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Did You Know?

Providers are responsible for pursuing available third-party resources in a timely manner and following up with the third party to ensure the claim is submitted within 365 days. Providers must complete third-party liability information on the electronic claim format if a member has commercial insurance coverage.

Refer to the [General Provider Information Manual](#) for more information on timely filing guidelines.

All Providers

Billing and Eligibility Information for Child Health Plan *Plus* (CHP+) Members

Child Health Plan *Plus* (CHP+) members are assigned to one of the four CHP+ Managed Care Organizations (MCOs). Providers must bill that MCO directly once the member is assigned.

Services must be billed to Gainwell Technologies, or Magellan for pharmacy services, if there is an interim period between the CHP+ eligibility determination and the MCO assignment.

Any services provided after the start date of a member's enrollment into an MCO must be submitted to the MCO for reimbursement.

Refer to the following example:

- The member is determined eligible with an effective date of August 1, 2023, and enrolled with an MCO on September 10, 2023.

- Providers should submit claims for reimbursement as follows:
 - Dates of service from August 1, 2023, to September 9, 2023, should be submitted to Gainwell Technologies (or Magellan for pharmacy claims) for fee-for-service reimbursement.
 - Dates of services on September 10, 2023, and after should be billed to the MCO.

Providers are reminded to verify the member's eligibility and the member's MCO. Providers should contact the appropriate MCO for further benefit details once the member is assigned to the MCO. **Benefits through CHP+ may vary from the Title XIX benefit plan.**

Visit the [State Managed Care Network Transition web page](#) for more information and updates. Refer to the [Verifying Member Eligibility and Co-Pay Quick Guide](#) for more information on reviewing the member's eligibility on the [Provider Web Portal](#).

Deficit Reduction Act (DRA) of 2005 Due November 1, 2023

Section 6032 of the [Deficit Reduction Act \(DRA\) of 2005](#) requires that providers meeting the definition of entity and making or receiving annual Medicaid payments of \$5 million or more establish and disseminate certain written policies for preventing and detecting fraud, waste and abuse. The entities must also provide information to employees and contractors about the following:

- The Federal False Claims Act (FCA) and other applicable federal and state false claims laws
- The administrative remedies for false claims and statements
- The whistleblower protections afforded under such laws

Providers subject to Section 6032 are required each year to furnish certain documentation to show compliance with these requirements. Providers will receive an email requesting this documentation. Ensure the contact information in the [Provider Web Portal](#) is current to receive this email.



Entities subject to the DRA must complete and return the DRA Declaration to the Department of Health Care Policy & Financing (the Department). Entities with multiple identified locations must send one DRA Declaration with an attachment listing all National Provider Identifiers (NPIs) and service location IDs covered by the DRA Declaration. The due date for the Federal Fiscal Year (FFY) of October 1, 2022, through September 30, 2023, is November 1, 2023.

The completed [DRA Declaration](#) and all required documents must be emailed to hcpf_DRAAct2005@state.co.us.

Contact Eileen Sandoval at hcpf_DRAAct2005@state.co.us with questions related to the DRA.

National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor Centers for Medicare & Medicaid Services (CMS) for updates to National Correct Coding Initiative (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 2023.

Visit the [CMS NCCI web page](#) for more information.

All Providers Who Utilize the ColoradoPAR Program

Inpatient Hospital Review Program (IHRP)

Step 1

Inpatient Hospital Review Program (IHRP) 2.0 Step 1 (pre-admission reviews) will be deferred until future notice as announced at the Joint Operating Committee (JOC) on August 3, 2023.

Steps 2 and 3

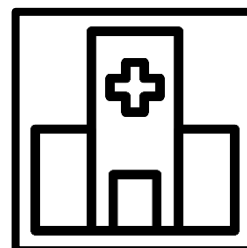
IHRP 2.0 post-admission reviews performed on hospital inpatient day 6 (Step 2) and days 30, 60 and 90 and every 30 days thereafter (Step 3) have been required since May 1, 2023. Post-admission reviews do not impact claims payment and allow providers to ask the member's Regional Accountable Entity (RAE) for assistance in care coordination. The issue can be escalated by emailing HCPF_IHRP_ACC@state.co.us if a provider asks for but does not receive assistance from the RAE.

Protected Health Information (PHI) should not be included in emails. The Acentra Health (formerly Kepro®) case number and a contact number can be included to facilitate conversations.

Claims analysis will be performed to confirm that providers are submitting post-admission reviews as required.

