

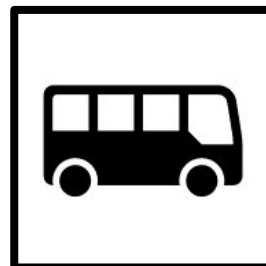
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Did You Know?

Members who require Non-Emergent Medical Transportation (NEMT) to and from medical appointments in the Denver area can call Transdev Health Solutions at 1-303-398-2155 or 1-720-279-3830 to schedule a ride. Members outside the Denver area can contact a provider from the [NEMT Service Area list](#).

- Providers are **not allowed** to request or accept payment from members.
- Member safety is the Department's top priority and we will only do business with providers who follow state and federal rules.
- Health First Colorado has more than 100 NEMT providers who are authorized to provide NEMT services.
- The Member Contact Center can help members find other transportation services.
- Members can call or go online to find a new provider:
 - Visit hcpf.colorado.gov/nemtlist.
 - Call the Health First Colorado Member Contact Center at 1-800-221-3943 (State Relay: 711).



All Providers

Load Letters

The purpose of the load letter is to allow providers to submit claims outside of the timely filing period if the member was not initially eligible on the date of service but was enrolled retroactively. Load letters will **only** be granted for cases where the member's eligibility was backdated.

The load letter is not intended to provide proof of eligibility.

The Load Letter Request Form is available under the Claim Forms and Attachments drop-down list on the [Provider Forms web page](#). All load letter requests should be faxed to the Department of Health Care Policy & Financing (the Department) at 1-303-866-2082 or sent via encrypted email to LoadLetterRequests@hcpf.state.co.us with the subject line "Load Letter Request." **Do not use the member's Health First Colorado Member ID in the subject line.**

Requests are not necessary if the date of service is within 365 days.

Requests will not be granted if the member has commercial insurance (third-party liability) as primary. All claims where the member has commercial insurance must be paid within 365 days.

Providers have 60 days from the date of the load letter issued by the Department to submit the claim with the letter attached for review by the fiscal agent Gainwell. Claims should be submitted via the [Provider Web Portal](#) and not on paper. Refer to the [General Provider Information Manual](#), located on the [Billing Manuals web page](#) under the General Provider Information drop-down, for all other questions related to timely filing.



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 April 2025. For more information, visit the [National Correct Coding Initiative \(NCCI\) Edits web page](#).

Reminder: May 1, 2025, Provider Services Call Center Vendor Transition

[Providers are reminded](#) that management of the [Provider Services Call Center](#) will transition from Gainwell Technologies (Gainwell) to OptumInsight (Optum).

What providers should know:

- On May 1, 2025, Optum will officially take over management of the Provider Services Call Center. **The Provider Services Call Center phone number will change.** The Department will announce the new phone number closer to the transition.
- Optum is only taking over management of the Provider Services Call Center. **Gainwell will continue as the vendor for the Colorado interChange and the [Provider Web Portal](#).** This vendor change **will only apply to the Provider Services Call Center.** The Care and Case Management (CCM), Dental, Pharmacy and Electronic Visit Verification (EVV) call centers will not change. For a complete list of assistance resources, [visit the Provider Contacts web page](#). This vendor transition will add enhancements to the Provider Services Call Center. Some of the changes include:
 - Providers being offered an after-call survey to provide valuable feedback about their call.
 - Providers being able to use their National Provider Identifier (NPI) or their Health First Colorado Provider ID.

Visit the [Colorado Medicaid Enterprise Solutions \(CMES\) Transition web page](#) for more information.

Stakeholder Meeting: County Administration Rules

Beginning in December 2024, the Department of Health Care Policy & Financing (the Department) began to solicit input on the County Administration Rules. The Department's County Administration rules govern the Medical Assistance fiscal and programmatic operations of the county departments of human and social services (counties). These rules set standards for fiscal and program compliance, customer service, non-discrimination, accessibility and more. These rules do not apply to eligibility determinations or actions taken in the eligibility determination system.



Providers, advocates, members and the general public are encouraged to provide feedback on the [suggested changes to the rules](#). Interested parties can provide feedback in the form of [written comments](#) or by participating in a stakeholder meeting. A full list of stakeholder meetings, a copy of the suggested changes to rules and the comment form can be found on the [County Rulemaking web page](#).

Meeting date and time: March 20, 2025, 9:00 a.m. to 11:00 a.m. MT (Providers)

Registration and location: The meeting will be held virtually via Zoom. [Register in advance](#).

