



COLORADO SUMMIT

Health First Colorado and CO CHP + Dental Programs

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DentaQuest
a Sun Life company

IN THIS ISSUE

- Welcome our new Colorado Team Member
- Introducing the Portal Resource Hub
- Hypermobility Spectrum Disorder and Ehlers Danlos Syndrome
- Stay Current: Enrollment and Revalidation Requirements
- Prior Authorization (PAR) vs. Pre-Payment Review (PPR)
- Documentation Requirements for Successful PAR Approval
- Cultural Competency Program
- Member Spotlight

Welcome to our New Colorado Team Member

We are excited to welcome Trisha Gardea as the new network manager for the Northeastern Colorado and Denver Metro area.

Trisha is proud to be a Colorado native and brings a wealth of experience in the dental industry to DentaQuest. Having worked in a variety of roles, from dental assisting to office management, she understands the day-to-day challenges providers and their teams face. Trisha is passionate about building strong relationships and serving as a trusted resource for the offices she supports. Her goal is to provide personalized, high-quality service that helps providers succeed while ensuring their patients receive the care they need. She is dedicated to making every interaction positive, approachable, and solution-focused.

Promoting Preventive Care: Sealants on Second Molars for Better Oral Health

As part of our ongoing focus on preventive care, we are reaching out to members to highlight the importance of sealants on second molars and the ease of application. When appropriate, please take a moment to reinforce this message with patients and caregivers and assess eligible members for sealant placement. Your partnership helps ensure members receive simple preventive services that can significantly reduce the risk of decay.

FAQ

Q: How do I check a member's remaining adult dental benefit maximum?

A: Log in to the Provider Portal and use Member Search to view the member's eligibility and benefit information, including their remaining adult dental benefit maximum

Refer to the Provider Portal User Guide for step-by-step instructions.



Introducing the Portal Resource Hub

We've made it easier to find the tools and information you need. DentaQuest has launched the Provider Portal Resource Hub, a centralized location for training materials, user guides, FAQs, and support resources.

The hub is designed to help providers and office staff quickly navigate portal functionality, access educational materials, and help you make the most of your portal experience.

Provider Tip: Bookmark the Resource Hub and encourage your team to use it as a first stop for portal-related questions. Visit the [Resource Hub](#) today and discover resources designed to support your office's success.

Hypermobility Spectrum Disorder (HSD) and Ehlers-Danlos Syndrome (EDS)

There is limited information surrounding Dental patients who suffer from Ehlers-Danlos Syndromes (EDS) and Hypermobility Spectrum Disorders (HSD) as the condition often goes undiagnosed. According to the article by John E. Mitakides, The effect of Ehlers-Danlos syndromes on TMJ function and craniofacial pain, Ehlers-Danlos Syndromes (EDS) and the subtype Hypermobility Spectrum Disorders (HSD) are a group of hereditary disorders that affect the connective tissues and are collectively described by joint hypermobility, skin hyperextensibility and tissue fragility. Oromandibular manifestations have been discovered in patients who suffer from EDS/HSD. Research shows patients with EDS encounter challenges in oral and mandibular disorders, which includes temporomandibular disorder (TMD) and craniofacial pain.

Dental patients with EDS/HSD have exceptionally flexible joints, loose fragile skin as well as other membranes.

Affected areas to be aware of when treating these patients are:

- Neck and Jaw
- TMJ Syndrome
- Specialized care
- Resistance to Local Anesthesia

Patients who suffer from Ehlers-Danlos Syndromes are usually afraid to continue with their dental treatment for fear of being set back with physical therapy. These patients will most likely choose to skip their routine dental visits and only seek care as a last resort.

Offices can make simple accommodations to ensure these patients have a good experience

- Be very gentle with jaw or head movement
- Offer a pillow or advise the member to bring their own in for comfort
- Check in with the patient more during the visit
- Allow the patient to open his/her mouth just enough
- Placing a dental block in the mouth, to allow the patient to relax their jaw during routine or dental treatment

To read more about Ehlers-Danlos Syndromes (EDS) and Hyper mobility Spectrum Disorders (HSD), click on the links below.