Joint Operating Committee (JOC) and Resources

The IHRP JOC will continue to meet monthly to discuss questions, issues, results and best practices. JOC meeting dates, training materials and additional information about IHRP 2.0 can be found on the [Inpatient Hospital Review Program \(IHRP\) 2.0 web page](#). Contact the ColoradoPAR Program Utilization Management (UM) Team at hcpf_um@state.co.us or Acentra Health Provider Relations at COProviderIssue@kepro.com with questions or for assistance.



Secondary Medical Necessity Substance Use Disorder (SUD) Reviews

[Senate Bill \(SB\) 21-137](#) Behavioral Health Recovery Act, Section 9, is effective as of July 1, 2023.



SB 21-137, Section 9, requires the Department to contract with an external vendor to provide a secondary medical necessity review for previously denied or partially denied residential or inpatient Substance Use Disorder (SUD) requests. Members' providers can submit a request for secondary medical necessity reviews if a Regional Accountable Entity (RAE) denies or reduces SUD services and a Colorado Administrative Law Judge has upheld the denial. Providers submitting the request **must** be enrolled in Health First Colorado (Colorado's Medicaid program). Visit the [Secondary Medical Necessity SUD Reviews web page](#) to review the request form.

Members may also initiate the secondary review process by emailing their name and contact information to HCPF_SUDReviewRequest@state.co.us. The member will be contacted for more information and the name of their SUD provider. The identified provider will then be contacted with instructions on how to formally request the second SUD review.

Visit the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#) for more information about the ColoradoPAR Program and Prior Authorization Request (PAR) submissions.

Provider Options Following Prior Authorization Adverse Determination: How to Request a Peer-To-Peer Review

The process for peer-to-peer reviews was improved last year. An ordering provider may request a peer-to-peer review within 10 business days (5 calendar days for Physician-Administered Drugs [PAD]) after an adverse Prior Authorization Review (PAR) determination.

Peer-to-peer reviews are designed for the ordering provider (prescribing physician, nurse practitioner or physician assistant) to discuss a case with Acentra Health's reviewing physician. Acentra Health's reviewing physician will discuss the medical necessity determination of the case. The Acentra Health reviewing physician will not explain Health First Colorado's benefit coverage specific exclusions or inclusions. Policy questions or requests for assistance may be emailed to HCPF_BenefitSupport@state.co.us.

To request a peer-to-peer review in the provider PAR portal (Atrezzo):

1. Go to the specified case.
2. Expand Communications.
3. Expand Notes.
4. Click Add Note.
5. Select the review for which the peer-to-peer is being requested.
6. Enter a note requesting a peer-to-peer review.

The note must include the requesting provider's full name and contact phone information and a list of at least three (3) different preferred dates and times for Acentra Health to schedule the peer-to-peer review. The dates must be at least two (2) days after the request for the peer-to-peer review.

Providers other than the ordering provider may request a PAR reconsideration after an adverse determination. A reconsideration request is a second review by a different nurse on a technical denial or by a different physician on a medical necessity denial. Physicians completing reconsiderations for Acentra Health will be the same specialty. Reconsideration requests must be submitted to Acentra Health within 10 business days of the initial denial (10 calendar days for PAD).

To request a reconsideration:

1. Go to the specified case.
2. Expand Communications.
3. Expand Notes.
4. Click Add Note.
5. Select the review for which the reconsideration is being requested.
6. Enter a note requesting reconsideration.

Additional supporting clinical documentation may be uploaded to the provider PAR portal (Atrezzo). Providers may also request a reconsideration by calling [Acentra Health's provider support line](#).

Contact Acentra Health at COProviderIssue@kepro.com with any questions or requests for assistance.

Durable Medical Equipment (DME) Provider Satisfaction Survey

A provider survey specifically for Durable Medical Equipment (DME) providers will be distributed in early September 2023. Ensure contact information in Atrezzo is up to date to receive the announcement and the link to participate in the DME survey.

A complete list of eligible codes for automatic authorization is available on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

All Providers Who Obtain Colorado Department of Regulatory Agencies (DORA) Licenses

License Portal Panel Field Changes and License Reminder

Pharmacies and individual providers submitting licensure data issued by the Colorado Department of Regulatory Agencies (DORA) for enrollments, revalidations or maintenance request applications in the [Provider Web Portal](#) previously had to enter this information

manually. This manual process led to errors, increasing application returns to providers and processing times. Formatting inconsistencies also caused errors with automatic licensure updates when new date spans came into effect.

