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Did You Know?

The [Synagis® Special Bulletin](#) has been published and is available on the [Provider Bulletin web page](#). The Synagis® season began October 4, 2022, and ends April 28, 2023. Synagis® is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric members at high risk for RSV disease.

All Providers

Deficit Reduction Act of 2005 (DRA) due November 1, 2022

Section 6032 of the [Deficit Reduction Act](#) requires providers who meet the definition of entity and who make or receive annual Medicaid payments of \$5 million or more to 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 Federal False Claims Act and other applicable federal and state false claims laws, the administrative remedies for false claims and statements, and the “whistleblower” protections afforded under such laws.

Federal Fiscal Year 2022 (FFY2022) providers who are subject to Section 6032 must submit the [DRA Declaration FFY2022 form](#), a copy of the employee handbook or Code of Conduct containing the written policies, the rights of employees to be protected as whistleblowers and a copy of policies and procedures for detecting and preventing fraud, waste and abuse.

The completed DRA Declaration and all required documents listed above must be emailed to hcpf_draact2005@state.co.us no later than November 1, 2022.

Contact Eileen Sandoval at hcpf_draact2005@state.co.us with questions related to the DRA.

Enrollment License Requirement and License Panel Updates



Current Health First Colorado (Colorado's Medicaid program) providers that are required to maintain a license as part of their enrollment will receive a letter from the Department of Health Care Policy & Financing (the Department) when the primary license is approaching expiration or has reached its expiration date.

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 will start seeing the message "Provider license not active on date of service" on their remittance advice if the license is not current.

Member Benefit Plan Codes Displaying on Remittance Advice (RA)

The RAs and Electronic Data Interchange (EDI) X12 835 transactions will soon report which member benefit plan was used to process and reimburse the claim. Both the PDF and delimited version of the remittance advice will be updated to reflect this change. The benefit plan code will display for paid services at the appropriate level (paid at header or paid at detail).

Visit the [Electronic Data Interchange \(EDI\) Support web page](#) to view the 835 Companion Guide, which will be updated to reflect these changes. Visit the [Quick Guides web page](#) to review the [Reading the Remittance Advice \(RA\) Dated on or After 1/9/2019 Quick Guide](#) for more information.

Additional communication will be provided upon implementation.

Payment Error Rate Management (PERM) Audit

In autumn 2022, the Centers for Medicare and Medicaid Services (CMS) will start its Reporting Year 2023 Payment Error Rate Measurement (PERM) audit on Health First Colorado and Child Health Plan *Plus* (CHP+) claims. CMS will randomly select a set number of paid or denied claims from July 1, 2021, to June 30, 2022, for its review.

CMS has contracted with Empower AI (Empower), who will review provider medical records to determine if the payment for the corresponding claim was justified. Empower will contact providers by phone and letter to request medical records that support claims that providers submitted for payment. The letter will contain instructions on how to submit medical records.

A blank copy of the letter is available on the Department of Health Care Policy & Financing (the Department) [Payment Error Rate Measurement \(PERM\) web page](#).

Providers have 75 calendar days to provide medical record documentation to Empower. If the initially submitted medical record documentation is not sufficient, Empower 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 will be considered in error. Empower may be contacted to confirm if medical records have been received. Recovery for the monies associated with the erroneous claim will be initiated by the Department. The Department will also investigate the reasons why the provider did not submit proper documentation.

Note that NCI Information Systems, Inc, or NCI, recently changed its name to Empower. Medical records request letters may still refer to NCI Information Systems, Inc. Email domain names may still reference NCI Information Systems, Inc.

CMS hosted provider education webinars earlier this year. These were trainings for providers to learn about the PERM process, provider responsibilities and best practices. Visit the [CMS PERM web page](#) to view the presentation, hear a recording and access other PERM-related information.

Empower may be contacted at 800-393-3068 or by email at PERMRC_ProviderInquiries@nciinc.com with questions or concerns regarding the medical records request. **Do not send medical records, protected health information (PHI) or personally identifiable information (PII) to this email address.**



Visit the [Payment Error Rate Measurement \(PERM\) web page](#) for information.

Contact Matt Ivy at Matt.Ivy@state.co.us or at 303-866-2706 with questions.

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.

Provider Services Call Center Change

A virtual agent named GABBY™, designed to listen to the caller and respond, will soon be implemented to assist providers contacting the [Provider Services Call Center](#). A phased implementation will begin on Friday, November 4, 2022. Callers will begin to interact with

this Provider Services Call Center virtual agent, which will be available 24 hours a day, 7 days a week.