[Full article: The effect of Ehlers-Danlos syndromes on TMJ function and craniofacial pain \(tandfonline.com\)](#)

[Resistance to local anesthesia in people with the Ehlers-Danlos Syndromes presenting for dental surgery - PMC \(nih.gov\)](#)



Stay Current: Enrollment and Revalidation Requirements

To remain eligible to treat Health First Colorado (Colorado's Medicaid program) and CHP+ members, providers must maintain two separate enrollments and stay current with all required revalidation deadlines.

Colorado Medicaid Enrollment (Health First Colorado)

All providers serving Health First Colorado members must be enrolled with the Colorado Department of Health Care Policy & Financing (HCPF). Provider enrollment and revalidation requirements are managed directly by HCPF.

- Providers must complete recredentialing every five years to maintain participation in the network.
- Watch for revalidation notices and complete revalidation by the stated deadline.
- Failure to revalidate on time may result in enrollment termination and claim payment interruptions.

Colorado requires revalidation for both individual provider NPIs and business NPIs

For enrollment and revalidation information, visit the [HCPF Provider Enrollment webpage](#).

CHP+ Enrollment (DentaQuest)

Participation with Colorado CHP+ plan requires a separate enrollment and credentialing process with DentaQuest..

- New providers and new practice locations must complete the appropriate enrollment documents before being added to the network.
- DentaQuest does not backdate effective dates.
- Providers must complete recredentialing every three years to maintain participation in the CO CHP+ network.

Provider Tip: Review enrollment records regularly and submit updates promptly. Keeping information current can help prevent participation and reimbursement delays

Understanding Prior Authorization (PAR) vs. Pre-Payment Review (PPR)

One of the most common provider questions involves the difference between Prior Authorization (PAR) and Pre-Payment Review (PPR). While both involve clinical documentation review, they occur at different points in the claim process and have different requirements.

Prior Authorization (PAR)

A PAR is requested before services are performed to determine whether the proposed treatment meets coverage requirements.

Pre-Payment Review (PPR)

A PPR occurs after services have been rendered but before claim payment is issued. Supporting documentation may be requested to verify services billed.



Quick Reference

Prior Authorization (PAR)	Pre-Payment Review (PPR)
Review occurs before treatment	Review occurs before payment
Approval required before services are rendered	May be submitted either before treatment or with the claim
Required for specific services identified in the Office Reference Manual	Documentation requirements are outlined in the Office Reference Manual
No prior authorization may result in claim denial	Payment is delayed until review is completed

Documentation requirements for successful PAR approval

Submitting complete and accurate documentation is one of the most important steps in obtaining a timely Prior Authorization (PAR) decision. Incomplete submissions are a common reason for delays and additional information requests.

What Should Be Included?

When submitting a PAR, providers should ensure that all supporting documentation clearly demonstrates the member's clinical need for treatment.

Documentation requirements vary by procedure and benefit plan, documentation may include:

- Diagnostic radiographs
- Intraoral or extraoral photographs
- Narrative describing the clinical condition and treatment rationale
- Previous treatment history, when applicable
- Any additional documentation required by the Office Reference Manual

Tips for Improving Approval Timelines

- Submit all supporting documentation with the initial request.
- Ensure radiographs and photographs are clear, legible, and appropriately labeled.
- Include a detailed narrative when clinical findings may not be evident from radiographs alone.
- Verify that the procedure requested aligns with the documentation submitted.
- Review ORM requirements before submitting authorization requests for services requiring PAR.

Provider Tip: Before submitting a PAR, ask yourself: "Would someone unfamiliar with this patient be able to understand why this treatment is necessary based solely on the documentation provided?"

Cultural Competency Program

DentaQuest is committed to ensuring that its staff and participating providers, as well as its policies and infrastructure meet the diverse needs of all members and follows National Standards on Culturally and Linguistically Appropriate Services (CLAS).

DentaQuest requires its providers to adopt all fifteen National Standards on Culturally and Linguistically Appropriate Services ("CLAS Standards") in health care to promote equity through clear plans and strategies, eliminate health disparities, and improve the quality of services and primary care outcomes for members.



The cornerstone of the Cultural Competency Program is the commitment to establishing clinical, network, and operational policies to support ongoing assessment and improvement of health equity. DentaQuest believes that recruiting a workforce and provider network that reflect the communities in which it operates ensures that members feel welcome and that their values are respected.

