COLORADO
Department of Health Care
Policy & Financing

Provider Bulletin

Reference: B1900435

Sept. 2019

Did You Know?

Prior Authorization Requests (PARs) must be fully approved at the time the claim is submitted or the claim will be denied. If a PAR is approved after the claim is received, the claim must be resubmitted by the provider.

All Providers

Annual ICD-10 Coding Updates Effective October 1, 2019

Providers are reminded that the annual ICD-10 Clinic Modification (CM) and Procedure Coding System (PCS) code updates are effective October 1, 2019. Code updates can be found on the Payment Error Rate Measurement (PERM) - Providers web page of the Centers for Medicare & Medicaid Services (CMS) website and in updated ICD-10 coding books.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor Centers for Medicare & Medicaid Services (CMS) 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 October 2019. For more information, visit the National Correct Coding Initiative Edits web page of the CMS website.

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

National Provider Identifier (NPI) Regulations

House Bill (HB) 18-1282, the Colorado National Provider Identifier (NPI) Law, requires newly enrolling and currently enrolled Organization Health Care providers (not individuals) to obtain and use a unique NPI for each service location and provider type enrolled in the Colorado interChange.

Providers are encouraged to visit the Colorado NPI Law web page for additional resources and information, including the Colorado NPI Law Webinar, Colorado NPI Law FAQs for Providers , and fact sheet.

Payment Error Rate Measurement (PERM) Audit

Effective summer 2019, the Centers for Medicare & Medicaid Services (CMS) began the Review Year 2020 PERM audit on Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus* (CHP+) claims. CMS will randomly select a set number of paid or denied claims from July 1, 2018, to June 30, 2019, for review.

CMS has contracted with AdvanceMed, an NCI Company (AdvanceMed), who will contact providers by phone and letter to request medical records that support claims providers submitted for payment. AdvanceMed will review the medical records to determine if the payment for the corresponding claim was justified. Providers have 75 calendar days to provide medical record documentation to AdvanceMed.

If the initially submitted medical record documentation is not sufficient, AdvanceMed will contact providers to request additional documentation. Providers have 14 calendar days to provide the additional documentation. If documentation is not provided or is insufficient, the provider's claim(s) will be considered in error, and the Department of Health Care Policy & Financing (the Department) will initiate recovery for the monies associated with the claim from the provider. The Department will also investigate the reasons why the provider did not submit proper documentation.

What is PERM?

PERM is a federally-mandated audit that occurs once every three years. This is a review of claim payments and eligibility determination decisions made for states' Medicaid and Children's Health Insurance Program to ensure payment accuracy and verify that states only pay for appropriate claims. The collection and review of protected health information contained in medical records for payment review purposes is authorized by U.S. Department of Health and Human Services regulations at 45 C.F.R. 164.512(d), as a disclosure authorized to carry out health oversight activities, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA); CMS PERM Review Contractor activities are performed under this regulation.

Visit the CMS Payment Error Rate Measurement (PERM) - Providers web page and the Department's Payment Error Rate Measurement web page for more information. Contact Matt Ivy at Matt.Ivy@state.co.us or 303-866-2706 for more information.

Provider Web Portal Update to Add "Remove" Link to Service Details Section

Effective July 31, 2019, the Provider Web Portal has been updated so providers can remove claim details when adjusting a previously paid claim. A "Remove" link has been added to the Submit Dental Claim, Submit Institutional Claim and Submit Professional Claim screens in the "Service Details" section under the "Action" column. Providers can use the link to remove the applicable claim detail lines before resubmitting the claim.

Refer to Step 3 in the Submitting an Institutional Claim and Submitting a Professional Claim Provider Web Portal Quick Guides located on the Quick Guides and Webinars web page for more information.

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

Claims Must Match Documentation

The Department would like to remind DMEPOS providers that delivery documentation such as delivery tickets and shipping invoices must match the date of service billed and entered on claims pursuant to state and federal audit requests.

Contact HCPF_DME@state.co.us for more information.

Federal Upper Payment Limit (UPL) Requirement

Effective January 1, 2018, the Department is required to comply with the Consolidated Appropriations Act of 2016 (Section 503). The Department cannot pay more than what Medicare would have paid in the aggregate for certain Durable Medical Equipment (DME) services. The original effective date was January 1, 2019, but the 21st Century Cures Act (Section 5002) changed the effective date to January 1, 2018.