Changes include the Issuing Authority field being displayed first on the License panel and the license number shifting to the right. Automatic verification is initiated when Colorado DORA is selected from the Issuing Authority drop-down menu and the license number is entered in the correct format. The Effective Date, Expiration Date and Issuing State fields then auto-populate with a license record added to the provider's application. The fields remain editable. Warning messages display if no matching license number is found or if the DORA license format is entered incorrectly.

Providers are reminded that Health First Colorado enrollment may be inactivated if the provider's license, certification or accreditation has expired or is subject to conditions or restrictions. Providers that are required to maintain a license as part of their enrollment will receive a letter from the Department when the primary license is approaching expiration or has reached its expiration date.



Refer to the Provider Enrollment Manual located under the Enrollment Resources section on the [Provider Enrollment web page](#) for instructions on adding a license for new enrollment applications.

Refer to the Revalidation Manual located under the Revalidation Resources section on the [Revalidation web page](#) or the [Revalidation Quick Guide](#) for details on adding or updating a license for revalidation applications.

Refer to the [Provider Maintenance - Update License & CLIA Quick Guide](#) and the [Revalidation Quick Guide](#) located on the [Quick Guides web page](#) for more information.

Dialysis Providers

Facility Based Dialysis Rate Correction for July 1, 2023

Facility-based dialysis rates below 80% of their Medicare benchmark were not adjusted at the effective date of July 1, 2023, due to an error during the calculation of targeted rate increases. These rates have been retroactively adjusted to reflect the appropriate increases for the regions of Boulder, Fort Collins and Greeley based on budget request R-7 Provider Rate Adjustments. All other regions have received the 3% across-the-board rate increase for the 2023-2024 fiscal year. Rates have been corrected on the [Dialysis Fee Schedule](#) and in the Colorado interChange claims processing system.

Providers will need to adjust claims to reflect the updated fee schedule amount to receive the rate increase as the lower-of billed charges payment logic applies.

Home & Community-Based Services (HCBS) Providers, Single Entry Point (SEP) Case Managers

Home and Community-Based Services Complementary and Integrative Health (HCBS-CIH) Waiver Acupuncture Service Procedure Code Change

The new Home and Community-Based Services Complementary and Integrative Health (HCBS-CIH) waiver acupuncture procedure code for support planning and Prior Authorizations (PA) will be Common Procedural Terminology (CPT) code 97810 with the modifiers U1 *and* SC, effective September 6, 2023.

Eligible HCBS acupuncture providers will then be able to submit claims with 97810 U1, SC; 97811 U1, SC; 97813 U1, SC; and 97814 U1, SC as procedure codes for approved acupuncture services provided on the date of service. Claims billed with these procedure codes will reimburse accordingly against the approved PA for eligible members.

Refer to the updated [Home and Community-Based Services \(HCBS\) Complementary and Integrative Health \(CIH\) Billing Manual](#) and the [HCBS Rates Schedule](#) for more information.

Direct Services Providers should contact the [Provider Services Call Center](#) with questions. Case managers should contact the Bridge Helpdesk at ccmhelpdesk@gainwelltechnologies.com with any questions.

Hospital Providers

General Updates

All Hospital Providers

Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement meetings continue to be hosted to discuss current topics regarding payment reform and operational processing. [Sign up](#) to receive the Hospital Stakeholder Engagement Meeting newsletters.

- The next All-Hospital Engagement meeting is scheduled for Friday, September 8, 2023, from 1:00 p.m. to 3:00 p.m. MT and will be hosted virtually on Zoom.

Visit the [Hospital Stakeholder Engagement Meetings web page](#) for more details, meeting schedules and past meeting materials. Contact Tyler Samora at Tyler.Samora@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.

Outpatient Hospitals

[Senate Bill \(SB\) 23-214](#) authorized a 3% increase to fee-for-service hospital rates effective July 1, 2023. The associated hospital base rates were implemented into interChange at the beginning of August, with claim adjustments beginning soon after.

Visit the [Outpatient Hospital Payment web page](#) for information relating to the outpatient hospital base rates and the Enhanced Ambulatory Patient Grouping (EAPG) weights.

Rural Health Clinics (RHC)

Rural Health Clinic (RHC) Bi-Monthly Meeting

The next RHC meeting is scheduled for Thursday, September 7, 2023, from 12:30 p.m. to 1:00 p.m. MT and will be hosted virtually on Zoom.

Visit the [RHC and Rural Hospital web page](#) for more details, meeting schedules and past meeting materials.

Contact Andrew Abalos at Andrew.Abalos@state.co.us with any questions or topics to be discussed at future meetings. Advanced notice will provide the Rates Team time to bring additional Department personnel to the meetings to address different concerns.

