

The Peristeen® system was previously only covered under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

For further information about how to submit a PAR, visit the [ColoradoPAR website](#).

Contact hcpf_dme@hcpf.state.co.us with any questions about the Peristeen® policy.

Federally Qualified Health Centers (FQHCs)

Policy Clarification Regarding Provider ID Requirements for FQHCs

The [September 2012 Provider Bulletin \(B1200326\)](#) contains the Health First Colorado (Colorado's Medicaid Program) policy which requires that all FQHC locations enroll in Health First Colorado separately in order to obtain a separate Health First Colorado Provider ID.



Hospital-based FQHCs are an exception to the policy and may use one Provider ID for all sites on the main campus of the hospital-based FQHC. Hospital-based FQHCs are encouraged to obtain separate Provider IDs for different locations on their main campus but are not required to do so. Mobile units of an FQHC are not required to be separately enrolled in Health First Colorado but are treated as part of the FQHC. Services provided in a temporary location do not require enrollment of the temporary location.

Contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 for more information.

Home and Community-Based Service (HCBS) Providers with Colorado Choice Transitions (CCT) Specialty

CCT Reauthorization

Per the announcement in the [January 2019 Provider Bulletin \(B1900425\)](#), the last day for new members to enroll in the CCT program was December 31, 2018. Members enrolled in the CCT program prior to that date can transition using CCT until December 31, 2019. Members who want to transition and are not enrolled in CCT can access transition services through the Health First Colorado program.

Congress recently approved the reauthorization of the national program called Money Follows the Person (MFP). The Department is working with the Centers for Medicare & Medicaid Services (CMS) on how Health First Colorado could benefit from this extension of the program and continue to provide current transition services and sustainable solutions.

Updates will be published to all providers and participants.

Contact Tim Cortez at Timothy.Cortez@state.co.us for more information on the CCT program.

Hospital, Lab and Physician Services

Urinalysis Tests Information

As a reminder, on October 1, 2017, the Department implemented unit limits on presumptive drug test Current Procedural Terminology (CPT) codes 80305, 80306 and 80307. The unit limit is four (4) per month per client for each code. This unit limit applies to all provider types.

Additionally, substance-specific confirmatory tests, CPT codes 80320 - 80377, must have a positive or inconclusive presumptive test for the specific substance(s) being tested within two (2) days prior to the test unless the test is performed in a hospital setting.

The positive or inconclusive results of the presumptive test must be scanned and attached to the claim. Confirmatory tests without the corresponding positive or inconclusive presumptive test are not eligible for reimbursement.

This policy was first published in the [September 2017 Provider Bulletin \(B1700403\)](#).

Contact Raine Henry at Raine.Henry@state.co.us and Rob Edwards at Robert.Edwards@state.co.us with questions concerning this policy.

Hospital Providers

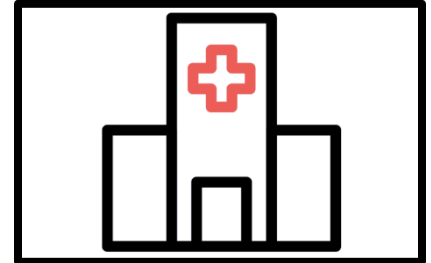
General Updates

Inpatient Hospital Per Diem Rate Group

Web Page

A new web page has been created to house the Inpatient Per Diem Rates. Providers are encouraged to visit the [Inpatient Hospital Per Diem Reimbursement Group web page](#).

There are no meetings currently scheduled. Past meeting materials are available on the [Hospital Stakeholder Engagement Meetings web page](#).



Outpatient Hospitals

Bi-Monthly Enhanced Ambulatory Patient Group (EAPG) Meetings

The bi-monthly EAPG Meetings have merged into the Hospital Stakeholder Engagement Meetings. Please review the [Hospital Stakeholder Engagement Meetings web page](#) for upcoming meeting dates. For 2018 EAPG Meeting materials, visit the [Outpatient Hospital Payment web page](#).

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

All Hospital Providers

Bi-Monthly Hospital Stakeholder Engagement Meetings



The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for Friday, May 3, 2019, 9:00 a.m. - 12:00 p.m. at 303 E 17th Ave, Denver, Conference Room 7B & 7C. To see dates for all 2019 Hospital Engagement meetings, refer to the calendar available on the [Hospital Stakeholder Engagement Meetings web page](#).

[Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

[Visit the Hospital Engagement Meetings web page for more details, meeting schedule and past meeting materials.](#)

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions and/or topics to be discussed at future meetings. Advance notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Pharmacies and All Medication-Prescribing Providers

Dispense as Written (DAW) Override Code Reminder

The following table outlines accepted DAW codes:

DAW Code	DAW Description	Action
DAW 0	No Product Selection Indicated	Allow
DAW 1	Substitution Not Allowed by Prescriber	Allow - Prescriber has indicated the brand name drug is medically necessary. Product may require Prior Authorization Request (PAR) based on brand name coverage. If PAR is authorized, claim will pay with DAW1. Allow - Claim submitted with the generic product will pay with DAW1.
DAW 2	Substitution Allowed - Patient Requested Product Dispensed	Deny
DAW3	Substitution Allowed - Pharmacist Selected Product Dispensed	Deny
DAW 4	Substitution Allowed - Generic Drug Not in Stock	Deny Call Magellan Rx Management Pharmacy Call Center at 800-424-5725 if emergent situation exists
DAW 5	Substitution Allowed - Brand Drug Dispensed as a Generic	Deny
DAW 6	Override	Deny
DAW 7	Substitution Not Allowed - Brand Drug Mandated by Law	Deny
DAW 8	Substitution Allowed - Generic Drug Not Available in Marketplace	Allow - If there is a marketplace shortage for the generic version of the prescribed drug and only the brand-name product is available, claim will pay with DAW 8. The drug list will update as often as necessary to accommodate for drug shortages. If drug is on list, claim will pay.
DAW 9	Plan Prefers Brand Name Product	Allow - Drug list criteria designates the brand product as preferred, (i.e. BNR=Brand Name Required), claim will pay with DAW9. Allow - In circumstances where Health First Colorado's drug list designates both brand and generic as non-preferred products (NPP) DAW 9 may be used when plan prefers the non-preferred brand product.

This information is also available in the [Pharmacy Billing Manual](#), available on the [Billing Manuals web page](#).

Brand Name Medications in Generic Mandate-Exempt Classes on the Preferred Drug List (PDL)

Health First Colorado, at C.R.S. 25.5-5-501, requires the generic of a brand name drug be prescribed if the generic is therapeutically equivalent to the brand name drug. Exceptions to this rule are:

1. If the brand name drug is more cost effective than the generic as determined by the Department

2. If the member has been stabilized on a brand name drug and the prescriber believes that transition to a generic would disrupt care
3. If the drug is being used for treatment of mental illness, cancer, epilepsy or human immunodeficient virus and acquired immune deficiency syndrome

Pursuant to this law, medications contained within the Anti-depressants, Anti-psychotics and Anti-convulsants class are drug classes on the PDL are not subject to the generic mandate. Therefore, the following reminder has been added to the PDL for these classes: Non-preferred brand name medications do not require a prior authorization when the equivalent generic is preferred and “dispense as written” is indicated on the prescription. Please note that this is not a new policy change, but a reminder about the application of the law.



Refer to the [PDL](#) or [Appendix P](#) for more information, available on the [Pharmacy Resources web page](#).

Non-Preferred Medications Where Brand is Favored Over Generic

The Department is managing certain brand name non-preferred drugs by preferring them over the generic equivalent non-preferred medications. This list may be updated on a quarterly basis.

Kapvay (clonidine ER tablet) has been removed from this list since it is no longer covered.

The following medications are brand favored over generic (NPP): Lotronex (alosetron) tablet, Emend (aprepitant) Tripak, Zylflo (zileuton) CR 600 mg tablet and Treximet (sumatriptan-naproxen) 85-500 mg tablet. If a generic is medically necessary for the member (over the equivalent brand name), additional clinical information will need to be provided during the normal prior authorization process. This list is subject to change. The current list is available under the under Non-Preferred Medications Where Brand is Favored Over Generic section in Appendix P.

April PDL Announcement

The following drug classes and preferred agents will become effective April 1, 2019:

Atypical Antipsychotics (oral)

Preferred products will be: Aripiprazole, Clozapine, Latuda (2nd Line), Olanzapine, Quetiapine, Risperidone, Ziprasidone

CGRP Inhibitors

Preferred products will be: Emgality

Growth Hormones

Preferred products will be: Genotropin, Norditropin

Insulins (Mixtures)

Preferred products will be: Humalog 50/50 vial, Humalog 75/25 vial, Humulin 70/30 vial, Novolog 70/30 vial/pen

Insulins (Long-acting)

Preferred products will be: first line- Lantus, Levemir

Insulins (Intermediate-acting)

Preferred products will be: Humulin N vial

Insulins (Rapid-acting)

Preferred products will be: Novolog vial/pen

Insulins (Short-acting)

Preferred products will be: Humulin R vial, Humulin R U-500 vial

Intranasal Rhinitis Agents

Preferred products will be: Azelastine, Budesonide, Fluticasone (generic Rx Flonase), Ipratropium, Triamcinolone (generic Nasacort)