About the UPL:

1. Compliance is measured by Health First Colorado's aggregate expenditure on a per-calendar year basis.

2. If the code was **not** paid by both Medicare **and** Health First Colorado during the prior calendar year, it is **not** included.

3. Only DME procedure codes beginning with A, E and K are included.

4. Oxygen and oxygen systems are included.

5. Medicare's competitive bid codes that are in line with points two and three are included.

6. Orthotics, prosthetics and disposable supply codes are **not** included.
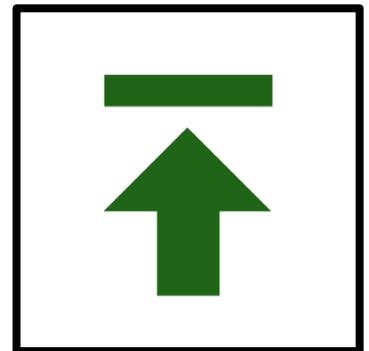
DME UPL Implementation

Rates for modifiers and units were updated in April 2018, retroactive to January 1, 2018.

All claims billed from January 1, 2018, through April 27, 2018, utilizing the old modifiers and units must be adjusted or voided to allow for reprocessing of the claims using the correct rates, modifiers and units as provided on the Durable Medical Equipment Fee Schedule on the Provider Rates & Fee Schedule web page under the Durable Medical Equipment, Upper Payment Limit drop-down section. (Figure 1).

Figure 1
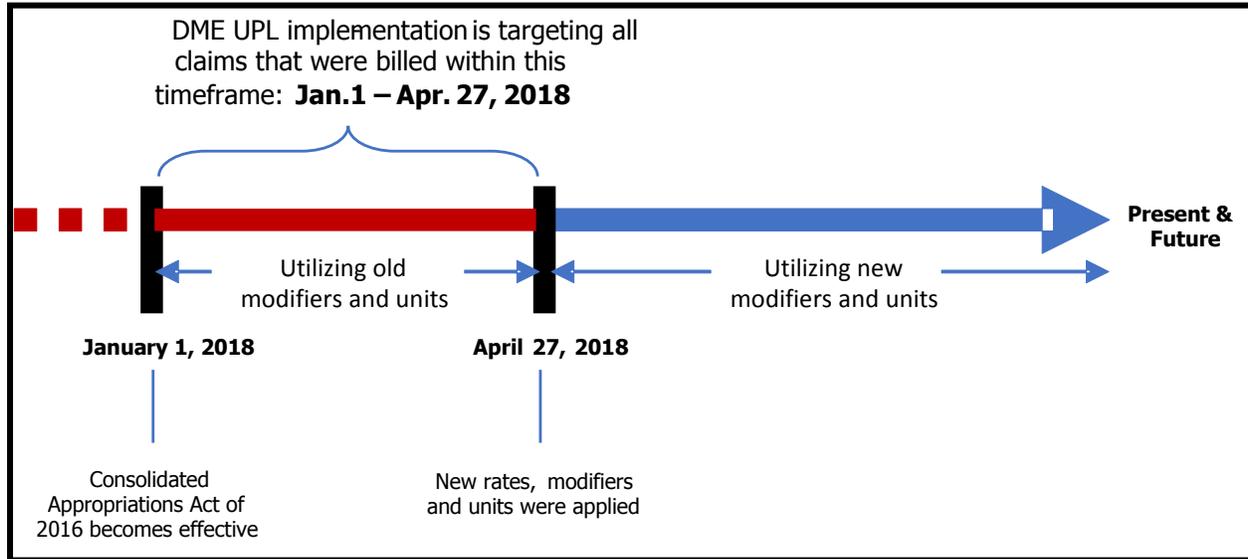
Impacted providers will be notified with a list of claims that need to be adjusted and instructions so claims outside timely filing can be paid.

2018 Geographic Reimbursement Rates Reprocessing

Claims with a date of service from January 1, 2018, to March 25, 2019, will be reprocessed.

Guide to the 2018 DME UPL Fee Schedule

The new Durable Medical Equipment Fee Schedule was posted on the Provider Rates & Fee Schedule web page under the Durable Medical Equipment, Upper Payment Limit drop-down section. It includes the rates that were effective from July 1, 2017, through December 31, 2017, the interim rates and the future regional rates.

How to Read the 2018 DML UPL Fee Schedule

Change Indicator (CI)

The numeric values in the first column denote the changes to each code. All code/modifier combinations had a change to their fee schedule rate, but many also had a policy and/or billing method change.

