COLORADO
Department of Health Care Policy & Financing

Provider Bulletin

Reference: B1900434

Aug 2019

Did You Know?

Medicare replacement plans must be reported as "Medicare" on claims, and not as "third-party liability (TPL)." For more information on how to bill claims when the member has a primary insurance plan, review the Submitting a Claim with Other Insurance or Medicare Crossover Information Provider Web Portal Quick Guide and the Third-Party Liability & Medicare resource document available on the Quick Guides and Webinars web page.

Health First Colorado (Colorado's Medicaid Program) should always be the payer of last resort.

All Providers

Education-Only Telemedicine Services

The Telemedicine Billing Manual, located under the CMS 1500 drop-down section on the Billing Manuals web page, has recently been updated. Education-only services can now be rendered via telemedicine. This includes covered benefits such as Diabetes Self-Management Education and Support (DSMES) and tobacco cessation counseling.

Any physician services covered by Health First Colorado that are within the scope of a provider's license and training and are appropriate for telemedicine services may be provided via telemedicine. This does not include consultations provided by telephone, email, facsimile machines or provider-only education.

Contact Jess Pekala at Jessica.Pekala@state.co.us with any policy questions related to telemedicine.

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

Reminder to Update Contact Information for Member Search

Recent changes to member search tools have improved the accuracy of information provided to members, which makes it more important for providers to keep their contact information updated via the Provider Web Portal. Updates made via the Web Portal will usually be reflected in the live provider search tools within approximately two weeks.

Health First Colorado and Child Health Plan *Plus* (CHP+) members have multiple ways to find a provider via the Find a Doctor tools found on the Department of Health Care Policy & Financing (the Department's) website, the Health First Colorado website, and the PEAKHealth mobile app. The data in these heavily-used search tools includes provider contact information, demographics, services offered and open panel status.

For more details on updating information, refer to the Provider Maintenance Provider Web Portal Quick Guide, located on the Quick Guides and Webinars web page.

Home & Community-Based Services (HCBS) Providers

Billing Guidelines for Bus Passes

In accordance with the National Correct Coding Initiative (NCCI), claims for services rendered to a member on the same date of service, by the same provider, will be denied. This includes claims billed for T2003 (non-medical transportation) and T2004 (bus pass). When these two codes are billed for one member by the same provider with the same date of service, claims will be denied for Explanation of Benefits (EOB) 2021 — "A National Correct Coding Initiative (NCCI) procedure to procedure edits that compare procedure code pairs to identify coding logic conflicts."

Providers are advised to bill the entire cost of the bus pass first on the claim, and bill non-medical transportation (NMT) services on the dates those services are provided. For example, if a member is authorized for a bus pass in July 2019, the provider should bill the entire cost of the bus pass on July 1, 2019. If the same member is authorized for 10 NMT trips in July 2019, the provider should bill each of the 10 NMT trips on the dates those trips are taken.

Contact Tammie Taylor at Tammie.Taylor@state.co.us with any questions.

In-Home Support Services (IHSS) Provider Updates

Rule Changes for IHSS

Effective August 1, 2019, the Medical Services Board has approved changes to the rules regarding In-Home Support Services (IHSS) section 8.552.

Mandatory Provider Training

Provider agency administrators and back-up administrators will be required to complete training annually with Consumer Direct of Colorado. Training will be held twice monthly via hosted webinar. Training is free

and no Continuing Education Units will be provided. For new or prospective IHSS agencies, training must be completed prior to enrollment as an IHSS agency.

Advanced registration is required. For more information and to register for IHSS Provider Training, visit the Schedule web page of the Consumer Direct Care Network of Colorado website.

Changes to Task Definitions

The updated IHSS rules now include task definitions. Providers assessing new IHSS participants or conducting reassessments following a change of condition must work collaboratively with the case manager to ensure the services align with rule. Case managers will not revise prior-authorized services unless there is a documented change of condition.