All Providers Who Utilize the ColoradoPAR Program

What is the ColoradoPAR Program?

The ColoradoPAR Program is a third-party, fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. Visit the [Colorado Prior Authorization Request \(ColoradoPAR\) Program web page](#) for more information about the ColoradoPAR Program.

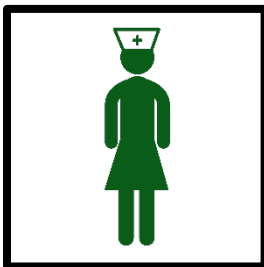
Pediatric Long-Term Home Health (LTHH) - Prior Authorization Request (PAR) Resumption Information

Pediatric LTHH PARs have been on pause since February 8, 2022. Prior authorization is a federal requirement per [42 CFR 456.3](#). The Department of Health Care Policy & Financing (the Department) intends to fully reinstate the PAR requirement by April 6, 2026. Implementing Pediatric LTHH PARs will follow a gradual, phased-in approach to allow a smooth transition and avoid overwhelming providers.

Soft Launch:

PAR Requirements for Pediatric LTHH Services

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Therapy/Speech-Language Pathology (ST/SLP) services



The first phase of the PAR Resumption Plan, the **voluntary Soft Launch period**, started **February 3, 2025**, and will remain in effect until the Maintenance of Effort (MOE) for Colorado is lifted by the Centers for Medicare and Medicaid Services (CMS), **but no sooner than May 1, 2025**. Given the uncertainty of the Soft Launch's end date, Home Health Agencies (HHAs) are strongly encouraged to avoid delaying the submission of therapy PARs for review.

The Soft Launch is a phase during which providers can submit PARs for review by Acentra Health. The outcome of the PARs **will not impact the current status of the members' benefits during this phase**. The Department will actively monitor submission progress throughout the Soft Launch period and provide education to providers when necessary.

Further details, including the timeline for the resumption of PAR requirements for all Pediatric LTHH services (including Registered Nurse [RN] and Certified Nurse Assistant [CNA] services), will be provided in an [Operational Memo \(OM\)](#).

Inpatient Hospital Transitions (IHT) Providers

Thank you to hospital partners for participating in Joint Operating Committee (JOC) meetings during implementation of the Inpatient Hospital Transitions (IHT) program. Monthly JOC

meetings have now concluded. Please continue to monitor the [IHT web page](#) and the [Hospital Transformation Program web page](#) for any new developments. Providers may continue to send inquiries to Acentra and COProviderIssue@acentra.com and the Department at HCPF_UM@state.co.us.

In-Home Therapy Survey is Opening in March

Health First Colorado and Acentra Health are announcing the opening of the benefit-specific survey for in-home therapy providers. This survey will be open later this month and will remain open through the month of April. Emails including a link to the survey will be sent to providers as a reminder when the survey is open.

Acentra Health Provider Training

Beginning in March 2025, Acentra Health (Acentra) will provide general PAR submission training for all providers and benefit-specific training for Pediatric LTHH providers. The training dates and times are listed below in Mountain Time (MT):

- [Pediatric Behavioral Therapy, March 12, 2025, 8:30 a.m.](#)
- [Pediatric Behavioral Therapy, March 12, 2025, 12:00 p.m.](#)
- [General PAR Submission Training, March 26, 2025, 8:30 a.m.](#)
- [General PAR Submission Training, March 26, 2025, 12:00 p.m.](#)

PAR submission training is appropriate for all new users and includes information on how to submit a PAR using Acentra's provider PAR portal, Atrezzo®.

Contact COProviderIssue@acentra.com with questions or for assistance registering for Atrezzo training or accessing the portal. Visit the [ColoradoPAR Training web page](#) for additional training information.

Child Health Plan *Plus* (CHP+)

Transplant Benefit Update

CHP+ is public low-cost health insurance for children and pregnant people from households who earn too much to qualify for [Health First Colorado](#) (Colorado's Medicaid program), but not enough to pay for private health insurance. The following change is being made to transplant benefits within the CHP+ program:

The maximum lifetime benefit for major organ transplants of \$1,000,000 per member is being removed per [federal final rule](#). The change is effective July 1, 2025.

Refer to the [Child Health Plan *Plus* web page](#) for more information about the CHP+ program. Contact HCPF_CHPPlus@state.co.us with any questions.