0. Change in rate only

1. Modifier change (KR to RR)

2. Used purchase (UE) rate added

3. Rental rate (RR) added

4. Modifiers TT, QE, QF and QG no longer alter the reimbursement. There is only one rate for each code.

5. Daily rental (KR) rate removed; KR is no longer billable.

6. Rate transitioned from daily to monthly

7. Rate transitioned from hourly to monthly

8. KF modifier now required

Modifiers

- **NU (New Purchase) -** With the implementation of the DME UPL fee schedule, the NU modifier will be required on the UPL codes for the claim to price at its new purchase rate.

- **UE (Used Purchase) -** All claims for used equipment must include the UE modifier. The DME UPL fee schedule details the maximum allowable for used equipment.

Rate Effective July 1, 2017

- The rates in **bold** were effective between July 1, 2017, and December 31, 2017.

- Rates that are grayed out were not on the fee schedule; they represent a converted rate for comparison to the new rates. For some code/modifier combinations, the converted rate represents an average of the applicable rates.

- **MP** – Manually Priced

Interim Rate Effective January 1, 2018

- These rates will be loaded with an effective date of January 1, 2018, and will be used to price claims until the Colorado interChange is able to pay claims based on the member's zip code.

**Non-Rural, Rural, Colorado Springs, Denver-Aurora-Lakewood**

- These are the final rates to be effective January 1, 2018, once the Colorado interChange can reimburse claims based on the member's zip code. Claims with dates of service from January 1, 2018, to December 31, 2018, will be reprocessed to at the correct regional rates.

Peristeen – Pricing, Data Analysis & Coding (PDAC)-Appropriate Coding

The Department has finalized coding for the Peristeen System for members that demonstrate medical necessity.

Effective September 1, 2019, providers must use the following codes for prior authorization requests (PARs) and/or claims submissions:

- A4459 – Manual Pump Enema System, Includes Balloon, Catheter and Accessories, reusable, any type, includes first month of supplies, 2 units per year.
- A9270 - Peristeen Supplies, includes catheters and 1 bag, monthly supply, 10 units per year.
- E1399 PARs submitted for the Peristeen System that use the miscellaneous code E1399 will be denied.
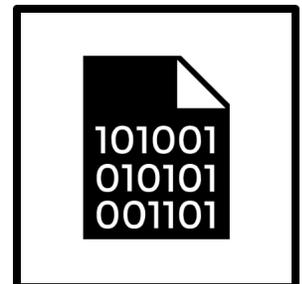
Prescribers must submit a prior authorization via eQHealth's PAR portal, eQSuite®. PARs will then be reviewed to determine if the request is medically appropriate.

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

Hospital Providers

General Updates

Inpatient Hospital Per Diem Rate Group

Web Page

Visit the Inpatient Hospital Per Diem Reimbursement Group web page for information on meetings, posted rates and announcements on Long Term Acute Care and Rehabilitation Per Diem Rates.

There are no meetings currently scheduled. Past meeting materials are available on the Hospital Stakeholder Engagement Meetings web page.

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, September 13, 2019, 12:30 p.m. - 4:00 p.m. at 303 E 17th Ave, Denver, Conference Rooms 7B & 7C. Calendar Year 2019 is currently posted.**

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.
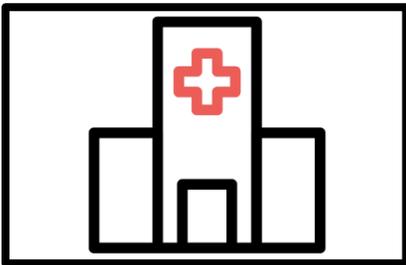
Visit the Hospital Engagement Meeting web page for more details, meeting schedule and past meeting materials.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us with any questions 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.

Hospital Transformation Program (HTP) - Program Updates

Update on HTP timeline

In June, the Department informed stakeholders of the transition to a State Plan Amendment (SPA) for the initial implementation of the developed HTP components. Since then, many stakeholders have reached out to Department staff with questions about the timing of outstanding program components. In order to answer these questions, a document (outlining the tasks and program design components remaining before the SPA and Section 1115 waiver can be submitted to CMS) has been created.

Update on HTP Stakeholder Engagement Forum

As reported in the July HTP Newsletter, the Department will host multiple HTP Stakeholder Engagement Forums to give all those involved in the program an opportunity to provide feedback to the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board and Department staff. All the responses

to the HTP Stakeholder Engagement Survey are appreciated. Updates about the forum can be found in future HTP Newsletters.