Contact Erin Thatcher at Erin.Thatcher@state.co.us or 303-866-5788 for more information.

New Services for the Home & Community-Based Services – Children's Habilitation Residential Program (HCBS-CHRP) Waiver

House Bill 18-1328 authorized the expansion of services available under the HCBS-CHRP waiver program. The CHRP waiver provides services for children and youth who have a developmental disability and very high needs that put them at risk of, or in need of, out-of-home placement.

Effective July 1, 2019, children in foster care as well as children residing in the family home are able to access the following additional services:

- Wraparound Facilitator: Intensive and Transition Supports
- In-Home Services: Intensive and Transition Supports

In addition to expanded services and eligibility criteria, case management for the HCBS-CHRP waiver moved from county Departments of Human Services to the Community Centered Boards.

The HCBS Children's Habilitation Residential Program (CHRP) Waiver Program Billing Manual, available under the HCBS drop-down on the Billing Manual web page, has been updated with this information.

The Department will provide additional guidance on provider enrollment for these services in subsequent bulletins and via the 2019 Memo Series Communications web page.

Contact Justine Miracle at Justine.Miracle@state.co.us for more information about the HCBS-CHRP waiver.

Personal Care & Homemaker Provider Meetings

SB 19-238 Rule Review Meetings

Passed in 2019, Senate Bill (SB) 19-238 requires the Department to request an 8.1% increase to the reimbursement rate for personal care and homemaker services. The bill establishes parameters through which home care agencies must pass on rate increases to personal care workers and report compliance to

the Department. The Department has scheduled two stakeholder meetings to review the proposed rules required to implement SB 19-238.

Thursday August 8, 2019 – 10:00 a.m. to 12:00 p.m.

Conference Rooms 11A, 11B & 11C, 303 E 17th Ave, Denver CO 80203

Conference line: 1-877-820-7831, Participant Code 982280

Webinar enrollment: https://cohcpf.adobeconnect.com/ekmcfd7kz87e/event/event_info.html

Thursday August 15, 2019 – 2:30 p.m. to 4:30 p.m.

Conference Rooms 7A, 7B & 7C, 303 E 17th Ave, Denver CO 80203

Conference line: 1-877-820-7831, Participant Code 982280

Webinar enrollment: https://cohcpf.adobeconnect.com/erdc4x1iquj4/event/event_info.html

For more information about SB 19-238, visit the Office of Community Living Stakeholder Engagement web page.

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

Hospital Providers

General Updates

Inpatient Hospitals

Fiscal Year (FY) 2019-20 Inpatient Hospital Base Rate 30-Day Review Period Ended July 16, 2019

In order to implement the rate adjustments, the Department must receive approval from the Centers for Medicare & Medicaid Services (CMS); this is projected for the third quarter of 2019. After receiving CMS approval, the Department will work to implement the posted rates on the Inpatient Hospital Payment web page as soon as possible. The Department will notify hospitals when the mass adjustments will take place.

Contact Diana Lambe at Diana.Lambe@state.co.us with any questions.

Inpatient Hospital Per Diem Rate Group

Web Page

FY 2019-20 Inpatient Hospital Per Diem Rate 30-Day Review Period Ended July 24, 2019

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.

Outpatient Hospitals

Durable Medical Equipment (DME) Reimbursement Billing Clarification

Beginning October 31, 2016, the Department began reimbursing outpatient hospital services using the Enhanced Ambulatory Patient Grouping (EAPG) system. As DME is not reimbursable through Colorado's EAPG grouper, the Department requests that hospital entities seeking reimbursement for DME create a separate enrollment as a DME provider. DME EAPGs 1001, 1002 and 1003 are included in EAPG payment and cannot be billed from a DME provider. Items that are assigned to DME EAPGs 1004 through 1020 and EAPGs 452 through 456 can be billed separately and reimbursed through the DME payment methodology.

July 1, 2019, EAPG Hospital-Specific Rates

SB 19-207 (FY 2019-2020 Long Bill) authorized a 1% increase to all hospital-specific EAPG rates.