Durable Medical Equipment (DME)

General Updates

Healthcare Common Procedure Coding System (HCPCS) code L5999 is considered a miscellaneous procedure code and is therefore manually priced. A Prior Authorization Request (PAR) will be required, effective for dates of service on or after May 1, 2025. The [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) Billing Manual](#) will be updated to reflect a required PAR.

Contact HCPF_UM@state.co.us and Haylee.Rodgers@state.co.us with questions.



Telehealth DME therapist evaluations were accepted during the public health emergency (PHE). In person evaluations will be required again by the Department of Health Care Policy & Financing (the Department) due to the end of the PHE. There may be extenuating circumstances when a virtual evaluation must occur, and the Department's utilization management vendor will handle these requests on a case-by-case basis.

Contact HCPF_UM@state.co.us with questions.

Home and Community-Based Services (HCBS)

Working Adults with Disabilities Stakeholder Meeting Announcement and Invitation

The Health First Colorado Buy-In Program for Working Adults with Disabilities allows adults with a qualifying disability to “buy into” Health First Colorado (Colorado's Medicaid program). Members who work and earn too much to qualify for Health First Colorado may qualify for the Buy-In Program. Interested stakeholders are invited to a virtual stakeholder meeting to learn about updates being made to the Buy-in Program for Working Adults with Disabilities effective July 1, 2025.

Staff from the Department of Health Care Policy & Financing (the Department) will present an overview of the changes being made to how Health First Colorado members enroll into the Buy-In Program for Working Adults with Disabilities. These changes will specifically impact Health First Colorado members who also receive services through Home and Community-Based Services (HCBS) waivers. Attendees are invited to learn and ask questions about the upcoming changes.

Meeting date and time: March 13, 2025, 1:00 p.m. to 2:00 p.m. MT

Registration and location: The meeting will be held virtually via Zoom. [Register in advance.](#)

Attendees will receive a confirmation email after registering with information about joining the webinar.

A recording of the meeting may be requested by emailing Kyra Acuna at HCPF_Stakeholders@state.co.us.

Refer to the [Health First Colorado Buy-In Program For Working Adults With Disabilities web page](#) for more information about the Health First Colorado Buy-In Program for Working Adults with Disabilities.

Meeting Accommodation and Language Access Notice: Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Contact Kyra Acuna at HCPF_Stakeholders@state.co.us at least one (1) week prior to the meeting to make arrangements.

Home and Community-Based Services (HCBS), Home Health, Program of All-Inclusive Care for the Elderly (PACE)

Rural HCBS Provider Listening Sessions

The Long-Term Direct Care Workforce Team is inviting rural HCBS, Long-Term Home Health (LTHH) and PACE providers and partners to join listening sessions. These sessions are an opportunity to share the unique challenges and barriers faced when delivering services to members in the community. Feedback will play a key role in shaping future efforts to improve support for providers and enhance services for those in need, specifically related to shared resources and systems as discussed in the [Rural Provider Sustainability Report](#).

If interested in participating, fill out the [Rural Provider Listening Sessions Sign-Up Form](#) with contact information and preferred meeting date and time. Participants will be added to an email list and will receive more details on how to schedule a spot for regional Listening Sessions in April or May 2025.

Email HCPF_RuralSustainability@state.co.us or visit the [Rural Provider Sustainability web page](#) for more information.



Hospital Providers

General Updates

Hospital Stakeholder Engagement Meetings

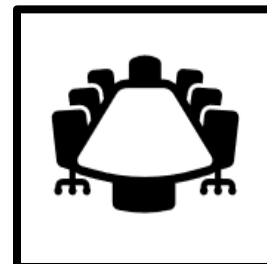
Bi-monthly Hospital Stakeholder Engagement Meetings will be hosted by the Department of Health Care Policy & Financing (the Department) to discuss current topics regarding ongoing

rate reform efforts and operational concerns. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

- The next Hospital Stakeholder Engagement Meeting is set for **Friday, March 7, 2025, from 9:00 a.m. to 11:00 a.m. MT** and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2025 meeting dates have been posted.**

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



Pharmacies and All Medication-Prescribing Providers

Preferred Drug List (PDL) Announcement of Preferred Products

Changes will be made for the following PDL classes, effective Tuesday, April 1, 2025.

PDL Drug Class	Moved to Preferred	Moved to Non-Preferred
Anti-Convulsant		Lamictal
New Generation Antidepressants	Vilazodone	
Atypical Antipsychotics - Oral and Topical	Rexulti*	
Ophthalmic Glaucoma	Carteolol and Brinzolamide	Azopt

*Rexulti approval requires trial and failure of one preferred product. Failure is defined as lack of efficacy, allergy, intolerable side effects or significant drug-drug interaction.