Community & Health Neighborhood Engagement Final Report

Final Reports for the Community & Health Neighborhood Engagement (CHNE) process are due September 20, 2019. Final Reports, submitted at the end of the pre-waiver CHNE process, must include information about the entirety of the process with a primary focus on efforts to prioritize community needs, select target populations, identify initiatives, and develop and solidify any partnerships.

When evaluating Final Reports, the Department aims to ensure a broad range of community partners were given meaningful opportunities to provide input into the hospital's planning for its HTP participation and their input was reflected in the planning. HTP initiatives under consideration should be tied to the results from a meaningful CHNE process.
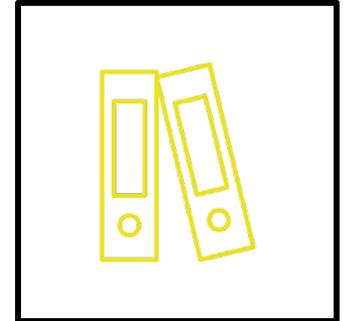
The Final Report template and Final Report review criteria document can be found on the Colorado Hospital Transformation Program web page. Final Reports must be submitted in Portable Document Format (PDF) by September 20, 2019, at 5:00 p.m. to COHTP@state.co.us; reports received after this deadline will not be considered. Following the submission date, the reports will be reviewed by an independent analyst. The reports will not be scored and the Department will work collaboratively with participants working on applications to address any questions or concerns that may arise from the Final Report.

HTP Newsletter

Providers may sign up to receive updates about the HTP via the HTP Newsletter. To complete the sign-up process, enter contact information and click the "Hospital Transformation Program" box.

To learn more about the HTP, visit the Colorado Hospital Transformation Program web page and read past editions of the HTP Newsletter on the HTP Newsletter Archive web page.

Contact Courtney A. Ronner, Hospital Relations and Communication Manager, at 303-866-2699 or Courtney.Ronner@state.co.us with any additional questions about the HTP.

Physician-Administered Drug (PAD) Providers

Quarter 3 Rate Updates 2019

The PAD rates for the third quarter of 2019 have been updated. The new rates have a start date of July 1, 2019, and are posted to the PAD Fee Schedule web page under the Physician Administered Drug Fee Schedule drop-down section.

Contact Emily Ng at Emily.Ng@state.co.us with any questions about PAD.

<u>Pharmacies and All Medication-Prescribing Providers</u>

Drug Utilization Review Updates

Brand Concerta Tablets Changing to Non-Preferred

Effective October 1, 2019, brand name Concerta tablets will no longer be a preferred product for the "Stimulants and Related Agents" drug class on the Health First Colorado Preferred Drug List (PDL), and the generic equivalent methylphenidate ER tablets will be preferred.

New Pharmacy Claims Systems Edits for Members Newly Started on Opioids and Benzodiazepines or Antipsychotics When Used Concomitantly

As part of Medicaid provisions included in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Medicaid programs are required to have drug utilization review safety edits for monitoring concurrent prescribing of opioids and benzodiazepines or antipsychotics. This Federal requirement aligns with safety concerns related to risks associated with taking these medications together, including the risk for increased sedation and breathing suppression with the combination of opioids and benzodiazepines that is associated with overdose fatality.

In response to this, the Department will be implementing a claims systems edit for the Health First Colorado pharmacy benefit requiring prior authorization to be completed for members newly started on either an opioid or benzodiazepine medication when the two medications are being used concomitantly. Additionally, a claims systems edit will be implemented requiring the pharmacy to enter a point-of-sale override for potentially unsafe drug interaction when an opioid medication is used with the antipsychotic medication quetiapine. These changes are scheduled to be implemented in the pharmacy claims system on September 15, 2019.

Updated List of Non-Preferred PDL Medications Where Coverage of Brand is Favored Over Generic

The following PDL non-preferred brand name medications and dosage forms are favored for coverage over the non-preferred generic equivalent version (refer to the Preferred Drug List (PDL) on the Pharmacy Resources web page for additional information and coverage criteria):

Emend Tripack (aprepitant) pack

Lotronex (alosetron) tablet

Protopic (tacrolimus) ointment

Ritalin LA (methylphenidate ER) capsule

Sabril (vigabatrin) tablet/solution

Treximet (sumatriptan/naproxen) 85/500 mg tablet

Vesicare (solifenacin) tablet

Welchol (colesevelam) packet for suspension

Zyflo CR (zileuton ER) tablet

(Kapvay (clonidine ER) tablet removed from list January 28, 2019)

Updated List of Non-PDL Medications Where Coverage of Brand is Favored Over Generic

The following list of brand medications and dosage forms are covered as favored products and claims for these brand medications will pay with submission of DAW code 0, 1 or 9. Generic equivalent products for the brand medications/dosage forms listed below will require prior authorization and may be approved based on prescriber verification that there is clinical necessity of use of the generic product.