This will eventually replace the current Interactive Voice Response (IVR) system as well as the current phone tree.



What Should I Expect on My First Call?

- The virtual agent works best with the Health First Colorado provider ID. If an NPI is preferred and the provider has multiple locations or provider types, the virtual agent will ask for the 9-digit zip code.
- The Provider Services Call Center virtual agent can give information regarding claims status, including Explanations of Benefits (EOB) reasons, eligibility verification, and weekly payment amounts.
- It does not currently support questions related to prior authorization, rates, provider enrollment, portal password resets or Electronic Data Interchange (EDI).

If the request cannot be supported, the virtual agent will transfer the call to a live agent.

Phrases to Reach a Live Agent

Callers can say “details, detailed information, or more details” to reach a live call center agent any time after verification.

Additional Tips

- Callers can use terms or phrases such as “EDI, Prior Authorization, I’m not enrolled, application, or password” to be transferred to the appropriate queue.
- When checking a claim status by member ID and date span, speak the date by saying the name of the month, the date and the year. For example, 1/20/2022 would be spoken, “January 20 2022.”
- Provider IDs and ICNs may be keyed in. This is often faster and more accurate than speaking the numbers.

Review the [Virtual Agent Fact Sheet](#) for more information.

All Providers who Utilize the ColoradoPAR Program

General Updates

Automated Authorization Where Some Lines Do Not Automatically Authorize

When submitting prior authorization requests (PARs) with multiple lines of service, it is possible some lines will automatically authorize, and others will require manual review by a nurse. The lines that are reviewed by a nurse will meet the required timeframe of 10 business days or less.

Contact [Kepro Customer Service](#) or email coproviderissue@kepro.com with questions about PAR completion regarding automated and manually reviewed lines.

Requesting Modifications to Existing PARs

Include all details when requesting a revision to an existing PAR within the notes section of Atrezzo®, including the dates of service being modified and changes to unit numbers, and records supporting the change(s) being requested.

A **new** PAR must be submitted for revisions to PARs that have been previously billed, with a description of the reason for the change (e.g., the previous PAR was approved with the incorrect servicing provider), along with a request to end-date the previous PAR (include the case ID of the previous PAR).

Contact [Kepro Customer Service](#) or email coproviderissue@kepro.com for questions about submitting modifications to existing PARs.

Kepro Atrezzo® System Training

Kepro is holding monthly Atrezzo® system training sessions. The next sessions will be held November 23, 2022, at 8:30 a.m. and 12:00 p.m. There will be announcements with information to sign up.

Verify the email address when registering for training webinars and confirm receipt of the registration invitation with the link to join the event.

Email coproviderregistration@kepro.com with questions regarding training.

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

General Updates

Continuous Glucose Monitor (CGM) Coverage

As a reminder, covered Durable Medical Equipment (DME) procedure codes can be found in the [DMEPOS Billing Manual](#). Department policies apply to these codes and the individual devices that are described by each code. The DMEPOS benefit does not include or exclude specific brands, makes and/or models when medical necessity can be determined.



There is a published list of [Continuous Glucose Monitor products](#) which are covered to provide better clarity for this benefit. This list will be updated to include the Abbot Freestyle Libre 3, which uses procedure code K0554 for coverage. This list should always be used as a reference. It is not to be used for automatic approval or denial of a requested product.

Contact Haylee Rodgers at Haylee.Rodgers@state.co.us with questions.

HCPCS Code L8614 for Cochlear Device

Effective December 1, 2022, HCPCS code L8614 for Cochlear device will require prior authorization requests (PARs). Refer to the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Billing Manual](#) for further information on codes requiring PARs.

Contact [Kepro Customer Service](#) or email coproviderissue@kepro.com for questions about submitting PARs for DME services.

Contact HCPF_benefitsupport@state.co.us with policy questions.

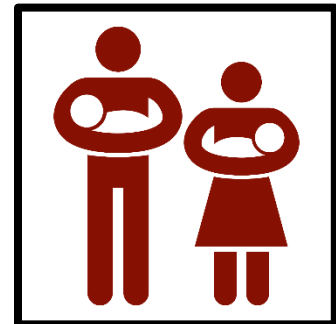
Family Planning Providers

Family Planning Expansion Benefits

Effective July 1, 2022, Health First Colorado covers family planning services for eligible non-citizens and family planning and related services for individuals within the 133%-260% income bracket.