No changes will be made for the following PDL classes:

PDL Drug Class	PDL Drug Class
NSAIDs - Oral and Non-oral	Ophthalmic Immunomodulators
Non-opioid Analgesia Agents - Oral and Topical	Anti-Parkinson's Agents
Opioids: Short Acting, Fentanyl Preps (TRIF) and Long Acting	Anxiolytics: Non-benzodiazepine & Benzodiazepine (Non-sedative Hypnotics)
Sedative Hypnotics (Benzo and Non-benzo)	Lithium

PDL Drug Class	PDL Drug Class
Calcitonin Gene-Related Peptide Inhibitors (CGRPIs)	Neurocognitive Disorder Agents
Stimulants and Related Agents	Ophthalmic Allergy
Multiple Sclerosis Therapies - Disease Modifying & Symptom Management	Triptans, Ditans, and other Migraine Treatments - Oral and Non-oral
Ophthalmic Anti-Inflammatories (NSAID and Corticosteroids)	Monoamine Oxidase Inhibitors (MAOIs)
Skeletal Muscle Relaxants	Tricyclic Antidepressants (TCAs)

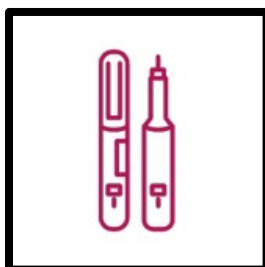
More information may be found on the [Pharmacy Resources web page](#).

Preferred Insulin Changes

Effective April 1, 2025, the following brand name medications will no longer be preferred by Health First Colorado. Providers and pharmacists are encouraged to switch members to the generic formulations of these products:

Preferred	Moving to Non-Preferred
Insulin aspart protamine/insulin aspart 70/30 FlexPen, vial	NOVOLOG Mix 70/30 FlexPen, vial
Insulin aspart cartridge, Flexpen, vial	NOVOLOG cartridge, Flexpen vial
Insulin lispro protamine/insulin lispro 75/25 KwikPen	HUMALOG MIX 75/25 KwikPen
Insulin lispro Jr. KwikPen	HUMALOG Jr. KwikPen
Insulin lispro KwikPen, vial	HUMALOG 100U/mL KwikPen, vial

Additional prior authorization criteria for all preferred and non-preferred medications can be found on the [Health First Colorado Preferred Drug List](#). Contact the Prime Therapeutics Help Desk at 1-800-424-5725 with questions regarding rejected claims or prior authorization.



Physician Services

Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers



Free SBIRT training for Health First Colorado providers is provided through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

In order to directly deliver screening and intervention services, providers are required to participate in training that provides information about the implementation of evidence-based protocols for screening, brief interventions and referrals to treatment. Face-to-face trainings and consultations are available through various entities such as [SBIRT Colorado](#), [Colorado Community Managed Care Network](#) and the [Emergency Nurses Association](#).

Visit the [PAS training calendar](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Billing Manual](#) to learn more about best billing practices.

Contact Janelle Gonzalez at Janelle.Gonzalez@state.co.us with questions.

Reminder of Multiple Surgery Billing Policy

Providers are reminded that services must be billed on the same claim to receive payment for multiple surgical services rendered on the same date of service, for the same member, by the same rendering provider. If a separate claim is billed for the same rendering provider, the subsequent claim will deny for Explanation of Benefits (EOB) 0110 - "There is no additional benefit for this service. Payment for this procedure was included in the payment for the primary procedure."

The Colorado interChange has been updated to enforce this policy.

Refer to the [Medical-Surgical Billing Manual](#) for additional guidance. Contact Chris Lane at Chris.Lane@state.co.us with any questions.

Transportation

Non-Emergent Medical Transportation (NEMT) Providers

NEMT providers outside of the brokered Transdev nine (9) county service area are responsible for the following:

- Verifying member and treatment provider eligibility for trip requests
- Verifying and retaining documentation of medical necessity for level of service authorization for trip requests



Billing status changes will be delayed and further reviewed due to fraud, waste and abuse concerns of NEMT services billing in addition to the moratorium currently in effect regarding NEMT new provider enrollment. The Department of Health Care Policy & Financing (the Department) will not be making any changes to billing status for NEMT providers while the moratorium is in effect.