Laboratory Service Providers

Removal of Prior Authorization Request (PAR) Requirement for Current Procedural Terminology (CPT) Code 81220

CPT code 81220 no longer requires a PAR, effective September 1, 2023. The unit limit is one (1) per lifetime per member. This unit limit applies to all provider types.

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with any questions.

National Correct Coding Initiative (NCCI) Edit for Presumptive and Definitive Tests

The Centers for Medicare & Medicaid Services (CMS) implemented a new National Correct Coding Initiative (NCCI) edit which prohibits the use of both presumptive tests (80305, 80306 and 80307) and definitive tests (G0480, G0481, G0482, G0483 and G0659) on a patient for the same date of service, effective July 1, 2023. Health First Colorado loads NCCI edits into the interChange, including this edit.

CMS has since published a revision to the edit that takes effect October 1, 2023. All previously denied claims affected by this edit will be reprocessed once this revision is loaded into the interChange. Visit the [NCCI web page](#) for further information.

Contact Sarah Kaslow at Sarah.Kaslow@state.co.us with any questions.

Nursing Facilities

Rate Increase Delay

[House Bill \(HB\) 23-1228](#), signed into law on May 30, 2023, changes the allowable increase in the statewide average interChange reimbursement rate from 3.00% to 10.00% for State Fiscal Year (SFY) 2023-24. These changes require approval from the Centers for Medicare & Medicaid Services (CMS) through the State Plan Amendment (SPA) process.

The Department is working with CMS to get SPA approval in a timely manner. All billed claims with a date of service on or after July 1, 2023, will continue to use the SFY 2022-23 interChange reimbursement rates during the interim period. The Department will transition to the SFY 2023-24 interChange reimbursement rates once CMS approves the SPA. All previously paid claims with a date of service on or after July 1, 2023, will then be mass adjusted using the SFY 2023-24 interChange reimbursement rates.

Pharmacy Providers

Prescription of Statin Therapies

Providers are now reimbursed for claims that are submitted with statin medications that are both prescribed and dispensed by pharmacists to members. This change is due to the recent passage of a new Colorado State Board of Pharmacy Statewide Protocol which grants eligible licensed pharmacists in Colorado the ability to prescribe and dispense HMG-CoA reductase inhibitor therapy (statins).

Providers must follow all requirements set forth in the applicable Statewide Protocol to be reimbursed. Refer to the [Pharmacist Services Billing Manual](#) for additional information regarding reimbursement for services rendered under Statewide Protocols.

Pharmacy Providers, All Medication Providers

Preferred Products

Changes will be made for the following Preferred Drug List (PDL) classes, effective October 1, 2023:

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Androgenic Agents - Topical, Injectable, Oral	<ul style="list-style-type: none"> • Testosterone gel packet (AndroGel) 	<ul style="list-style-type: none"> • Testosterone gel (Vogelxo)
Antihyperuricemics	<ul style="list-style-type: none"> • Febuxostat tablet 	

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Bone Resorption Suppression, Bisphosphonates and Non-Bisphosphonates	<ul style="list-style-type: none"> Risedronate tablet 	
Contraceptives - Topical	<ul style="list-style-type: none"> Levonorgestrel/ethinyl estradiol transdermal patch (TWIRLA) Lactic acid/citric acid/potassium bitartrate vaginal gel (PHEXXI) 	
Diabetes Management Classes - Insulins	<ul style="list-style-type: none"> Insulin lispro vial 	
Diabetes Management Classes - Non-Insulins	<ul style="list-style-type: none"> Synjardy tablet Synjardy extended-release tablet 	
Prenatal Vitamins and Minerals	<ul style="list-style-type: none"> Virt-C DHA softgel 	

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
Estrogen Agents - Oral, Transdermal, Injectable	Glucagon, self-administered
Growth Hormones	Phosphate binders
Benign Prostatic Hyperplasia (BPH) Agents	Overactive bladder agents

Physician Services

eConsult Platform Informational Update

An electronic consultation platform is being implemented for Health First Colorado providers across the state. This platform will advance the mission of enhancing healthcare equity, access and outcomes for the people served.

Safety Net Connect has been awarded the eConsult vendor contract, and they are actively working on designing, developing and implementing the eConsult platform.

The eConsult platform enables asynchronous (store and forward) clinical communications between the Primary Care Medical Provider (PCMP) and a specialty provider. The PCMP can send an electronic clinical question and relevant medical information to a specialty provider, and the specialty provider can review the case without the member being present. The specialty provider will offer electronic medical consultative guidance to aid the PCMP in diagnosing or managing the member's healthcare requirements or facilitate a suitable referral for an in-person appointment with a specialty provider when clinically appropriate.