Albenza (albendazole) tablet

Cellcept (mycophenolate mofetil) solution

Ery-Ped 400 (erythromycin ethylsuccinate) 400mg/5ml suspension

Hepsera (adefovir) tablet

Kitabis Pak (tobramycin) inhalation solution

Norvir (ritonavir) tablet

Rapamune (sirolimus) solution

Sensipar (cinacalcet) tablet

Sustiva (efavirenz) capsule/tablet

Vagifem (estradiol) insert

Xeloda (capcitabine) tablet

Zavesca (miglustat) capsule

(Gleevec (imatinib) tablet removed from list August 1, 2019)

PDL Preferred Products Changes for October 2019

The following will be the preferred products for the PDL drug classes listed below effective October 1, 2019:

Anticoagulants					
Enoxaparin syringe	Lovenox vial (BNR	Pradaxa	Warfarin	Xarelto 10mg, 15 mg, 20mg tablet	Xarelto Dosepack
Anticonvulsants					
Carbamazepine (all generic formulations with exception of suspension; brand Tegretol suspension preferred)		Clobazam tablet	Clonazepam	Divalproex	Dilantin 30mg capsule
Ethosuxamide	Felbatol	Lamotrigine tablet (bulk packaging)/chewable		Oxcarbazepine	Levetiracetam
Levetiracetam ER	Phenobarbital	Phenytek	Phenytoin	Primidone	Tegretol suspension
Topiramate tablet/sprinkle		Valproic Acid	Zonisamide		
Bone Resorption Suppression and Related Agents					
Alendronate 5mg, 10mg, 35mg, 70mg tablet			Ibandronate tablet		
Colony Stimulating Factors					
Neupogen vial/syringe					
Biguanides					
Metformin 500mg, 850mg, 1000mg tablet			Metformin ER 500mg tablet (generic Glucophage XR)		

Meglitinides					
No changes					
DPP4 Inhibitors					
Janumet	Janumet XR	Januvia	Tradjenta		
GLPI Agonists					
Bydureon pen/kit		Byetta	Victoza		
SGLT2 Inhibitors					
Farxiga		Invokana		Jardiance	
Thiazolidinediones					
Pioglitazone					
Amylin Analogs					
No changes					
Erythropoiesis Stimulating Agents					
Retacrit					
GI Motility Agents					
Amitiza		Linzess		Movantik	
Hereditary Angioedema					
Berinert		Firazyr		Haegarda	
Ophthalmic Immunomodulators					
Restasis single-use vial					
Overactive Bladder Agents					
Gelnique	Oxybutynin syrup	Oxybutynin IR tablet	Oxybutynin ER tablet		Toviaz
Stimulants and Related Agents					
Armodafinil	Atomoxetine	Amphetamine Salts IR		Amphetamine Salts ER	
Dexmethylphenidate IR		Focalin XR (BNR)	Guanfacine ER	Methylphenidate ER (generic Concerta)	
Methylphenidate IR (generic Ritalin IR)			Modafinil	Vyvanse capsule/chewable	
Prenatal Vitamins					
CitraNatal 90 DHA	CitraNatal Assure	CitraNatal B-Calm	CitraNatal DHA	CitraNatal Harmony	CitraNatal RX
Complete Natal DHA	Concept DHA	Concept OB	M-Natal Plus	Nestabs	PNV OB+DHA
PNV-Ferrous Fumarate-Docu-FA		Prenaissance Plus	Prenatal Plus	Prenatal Vitamin Plus Low Iron	
PrePLUS	Trinatal Rx 1	Trust Natal DHA	Virt Advance	Virt-Vite GT	Vol-Plus
Oral Contraceptives					
Monophasic 28					
Altavera 28 0.15-30	Alyacen 28 1-35	Apri 28 0.15-30	Aubra EQ-28 0.1-20	Aviane 28 0.1-20	Balziva 28 0.4-35
Chateal 28 0.15-30	Cryselle 28 0.3-30	Cyclafem 28 1-35	Dasetta 28 1-35	Drosperinone-Eth Estradiol 28 3-30	
Elinest 28 0.3-30	Enskyce 28 0.15-30	Estarylla 28 0.25-35	Ethynodiol-Eth Estra 28 1-35	Ethynodiol-Eth Estra 28 1-50	Falmina 28 0.1-20
Femynor 28 0.25-35	Isibloom 28 0.15-30	Juleber 28 0.15-30	Kelnor 28 1-35	Kurvelo 28 0.15-30	Larissia 28 0.1-20
Lessina 28 0.1-20	Levonor-Eth Estrad 28 0.1-20		Levonor-Eth Estrad 28 0.15-30		Levora 28 0.15-30
Lillow 28 0.15-30	Low-Ogestrel 28 0.3-30	Lutera 28 0.1-20	Marlissa 28 0.15-30	Mili 28 0.25-35	Mono-Linyah 28 0.25-35