Information can be found in the [HCPF Memo Series](#) under 2021 Memo Series, OM 21-055. Policies for the NEMT benefit are found in the [NEMT Billing Manual](#) and in [10 C.C.R. 2505-10 8.014](#).

Email Courtney Sedon at Courtney.Sedon@state.co.us.

Vision Providers

Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate

It is anticipated that effective April 1, 2025, Health First Colorado (Colorado's Medicaid program) will begin editing vision services claims for compliance with federal Ordering, Prescribing and Referring (OPR) regulations ([42 CFR § 455.440](#)).

The following providers are eligible to **order, prescribe or refer** vision services when enrolled with Health First Colorado and licensed by the Colorado Department of Regulatory Agencies (DORA) or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Physicians.

The following providers are eligible to **render** vision services when enrolled with Health First Colorado and licensed by DORA or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Opticians.

The OPR provider indicated on the claim **must** be actively enrolled with Health First Colorado ([42 CFR § 455.410\(b\)](#)). If the indicated provider is not actively enrolled the claim will be denied.

It is important for OPR providers to understand the implications of failing to enroll in Health First Colorado. The providers who render services to Health First Colorado members based on the order, prescription or referral from an OPR provider will not be reimbursed for such items or services unless the OPR provider is enrolled.

Vision providers are reminded to include the OPR provider on claims and to ensure the OPR provider is currently enrolled with Health First Colorado. The OPR field on the CMS 1500 Professional claim form is 17b and in fields 76-79 on the UB-04 Institutional claim form. This

field may be labeled as Referring Provider in the Provider Web Portal. Claims with services requiring OPR provider(s) will post Explanation of Benefits (EOB) 1997- “The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field,” if the OPR provider is not enrolled with Health First Colorado.

Below is a visual example of the CMS 1500 Professional claim form with an indicator of where the NPI number should be populated:

UB-04 outpatient hospital claims would populate the required NPI in the attending provider field (#76) or the Other ID field (#78 or #79). The following is a visual example of where the OPR NPI must be populated:

Claims are not currently set to “deny” for a missing OPR field. However, missing OPR NPIs will result in claim denials beginning April 1, 2025.

Providers are highly encouraged to [sign up to receive Department communications](#).

Contact the [Provider Services Call Center](#) with questions about claim denials.

Policy questions should be directed to Christina Winship at Christina.Winship@state.co.us.

Refer to the [Vision Care and Eyewear Billing Manual](#) for more information on billing vision claims.

Refer to the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for more information about OPR requirements.

Provider Training Sessions

March 2025 Schedule

Providers are invited to sign up for a provider training session. Training sessions focused on Health First Colorado are offered:

- Provider Enrollment
- Beginner Billing: Professional Claims (CMS-1500)
- Beginner Billing: Institutional Claims (UB-04)
- Intermediate Billing: All Claim Types
- Provider-Specific Billing Training Sessions

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below and on the [Provider Training web page](#). The availability of training sessions varies monthly.

Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment. Note that it does not provide guidance on revalidation for already enrolled providers.

Beginner Billing Training



There are two (2) beginner billing training sessions offered. One (1) is for providers that submit professional claims (CMS 1500) and the other is for providers that submit institutional claims (UB-04). These training sessions are identical except for claim submission specifics.

Click “[Which Beginner Billing Training Do I Need?](#)” on the [Provider Training web page](#) to find training aligned to provider type.

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

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

Intermediate Billing Training

Intermediate billing training covers claims processing and Remittance Advice (RA) via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations, resubmissions and more.

Provider-Specific Training

Provider-specific training sessions cover topics unique to providers. Visit the [Provider Training web page](#) for information on upcoming provider-specific training.

Note: These sessions offer guidance for Health First Colorado only. Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for enrollment and billing training specific to those organizations.

Training for the Care and Case Management (CCM) system will not be covered in these training sessions. Visit the [CCM System web page](#) for CCM-specific training and resources.

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.

Live Webinar Registration

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

Note: Webinars may end early. Time has been allotted for questions at the end of each session.

March 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12 Billing Training: Audiology 9:00-10:30 a.m.	13	14
17	18	19	20	21
24	25	26	27 Beginner Billing Training: Institutional Claims (UB-04) 9:00-11:00 a.m.	28

Upcoming Holidays

There are no upcoming holidays for March 2025.

Gainwell Technologies Contacts

Provider Services Call Center

1-844-235-2387

Gainwell Technologies Mailing Address

P.O. Box 30 Denver, CO 80201