Flyers and Member Communications: Help members learn more by downloading and posting flyers in shared spaces or on provider web pages:

- [Family Planning Limited \(FAMPL\) Benefit Plan Flyer](#)
- [EMS Family Planning Services Flyer](#)
- [Postpartum Extension Flyer](#)



Federally Qualified Health Centers and Rural Health Centers (FQHC/RHC): FQHC/RHCs are instructed to follow common billing practices when submitting a claim for members on the Family Planning Benefit Plan and EMS Benefit Plans. Family planning and family planning-related services should have the appropriate modifiers (FP or FP+32) and additional services provided at the visit should be added to the cost report. Concerns regarding denied claims or incorrect information should be sent to hcpf_maternalchildhealth@state.co.us.

Learn more and stay engaged with new Family Planning benefits:

- Providers can learn more about program information and updates by joining monthly Provider Question & Answer(Q&A) sessions:

November Monthly Provider Q&A

Wednesday, November 2, 2022, 3:00 p.m. - 4:00 p.m.

Video call link: <https://meet.google.com/iej-ekod-chh>

Or dial: (US) +1 413-400-3200 PIN: 658 436 185#

Providers and stakeholders can [sign up for the monthly newsletter](#).

All questions and feedback can be sent to hcpf_maternalchildhealth@state.co.us.

Home & Community-Based Services

Children's Habilitation Residential Program (CHRP) Updates

Children's Habilitation Residential Program (CHRP) services providers were required to enroll in one specialty to serve CHRP members (specialty 619 - Children's Habilitation Residential Program).

Effective November 1, 2022, enrollment for CHRP services will require providers to be enrolled in newly created CHRP specialties that reflect the specific qualifications for the CHRP services they currently provide. The Department directs existing providers to the "Find CHRP Providers" link on the [Department CHRP Waiver web page](#) when initiating their maintenance applications through the [Provider Web Portal](#) to ensure all specialties for which the provider qualifies are included on one maintenance application. Existing CHRP providers must be re-enrolled in the newly created specialties by November 1, 2023, and services billed by providers with specialty 619 only will have their claims denied if not enrolled by this date.



Refer to [CHRP Operational Memo 22-047](#) and the [HCBS Enrollment web page](#) for a complete list of specialties and associated requirements.

Contact the [Provider Services Call Center](#) with questions regarding provider enrollment.

Hospice Providers

Rate Update Effective October 1, 2022

The hospice rate update effective October 1, 2022, through September 30, 2023, is awaiting guidance and approval from the Centers for Medicare & Medicaid Services (CMS). The hospice rates will be updated once communication is received from CMS. Reimbursement should reflect updated rates for all claims billed for dates of service on or after October 1, 2022.

The Hospice Fee Schedule effective October 1, 2022, through September 30, 2023, will be posted to the [Provider Rates and Fee Schedule web page](#) under the **Hospice** category upon implementation of the rates.

Contact Amanda Villalobos at Amanda.Villalobos@state.co.us for additional support or with questions regarding rates.

Hospital Providers

General Updates

All Hospital Providers

Inpatient Hospital Base Rate Methodology Draft

Hospital stakeholders are strongly encouraged to review the DRAFT Inpatient Hospital Base Rate Model that was uploaded to the [Inpatient Hospital Payment web page](#) in August. Hospitals are also encouraged to check the [Inpatient Hospital Payment web page](#) in the event a new model is deposited based on resulting feedback prior to the November Hospital Engagement Meeting. Hospital stakeholders will be notified through the newsletter of any new models that are deposited. Use the link under the Hospital Stakeholder Engagement Meetings section below to sign up if not already subscribed.

Contact [Diana Lambe](#), [Andrew Abalos](#), and [Kevin Martin](#) with any input or questions on the model.

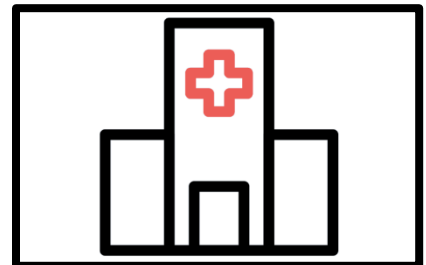
Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Engagement meetings will continue to be hosted to discuss current issues 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, November 4, 2022, from 9:00 a.m. to 11:00 a.m. MT](#) and will be hosted virtually.

Visit the [Hospital Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2022 meetings have been posted.**

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

Line Level Denials for National Correct Coding Initiative (NCCI) and National Drug Code (NDC)

As discussed in the September Hospital Engagement meeting, most claims processing through Enhanced Ambulatory Patient Groups (EAPG) version 3.16 are paying as expected. However, there are a few trends in payment discrepancies that are coming from line level denials

relating to NCCI or NDC errors. Visit the [Centers for Medicaid & Medicare Services website](#) or the Department's [Provider Bulletins web page](#) to view any updates related to NCCI edits.