As of July 4, 2019, all EAPG rate updates have been completed in the Colorado interChange. As this was completed in proximity to July 1, 2019, no mass adjustments will be necessary and all outpatient hospital claims with dates of service after July 1, 2019, will pay using the appropriate rate.

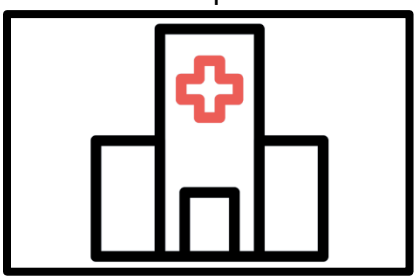
3M EAPG Module Update

As of July 4, 2019, the EAPG module has been updated for use within Colorado interChange to version 2019.2.0. This update will accommodate any of the quarterly CPT/HCPCs code set updates for July 1, 2019. EAPG version 3.10 remains in use.

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions about the above topics.

Community Clinics/Community Clinics and Emergency Centers (CC/CCEC)

SB 19-207 (FY 2019-2020 Long Bill) authorized a 1% increase to all hospital-specific EAPG rates. Rate increases for the CC/CCEC were completed by matching the increased rate to the Parent Hospital associated with CC/CCEC upon enrollment of new Provider Type 86.



As of July 4, 2019, all CC/CCEC rate updates have been completed in the Colorado interChange. As this was completed in proximity to July 1, 2019, no mass adjustments will be necessary and all CC/CCEC claims with dates of service after July 1, 2019, will pay using the appropriate rate.

Contact Elizabeth Quaife at Elizabeth.Quaife@state.co.us for questions regarding the CC/CCEC increase rate assignment.

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)

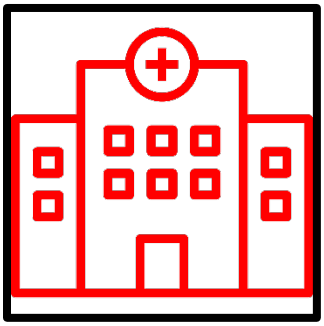
HTP Stakeholder Engagement Forum

Cornerstones of the HTP have always been transparency and community engagement. Both the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board and the Department support a robust public review process for programs.

The Department will host an HTP Stakeholder Engagement Forum to give all those involved in the program an opportunity to provide feedback to the CHASE Board and Department staff. Details about the forum will be forthcoming. **Providers who are interested in participating should complete the Hospital Transformation Program Stakeholder Engagement Forum form.**

State Plan Amendment (SPA) vs. 1115 Waiver

After multiple conversations with the Centers for Medicare & Medicaid Services (CMS) over the past several months, the Department expects to move to a SPA for the initial implementation of the developed HTP components. CMS guidance to the state is to utilize existing federal authority where possible. Most of the program's current recommended framework may be accomplished under the State Plan authority. The Department will seek to utilize waiver authority for more targeted areas of the program that cannot be accomplished under State Plan authority. **While the HTP federal authority vehicle is expected to change, no revisions to the program framework or mechanisms are being proposed.** Additional information about this potential change can be found on the Colorado Hospital Transformation Program web page.



HTP Timeline

The Department is committed to giving program participants and hospitals as much information as possible regarding the rollout and timing of the HTP implementation. A document outlining the timeline of HTP development is being formalized. The timeline was shared with program participants and stakeholders in July in the HTP Newsletter.

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.

Hospitals, Physician Services, Clinics, Radiology Providers

Billing Modifiers for Bilateral Radiology Procedures

Bilateral radiology procedures should be reported using modifiers RT and LT. When using both modifiers for an appropriate radiology code on the same claim, each code should be billed on a separate line of the claim: one (1) with modifier RT indicating the right side, and one (1) with modifier LT indicating the left side. If bilateral radiology procedures are reported using modifier 50, claims may be denied.

Contact Alex Weichselbaum at Alex.Weichselbaum@state.co.us for more information.