Mononessa 28 0.25-35	Norg-Ethin Estra 28 0.25-35	Nortrel 28 0.5-35	Nortrel 28 1-35	Ocella 28 3-30
Philith 28 0.4-35	Pirmella 28 1-35	Portia 28 0.15-30	Previfem 28 0.25-35	Reclipsen 28 0.15-30	Sprintec 28 0.25-35
Sronyx 28 0.1-20	Syeda 28 3-30	Vienva 28 0.1-20	Vyfemla 28 0.4-35		

Monophasic 21

Larin 21 1-20	Larin 21 1.5-30	Norethind-Eth Estrad 21 1-20	Nortrel 21 1-35

Biphasic

Azurette 28	Bekyree 28	Desogest-Eth Estra 28	Kariva 28	Lo Loestrin FE 28 1-10
Mircette 28	Viorele 28			

Triphasic

Alyacen 7-7-7 28	Cyclafem 7-7-7 28	Dasetta 7-7-7 28	Enpresse 28	Levonest 28	Levonor-Eth Estrad Triphasic 28
Pirmella 7-7-7 28	Tri-Estarylla 28	Tri-Femynor 28	Tri-Linyah 28	Tri-Lo Estarylla 28	Tri-Lo Marzia 28
Tri-Lo Sprintec 28	Trinessa 28	Tri-Sprintec 28	Tri-Vylibra Lo 28		

Extended Cycle

Amethia 91 0.03 – 0.15 – 0.01	Ashlyna 91 0.15-10-30	Introvale 91 0.15-30	Jolessa 91 0.15-30
Levonorgest-Eth Estrad 0.09-20	Levonorgest-Eth Estrad 91 0.1-10-20	Levonorgest-Eth Estrad 91 0.15-0.03	
Levonorgest-Eth Estrad 91 0.15-0.03-0.01	Levonorgest-Eth Estrad 91 0.15-20-25-30	Quasense 91 0.15-30	Setlakin 91 0.15-30

Continuous Cycle

Aurovela FE 1-20	Blisovi FE 1-20	Blisovi FE 1.5-30	Jasmiel 3-20	Junel FE 1-20	Junel FE 24 1-20
Junel FE 1.5-30	Larin FE 1-20	Larin FE 24 1-20	Larin FE 1.5-30	Loryna 3-20	Minastrin FE 24 1-20
Nikki 3-20	Noreth-Eth Estrad-FE 24 1-20		Noreth-Eth Estrad-FE 1-20		Tarina FE 24 1-20
Tarina FE 1-20	Tarina FE 1-20 EQ				

Norethindrone Only

Camila 28 0.35	Deblitane 28 0.35	Errin 28 0.35	Heather 28 0.35	Jencycla 28 0.35	Jolivette 28 0.35
Norethindrone 28 0.35		Norlyda 28 0.35	Sharobel 28 0.35		

Provider Billing Training Sessions

September and October 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 workshop calendars for the current and the following month 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.

Specialty training sessions provide more training for that particular provider specialty group. Providers are advised to attend a UB-04 or CMS 1500 training session prior to attending a specialty training. For a preview of the training materials used for specialty sessions, visit the Provider Training web page and open 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.

September 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5 CMS 1500 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	6	7
8	9	10	11	12	13	14
15	16	17	18	19 UB-04 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	20	21

October 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 CMS 1500 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	18	19
20	21	22	23	24 UB-04 Provider Workshop 9:00 a.m. – 11:30 a.m. MT	25	26

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 St, 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
Labor Day Monday, September 2, 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.
Columbus Day Monday, October 14, 2019	State Offices 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. DentaQuest and DXC will be open.

DXC Contacts

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

Provider Services Call Center
1-844-235-2387

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