Billing Manual Updates

The [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) will have language added which describes processes for coding multiple drugs with the same Healthcare Common Procedure Coding System (HCPCS) and multiple National Drug Codes (NDCs) as well as clarification around payment policies for observation stays through the Enhanced Ambulatory Patient Groups (EAPG) methodology. Review the updates to the Billing Manual or contact [Tyler Samora and Andrew Abalos](#) with any questions.

Rural Health Clinics

Bi-monthly Rural Health Clinic Engagement meetings will continue to be hosted to discuss current issues regarding payment reform and operational processing.

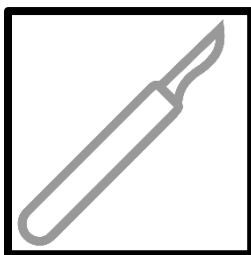
- The next Rural Health Clinic Engagement meeting is scheduled for **Thursday, November 3, 2022, from 12:30 p.m. to 1:30 p.m.** and will be hosted virtually. The meetings are now held on Zoom.

Visit the [Rural Health Clinic Engagement Meeting 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.

Medical and Surgical Providers

Healthcare Common Procedure Coding System (HCPCS) Code 31599 for Gender-Affirming Surgeries



Effective December 1, 2022, HCPCS code 31599 for gender-affirming surgeries will require prior authorization requests (PARs). Refer to the [Medical-Surgical Billing Manual](#) for further information on codes requiring PAR.

Contact [Kepro Customer Service](#) or email coproviderissue@kepro.com with questions about submitting PARs for Medical and Surgical services.

Email HCPF_benefitsupport@state.co.us with policy questions.

Mental Hospitals and Community Mental Health Centers

Continuum of Services

The Department of Health Care Policy & Financing (the Department) is exploring the parameters of a Mental Health 1115 Waiver related to the federal institutions for mental disease (IMD) exclusion guidelines in order to seek flexibility for a continuum of mental health services on a campus for **residential and step-down mental health services**.

This waiver will not be seeking to waive length of stay limitations but will be considering other barriers to supporting continuum or step-down services such as shared staffing and number of treatment beds on a campus (facilities within one mile of an IMD).

Health Management Associates (HMA) has contracted with the Department to research and provide support in identifying an appropriate scope for this waiver based on Centers for Medicare & Medicaid services (CMS) guidelines, a survey of other States' solutions for campus continuums, and alignment with Colorado continuum efforts. There will be a stakeholder engagement component to this work in the next few months and into 2023, facilitated by HMA.

Contact Cjersti Jensen at Cjersti.Jensen@state.co.us with questions.

Pharmacies and All Medication-Prescribing Provider

Pharmacy and Therapeutics (P&T) Committee Member Openings

There are nine (9) open positions for the Pharmacy and Therapeutics (P&T) Committee members.

Open positions for applicants are being accepted for the following positions for the terms beginning January 2023:

- Pharmacists (2 positions)
- Specialty Physicians (5 positions)
 - One physician who specializes in the practice of psychiatry
 - One physician who specializes in the practice of pediatrics
 - One physician who specializes in the practice of treating patients with disabilities.
 - One physician of any specialty (2 positions)
- Member Representatives (2 positions)



If interested in serving or know someone who would be qualified, submit a CV along with a completed [Conflict of Interest form](#) to:

Colorado Department of Health Care Policy & Financing
 Attn: Brittany Schock, PDL pharmacist
 Fax to 303-866-3590 or email Brittany.Schock@state.co.us

A CV is not required for the member representative position. A resume (or similar document) is acceptable.

Duties, membership and other term details can be found on the [Pharmacy and Therapeutics \(P&T\) Committee web page](#) and the [P&T Committee Policies and Procedures](#).

The first upcoming meeting for new members is Tuesday, January 10, 2023, from 1:00 p.m. - 5:00 p.m. (planned to be virtual).

Pharmacy and All-Medication Prescribers

Antihypertensive Products on the Preferred Drug List

Effective treatment of essential hypertension often requires two or more drugs with complementary mechanisms of action. Combination therapy optimizes blood pressure control, minimizes the incidence of adverse events, and increases patient drug compliance. Improving patient compliance has the added benefit of effectively lowering the management cost and incidence of further disease complications, such as hypertensive target organ damage and subsequent hospitalization.