Pharmacies and All Medication-Prescribing Providers

Drug Utilization Review Updates

Prior Authorization for Members Newly Started on Opioids and Benzodiazepines or Antipsychotics When Used Concomitantly

Medicaid programs are required to have drug utilization review safety edits for monitoring concurrent prescribing of opioids and benzodiazepines or antipsychotics as part of the Medicaid provisions included in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. 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.

Medications Administered in a Member's Home or in a Long Term Care Facility (LTCF) by a Health Care Professional

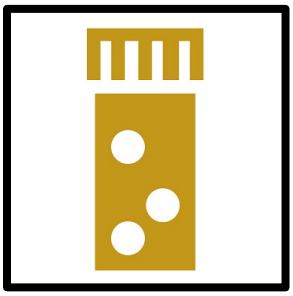
The Department currently allows for drugs administered by a health care professional to be payable by the pharmacy benefit when administered in the member's home or when administered to the member in a LTCF. Drugs administered by a health care professional in a provider's office or clinic are payable under the medical benefit.

Beginning August 1, 2019, additional information will be required for pharmacy Prior Authorization Requests (PARs) (processed by Magellan) for these drugs, to validate the authorization placement under the pharmacy benefit.

A new Pharmacy Prior Authorization form is now available on the Pharmacy Resources web page under the Other Forms section to allow for the following information to be submitted:

- FOR MEDICATIONS ADMINISTERED IN MEMBER'S HOME BY HOME HEALTH AGENCY: Name of Agency and Phone number will be required. If a Home Health Authorization is required, the Home Health Authorization number and approval dates will be required.
- FOR MEMBERS RECEIVING MEDICATION IN A LTCF: Name of Facility and Phone number will be required.

For drugs that are not administered by a health care professional in the home or LTCF, there is no additional information needed and this section of the form does not need to be filled in.



As a reminder to pharmacies, a '12' may be entered in the Place of Service field (307-C7), but only on claims for medication administered by a health care professional in the member's home. This field is usually found under the patient's profile in the pharmacy's point-of-sale system.

Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for pharmacy claim processing or prior authorization (PA) questions.

Contact Brittany Schock at Brittany.Schock@state.co.us with any other questions.

Use of Emergency Supply to Allow for PA

PARs are processed within 24 hours of receipt. If additional information is needed from the provider in order to render a decision concerning the PAR, this will cause an exception to the standard 24 hour turnaround time. If a member needs a prior authorization, a 3-day emergency supply is allowed in most cases. Contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 to request a 3-day override for emergency situations while a PAR is being processed.

The Magellan Rx Management Pharmacy Call Center is available 24 hours a day, 7 days a week.

PA and emergency 3-day supplies can be called in or faxed to the Magellan Rx Management Pharmacy Call Center at:

Phone: 1-800-424-5725

Fax: 1-888-424-5881

Refer to the Appendix P - Prior Authorization Procedures and Criteria section on the Pharmacy Resources web page for more information.

Prescriber Update for Hepatitis C Medications

Effective August 1, 2019, primary care prescribers who have completed the Hepatitis C Virus (HCV) Extension for Community Healthcare Outcomes (ECHO) series (four 1-hour trainings) may request a PA for Hepatitis C medications for members who are treatment naïve and do not have cirrhosis.

Please note, treatment naïve does not exclude members who continue treatment with a new PA and a new provider (e.g., individuals transitioning out of Department of Corrections). Treatment naïve is a patient who has not received treatment with a second generation Direct Acting Antiviral (DAA).

Refer to page 12 of the Preferred Drug List (PDL) for the Hepatitis C PA criteria and for more information regarding this update. Additionally, the Hepatitis C Treatment Prior Authorization form, located under the Hepatitis C Prior Authorization section on the Pharmacy Resources web page, has been updated with this addition to the current prescriber policy.