The eConsult platform is anticipated to be live in 2024. Additional provider communications on this topic will be published as needed.

Anticipated Timeline

- Summer/Fall 2023 - Implementation Activities
- Winter 2024 - eConsult Platform Go Live

Note: The timeline is subject to change without prior notice and is only provided as a reference.

Visit the [eConsult Platform web page](#) or email HCPF_eConsult@state.co.us for more information.

Updates to Gender-Affirming Care Policy

The gender-affirming care policy has been updated effective August 30, 2023. The update has aligned coverage with the most recent standards of care and allows members easier access to gender-affirming services.

Refer to the [Gender-Affirming Care Billing Manual](#) for details.

Contact Chris Lane at Chris.Lane@state.co.us with questions.

Physician Services, Pharmacy Providers, Optometrists

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

[Federal Medicaid law, 42 U.S.C. § 1396d\(r\)](#) requires state Medicaid programs to provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for members under 21 years of age. Health First Colorado is required to cover any service for members under 21 years of age that is medically necessary "to correct or ameliorate a defect, physical or mental illness or a condition identified by screening," whether the service is covered under Health First Colorado or not. The service must be covered if it is medically necessary to improve or maintain the member's overall health, even if the service will not cure the member's condition.

EPSDT benefits are more robust than the adult Medicaid benefit package and include a separate medical necessity definition for services rendered to or requested for members under the age of 21. Refer to [10 CCR 2505-10 § 8.280.4.E](#) for more information.

EPSDT makes short-term and long-term services available to all members under 21 years of age without many of the limits Medicaid imposes for services for members aged 21 and older. The services must be prescribed by the member's treating provider(s), and prior authorization may be required for some services.

Service requests for non-covered state Medicaid plan services, and requests for a review when there is no established review process for a requested service, should be submitted to HCPF_EPSDT@state.co.us. Visit the [EPSDT web page](#) under the EPSDT Exceptions, Forms and Processes section to view the EPSDT Screening Referral Form.

Examples of services that are not currently covered by Health First Colorado but may be available on a case-by-case basis for members under 21 years of age include but are not limited to:

- Corneal cross-linking
- Unilateral cochlear implants

Visit the [EPSDT web page](#) and the [June 2023 EPSDT Policy Statement](#) for further information.

Contact Gina Robinson at Gina.Robinson@state.co.us with questions.

Provider Billing Training Sessions

September and October 2023 Provider Billing Training Sessions

Providers are invited to sign up for an upcoming beginner billing training webinar. Two beginner billing trainings are offered each month:

1. Professional claims (CMS 1500)
2. Institutional claims (UB-04)

Click "[Which Training Do I Need?](#)" on the [Provider Training web page](#) to find trainings aligned to provider type. All sessions are held via webinar on Zoom, and registration links for the next two months are shown below.

Visit the [Provider Training web page](#) under the Billing Training - Resources drop-down section to preview training materials.

Refer to the Provider Web Portal Quick Guides located on the [Quick Guides web page](#) for more training materials on navigating the [Provider Web Portal](#).

Who Should Attend?

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

These training sessions provide a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, Provider Web Portal use and more.



Live Webinar Registration

Click the title of the desired training session in the calendar to register for a webinar. An automated response will confirm the reservation.

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

September 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
				1
4	5	6	7	8
11	12	13	14 Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, September 14, 2023, 9:00 a.m.-11:30 a.m. MT	15
18	19	20	21	22
25	26	27	28 Beginner Billing Training: Institutional Claims (UB-04) - Thursday, September 28, 2023, 9:00 a.m.-11:30 a.m. MT	29

October 2023				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9	10	11	12 Beginner Billing Training: Professional Claims (CMS 1500) - Thursday, October 12, 2023, 9:00 a.m.-11:30 a.m. MT	13
16	17	18	19	20
23	24	25	26 Beginner Billing Training: Institutional Claims (UB-04) - Thursday, October 26, 2023, 9:00 a.m.-11:30 a.m. MT	27
30	31			

Upcoming Holidays

Holiday	Closures
Labor Day Monday, September 4, 2023	State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.
Frances Xavier Cabrini Day Monday, October 2, 2023	State Offices and the ColoradoPAR Program will be closed. Capitation cycles may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks. Gainwell Technologies and DentaQuest will be open.

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

P.O. Box 30

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