Health First Colorado recognizes the benefits of using combinations of antihypertensive drugs with complementary mechanisms of action. Several antihypertensive combinations which do not require prior authorization are listed as preferred products on the Preferred Drug List (PDL) such as the following:

Beta-blockers with diuretics combinations	ACE inhibitors with CCB combinations	ACE inhibitors with diuretics combinations	ARBs with diuretics combinations	ARBs with CCB combinations
Atenolol/Chlorthalidone tablet Bisoprolol/HCTZ tablet Metoprolol/HCTZ tablet	Benazepril/Amlodipine capsule	Enalapril/HCTZ tablet Lisinopril/HCTZ tablet	Irbesartan/HCTZ tablet Losartan/HCTZ tablet Olmesartan/HCTZ tablet Valsartan/HCTZ tablet	Olmesartan/Amlodipine tablet Valsartan/Amlodipine tablet

Additional information or prior authorization criteria for all preferred and non-preferred medications can be found on the [Preferred Drug List \(PDL\)](#) on the [Pharmacy Resources web page](#). Call the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 with questions regarding rejected claims or prior authorization.

Pharmacy Providers

Family Planning for Expanded Income or Fee-for-Service Population and Pharmacy Claims

Effective July 1, 2022, members within the expanded income (with an income up to 260% of the federal poverty level) and fee-for-service eligibility categories were eligible to receive family planning and family planning-related medications at a \$0 co-pay.

- **Family Planning Pharmacy Billing:** Family planning (e.g., contraceptives) services are already configured for a \$0 copay.
- **Family Planning-Related Pharmacy Billing:** Pharmacy providers should utilize field 461-EU on the pharmacy claim to indicate “6- Family Plan” to receive a \$0 co-pay on family planning-related medications only. This will allow the pharmacist to determine if the medication was prescribed in relation to a family planning visit (e.g., tobacco cessation, sexually transmitted infections and disease (STI/STD) medications, and drugs for the treatment of lower genital tract and genital skin infections/disorders).

Effective November 11, 2022, if the medication is not on the family planning-related drug list, the prescriber will need to submit a prior authorization request to confirm that the drug was prescribed in relation to a family planning visit.

Additional Information

Expanded Income: Members within this eligibility category are **only** eligible to receive family planning and family planning-related services. If the medication has been determined to be family planning or family planning-related, it should be documented in the prescription record. If a medication is denied and is not a family planning or family planning-related medication, it is not a covered service for this population.

Fee-for-Service: If a medication is denied and is not a family planning or family planning-related medication, remove the “6-Family Plan” from the 461-EU field to allow the claim to adjudicate appropriately.

Refer to the [Pharmacy Billing Manual](#) for more information.

Contact Korri Conilogue at Korri.Conilogue@state.co.us with questions.



Telemedicine Electronic Health (eHealth)

The [telemedicine rule 10 CCR 2505-10 8.095](#) regarding eHealth entities is effective as of October 30, 2022. An eHealth entity is defined as a group practice that delivers services *exclusively* through telemedicine and is enrolled in a provider type that has an eHealth specialty.

- Telemedicine-only providers are to use Specialty Code 878.
- Telemedicine and in-person providers will continue to use the appropriate specialty code for their chosen provider type.



Providers who meet this definition must update their enrollment to this new provider specialty. More details can be found in the [Telemedicine Billing Manual](#) and on the [Provider Enrollment web page](#).

Contact Naomi Mendoza at Naomi.Mendoza@state.co.us with additional questions.

Provider Billing Training Sessions

November and December 2022 Provider Billing Webinar-Only 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 institutional claims (UB-04) and professional claims (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 Beginning Billing Training: Professional Claims (CMS 1500) and Beginning Billing Training: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section.



For more training materials on navigating the Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides 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.

November 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	11	12
13	14	15	16	17 Beginner Billing Training: Institutional Claims (UB-04) 9:00 a.m. - 11:30 a.m. MT	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8 Beginner Billing Training: Professional Claims (CMS 1500) 9:00 a.m. - 11:30 a.m. MT	9	10
11	12	13	14	15 Beginner Billing Training: Institutional Claims (UB- 04) 9:00 a.m. - 11:30 a.m. MT	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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. For questions or issues regarding webinar registration, email co.training@gainwelltechnologies.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.

Upcoming Holidays

Holiday	Closed Offices/Offices Open for Business
Veterans Day, Friday, November 11	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.
Thanksgiving Day, Thursday, November 24	State Offices, Gainwell Technologies, DentaQuest 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.
Friday, November 25	State Offices, DentaQuest 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 will be open.
Christmas Day (observed), Monday December 26	State Offices, Gainwell Technologies, DentaQuest 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 Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

P.O. Box 30
Denver, CO 80201