Leukotriene Modifiers

Preferred products will be: Montelukast tab/chewable

Statins/Statin Combinations

Preferred products will be: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

Bile Salts

Preferred products will be: Ursodiol

Other Lipotropics

Preferred products will be: Colestipol tab, Cholestyramine, Colesevelam tab, Ezetimibe, Fenofibrate tab, Gemfibrozil, Niacin ER, Omega-3 (generic Lovaza)

Multiple Sclerosis Agents

Preferred products will be: Aubagio (2nd Line), Avonex, Betaseron, Copaxone 20mg, Gilenya (2nd Line), Tecfidera (2nd Line)

Neurocognitive Disorder Agents

Preferred products will be: Donepezil 5 mg tab, Donepezil 10mg tab, Donepezil ODT, Exelon patch, Memantine tab

Anti-Parkinson's Agents

Preferred products will be: Amantadine cap/syrup, Benztropine, Carbidopa/Levodopa IR, Carbidopa/Levodopa ER, Pramipexole IR, Ropinirole IR, Selegeline cap, Trihexyphenidyl tab/elixer

Ophthalmic Allergy Agents

Preferred products will be: Cromolyn, Ketotifen, Lastacaft, olopatadine 0.1% (generic Patanol), Pazeo

Ophthalmic Glaucoma Agents

Preferred products will be: Alphagan P, Azopt, Brimonidine, Combigan, Dorzolamide, Dorzolamide/Timolol, Latanoprost, Lumigan, Timolol, Travatan Z

Sedative Hypnotics

Preferred products will be: Eszopiclone, Zaleplon, Zolpidem IR, Temazepam 15 mg, Temazepam 30 mg, Triazolam



Topical Corticosteroids (Low Potency)

Preferred products will be: Hydrocortisone cream/oint/lotion, Derma-Smoothe oil, Desonide cream

Topical Corticosteroids (Medium Potency)

Preferred products will be: Fluticasone cream/oint, Mometasone cream/oint/solution

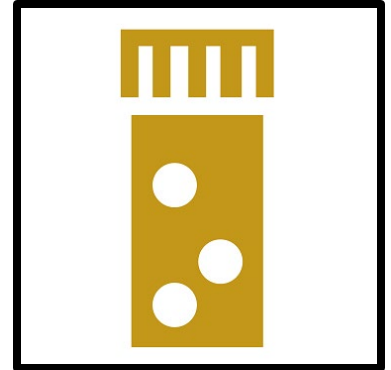
Topical Corticosteroids (High Potency)

Preferred products will be: Betamethasone Dipropionate cream/lotion, Betamethasone Valerate cream/oint, Betamethasone Dipropionate/Propylene Glycol cream/oint, Fluocinonide gel/solution, Triamcinolone cream/oint/lotion

Topical Corticosteroids (Very High Potency)

Preferred products will be: Clobetasol Propionate cream/gel/oint/solution

Contact Brittany Schock at Brittany.Schock@state.co.us for more information on the PDL.



Drug Utilization Review Updates

New Additions to Over-the-Counter (OTC) Product Coverage

Effective March 1, 2019, OTC ferrous sulfate, ferrous gluconate, docusate, and bisocodyl products are covered under the Health First Colorado pharmacy benefit. Additional information regarding coverage and prior authorization criteria for these products can be found under the OTC products section in [Appendix P](#), available on the [Pharmacy Resources web page](#).

Contact Jeffrey Taylor at Jeffrey.Taylor@state.co.us for more information.

Physician-Administered Drug Providers

Quarter 1 Rate Updates 2019

The Department has updated the Physician-Administered Drug rates for the first quarter of 2019. The new rates have a start date of January 1, 2019. Refer to the [Q1 2019 PAD Fee Schedule](#), available on the [Provider Rates & Fee Schedule web page](#) under the Physician Administered Drug Fee Schedule drop-down section.

Physician Services

Policy Update Requiring a Prior Authorization Request (PAR) for Back Surgery and Other Select Surgical Codes

Effective April 1, 2019, back surgery and other select surgical codes will require a PAR through the Department's PAR vendor, eQHealth Solutions. Codes requiring a PAR will be noted in Appendix M -

Procedures Requiring Prior Authorization, available on the [Billing Manuals web page](#) under the Appendices drop-down section. A PAR can be requested utilizing the online PAR portal, eQSuite®.



Visit the [ColoradoPAR website](#) for more information, including training opportunities for utilizing eQSuite®, the specific codes requiring a PAR, and other provider resources.

Contact the ColoradoPAR Program at co.pr@eqhs.org or 1-888-801-9355 with any questions regarding the prior authorization process.

Contact Chris Lane at Christopher.Lane@state.co.us with any questions regarding surgical policy.

Contact HCPF_UM@state.co.us with questions regarding the utilization management program and PARs.

