



Dear Dental Provider,

Providers are reminded to verify member eligibility prior to rendering services. Records of eligibility should be retained for billing purposes. It is critical for providers to always check the eligibility response at each visit as eligibility may change. Obtaining prior authorization is not a guarantee of eligibility.

Eligibility verification is available electronically, 24 hours a day, 7 days a week. Eligibility information is updated daily, except for weekends and State holidays.

Health First Colorado (Colorado's Medicaid Program) Provider Web Portal

The [Provider Web Portal](#) is managed by DXC Technology (DXC) and is the system of record for member eligibility, **not** the DentaQuest Portal.

Providers are required to verify eligibility for each date of service through DXC either via the Provider Web Portal or via batch X12N 270.

For more information on how to verify member eligibility in the Provider Web Portal, refer to the [Verifying Member Eligibility and Co-Pay Provider Web Portal Quick Guide](#), available on the [Quick Guides and Webinars web page](#).

Appealing Claim Denials for Eligibility

If a claim is denied for eligibility by DentaQuest, the provider may appeal by submitting proof of eligibility from DXC. The appeal process is documented under section 7.00 of the [Health First Colorado Dental Plan Program Office Reference Manual \(ORM\)](#), available on the [Colorado State Dental Plans web page](#) of the [DentaQuest website](#).

Refer to the examples of valid and invalid proof shown below.

Example 1 - Screenshot without guarantee number is not proof of eligibility.

Eligibility Verification

[Eligibility](#) > [Eligibility Verification](#) > Coverage Details

Thursday 08/02/2018 09:02 AM MST

Provider Name Sammie Smiles DDS	Provider ID 999999999	Location 88888888
Taxonomy 999200000X		

Eligibility Verification Request ?

* Indicates a required field.

Enter the member information. If Member ID is not known, enter two of the following: SSN, Birth Date, Member Name.


Member ID	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>
SSN	<input type="text"/>	Birth Date	<input type="text"/>		
*Effective From	<input type="text" value="06/11/2018"/>	Effective To	<input type="text" value="06/11/2018"/>	Verification for Newborn?	<input type="checkbox"/>

Service Type Code

If the Service Type Code is selected from the 'Search By' dropdown list, the Service Type Code is required.

Search By

Service Type Code

I'm not a robot
 

Submit **Reset**

Eligibility Verification Information for **from 06/11/2018 to 06/11/2018**

Member ID	Birth Date	Gender	
	Coverage	Effective Date	End Date
Medicaid State Plan		06/01/2016	12/31/2299
Behavioral Health Benefits		06/01/2016	12/31/2299
HCBS Developmental Disabilities Waiver		06/01/2016	12/31/2299

Example 2 - Screenshot with guarantee number is proof of eligibility.



Provider Name Sammie Smiles DDS	Provider ID 9999999999	Location 88888888
Taxonomy 999200000X		

[Print](#)

Coverage Details [Back to Eligibility Verification](#)

Coverage Details for Member ID **Z999999 Jane Plaighn-Doe** **from 01/01/2014 to 12/31/2299**
Eligibility Verification Response Guarantee Number **1810000001**

[Expand All](#) | [Collapse All](#)

Benefit Details			
Coverage	Description	Effective Date	End Date
TXIX	Medicaid State Plan - BJ	04/30/2018	04/30/2018
BHO+B	Behavioral Health Benefits - BJ	04/30/2018	04/30/2018
Coverage	Copayments	Amount	
TXIX	Medical Care	\$0.00	
TXIX	Dental Care	\$0.00	
TXIX	Hospital	\$0.00	

Contact a Provider Relations Representative with any questions regarding this process:

Central/Metro Denver

Contact Lisa Larkin-Allen at lisa.larkin-allen@dentaquest.com.

Northeastern Colorado

Contact Donna Phelps at donna.phelps@dentaquest.com.

Southeastern Colorado

Contact Richard Spencer at richard.spencer@dentaquest.com.

Western Colorado

Contact Christie Robson at christie.robson@dentaquest.com.

Thank you,

Department of Health Care Policy & Financing

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