Pharmacy Providers

Dispense-As-Written (DAW) Reminders

Use DAW 8 for Multisource Brand Product When Marketplace Shortage of Generic Exists

When there is a marketplace shortage for a generic drug, DAW 8 is allowed to be entered by the pharmacy on the claim at the point of sale. Based on recent National Council for Prescription Drug Programs guidance, this will allow the pharmacy to better indicate why they are billing for a brand product (when it is subject to the generic mandate) and generic substitution is permitted by the prescriber. The claim will bypass the DAW edit denial of 8K – DAW Code Value Not Supported. The claim is still subject to other system edits.

Use DAW 9 for Brand Product When Plan Prefers Brand Over Equivalent Generic

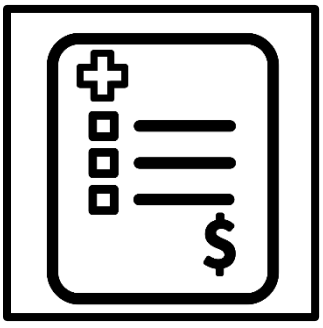
The Department manages certain brand name products by favoring them over the generic equivalent. Brand name required medications are listed on the Preferred Drug List (PDL) and Brand favored over Generic products are posted in Appendix P under "Brand Favored Medications." The Preferred Drug List (PDL) and Appendix P are accessible from the Pharmacy Resources web page.

Refer to the Pharmacy Billing Manual for more information on use of DAW codes.

Physician Services

Preventive Services Billing

Providers are reminded that billing for preventive service exams (99385-99387 or 99395-99397) is limited to (1) **one** annual visit each year for adults 21 years or older. Primary and specialty care providers should communicate and coordinate provision of exam services when billing with these specific preventive service codes. Other exams which are provided in the same year are covered using other service codes (such as the evaluation and management (E/M) codes 99201–99205 or 99211–99215).



When date of service timeframes potentially overlap an annual coverage time limit, providers should coordinate their provision of these services. For example, if a primary care practitioner provided a whole-body focused exam and an obstetrician/gynecologist specialist also provided a reproductive tissue-specific gynecological exam, these two providers should communicate and coordinate on needed service provisions and details as to when the annual preventive service code for that Health First Colorado member occurred.

Providers should notify Health First Colorado members when a preventive service annual exam is being provided. Clear communication with Health First Colorado members assists providers in identifying whether a prevention service code should be billed.

Medical service coding on claims is determined by each practitioner or practitioner group. Providers may be able to prevent claim denials for exceeding the annual limit by communicating the intent of care with other providers who may be providing overlapping services to an individual Health First Colorado member.

Contact Richard Delaney at Richard.Delaney@state.co.us for policy questions.

Contact the Provider Services Call Center for general information on claim submissions.

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 Provider Rates 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.

Transportation Providers

New Non-Emergent Medical Transportation (NEMT) Broker

Beginning September 1, 2019, all Health First Colorado NEMT services will be managed by Health First Colorado's new transportation broker, IntelliRide. IntelliRide will be the NEMT broker for the counties of:

- Adams
- Arapahoe
- Boulder
- Broomfield
- Denver
- Douglas
- Jefferson
- Larimer
- Weld

Veyo will continue to conduct NEMT trips through August 31, 2019. Veyo is working closely with IntelliRide during this transition. IntelliRide will be reaching out to discuss any additional documents or requirements for credentialing an organization into their network.

Contact Ray Blanco, National Network Director for IntelliRide, at 770-820-2109 or Ramon.Blanco@transdev.com to speak with IntelliRide directly regarding the transition and what is needed to stay in the NEMT network.

As a reminder, all Veyo trips must be completed in the system by September 2, 2019, in order to be paid.

Provider Billing Training Sessions

August and September 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.

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.

August 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1 CMS 1500 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	2	3
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
4	5	6	7	8 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	9	10

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
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10	11	12	13	14
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
15	16	17	18	19 UB-04 Provider Workshop 9:00 a.m. - 11:30 a.m. MT	20	21

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