Speech Therapy Providers

Policy Update Requiring Prior Authorization (PA) for Speech Therapy

The following are upcoming changes to the PA requirements for speech therapy:

- Effective March 1, 2019, outpatient speech therapy visit documentation requires the SOAP (subjective, objective, assessment, plan) format.
- Effective April 1, 2019, the outpatient speech therapy benefit will require PA.
 - CPT codes requiring PA effective April 1, 2019, are:
 - 92507
 - 92508
 - 92526
 - 92609
 - Claims submitted for dates of service on or after April 1, 2019, will be denied unless there is an approved Prior Authorization Request (PAR) on file for the services being billed. Evaluation services will not require a PAR.

The [Speech Therapy Billing Manual](#), available on the [Billing Manuals web page](#), has been updated to reflect the new authorization requirements.

For more information on the PAR process, visit the [Outpatient Speech Therapy web page](#) and refer to the new Speech Therapy PAR Frequently Asked Questions drop-down section. This section addresses common concerns about the prior authorization process.

The Department's PAR vendor, eQHealth Solutions, will be reviewing the PARs via the eQSuite® online PAR portal. For information about getting access to the PAR Portal and available training opportunities, visit the [ColoradoPAR website](#).

Contact hcpf_UM@state.co.us with additional questions about the PAR process not addressed on the ColoradoPAR website.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us with policy and program questions.

Further guidance is available on the [Outpatient Speech Therapy Benefit web page](#).



Transportation Providers

Non-Emergent Medical Transportation (NEMT) Process Change

Effective January 1, 2019, eligible transportation providers were able to provide urgent NEMT trips scheduled directly by medical facilities for eligible trips. This was a change to current processes in which facilities and transportation vendors worked with the State Designated Entity (SDE).

Urgent NEMT is a subservice of NEMT, and is transportation needed to receive necessary medical services when a member is unable to provide advanced notice. This includes:

- Transportation after discharge from a hospital (outside of the Veyo service area)
- Failure of an NEMT provider to pick up a member from an appointment within one hour of the scheduled pick up time
- Transportation to and from critical, unplanned medical appointments (for example, trips to urgent care or for a condition like strep throat)

Transportation will still only be provided to and from services that are covered under Health First Colorado and must meet the requirements for NEMT services. The need for urgent NEMT will be determined by the medical facility and communicated to the transportation provider.

Providers in the broker network of NEMT for Health First Colorado have the opportunity to become a provider for urgent transportation. If the provider coordinates transportation through the medical facility instead of Veyo, the facility will be responsible for providing payment for that trip.



Compliant providers in the Veyo network whom are interested in providing urgent transportation will **not** need to complete the credentialing process again to provide this additional service.

Providers **not** in the broker network who wish to provide Urgent NEMT services **must** be credentialed through the appropriate SDE as an NEMT provider; then follow up with the transportation broker, currently Veyo. Veyo will validate that all steps have been completed to join the network.

Contact utcolorado@veyo.com or (855) 351-0579 if interested in becoming an urgent NEMT provider. Contact NEMT@state.co.us with any other questions.

Provider Billing Training Sessions

March and April 2019 Provider Billing Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The UB-04 and CMS 1500 training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the [UB-04 Beginning Billing Workshop](#) and [CMS 1500 Beginning Billing Workshop](#), available on the [Provider Training web page](#) under the Billing Training and Workshops drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides and Webinars web page](#).

Note: Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

March 2019

Sunday 3	Monday 4	Tuesday 5	Wednesday 6	Thursday 7	Friday 8	Saturday 9
Sunday 10	Monday 11	Tuesday 12	Wednesday 13	Thursday 14 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	Friday 15	Saturday 16
Sunday 17	Monday 18	Tuesday 19	Wednesday 20	Thursday 21 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	Friday 22	Saturday 23

April 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9	10	11 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	12	13
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14	15	16	17	18 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	19	20

Live Webinar Registration

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. Do not register via these links if planning to attend a training session in person at the DXC office (see instructions below for RSVPing to attend in person).

For questions or issues regarding webinar registration, email co.training@dxc.com with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

In-Person Training Registration

Providers who would like to attend a training session **in person** should RSVP to co.training@dxc.com by noon the day prior to the training, with the subject line "In-Person RSVP." Please include attendee name(s), organization, contact information (email address and phone number), and the name and date of the training session(s) to be attended. Allow up to 2-3 business days to receive a confirmation for in-person training reservations. Do not send an RSVP via email unless planning on attending **in person**.

In-person training sessions will be held at the following address:

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

Parking and Transportation

Free parking is not provided, and parking is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between \$5 and \$20. Carpooling and

early arrival are recommended to secure parking. Whenever possible, public transportation is also recommended. Some forms of public transportation include the [Light Rail](#) and [Free MallRide](#).

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Memorial Day - Monday, May 27, 2019	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