Providers are surveyed quarterly to determine their cultural capabilities and sensitivity to cultural awareness such as whether they can speak languages other than English, treat special needs enrollees, and accommodate handicapped enrollees. In developing the surveys, DentaQuest considers the cultural, ethnic, racial, and linguistic needs of the members and the providers that serve our members. This in-depth analysis allows DentaQuest to review and update service programs, processes, and resources to address the health care needs of members. In accordance with the federal law, protected health information is kept safe for our members, and we inform our members of what we do to keep it safe in writing or on the computer.

More information about the Cultural Competency Program can be found in the [Office Reference Manual](#).

Member Spotlight – Alison’s Story

Alison caught a virus and never got better. Because of the support she receives from Health First Colorado, she doesn’t have to worry about the expensive medical bills or decide whether she has to skip going to the doctor this time. Alison is able to use the precious energy she has to support others, which has given her life new meaning. Other Health First Colorado members want Coloradans to know that they may qualify for quality health care coverage. Learn more at [HealthFirstColorado.com](https://www.healthfirstcolorado.com).



Watch Alison’s story on YouTube: [Alison's Story](#)

Training Sessions

Did you know DentaQuest holds monthly training sessions covering current events and common questions? Join our next session by following the instructions below!

For complete training details, [Click Here](#).

Date: October 14th 2026

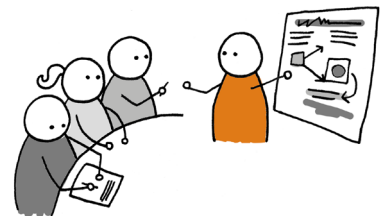
Time: 12:00 PM MST (1 hour)

Host: Jessica Jensen

Call in: 1-339-666-3919

Meeting Number (access code): 474 749 383#

Meeting Link: [October 2026](#)



DentaQuest is Here to Help

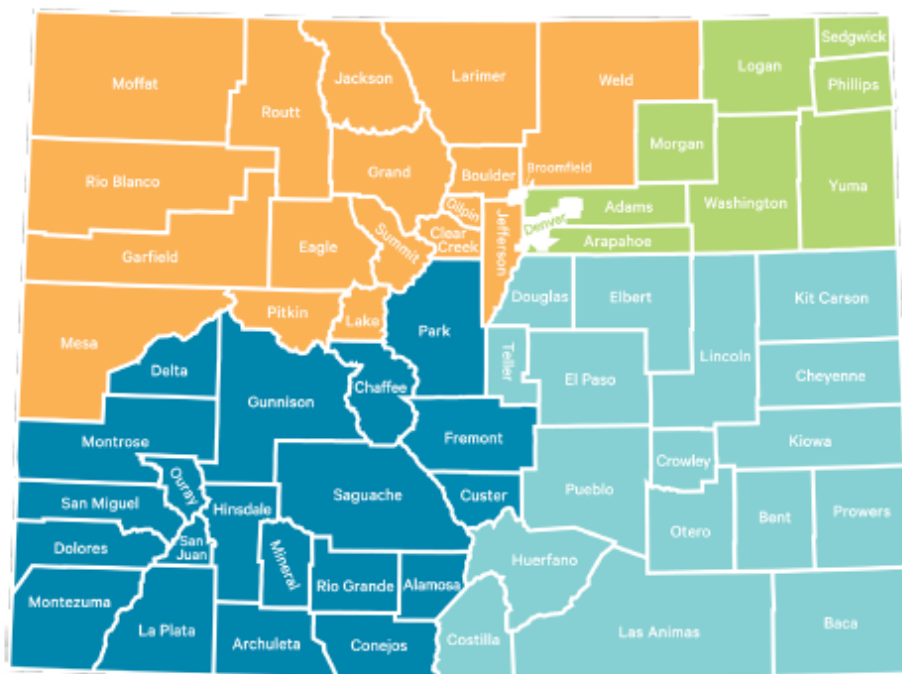
Take advantage of special discounts we negotiated just for you. At DentaQuest, we greatly appreciate the positive impact our providers have on our members’ oral health. To help you acquire the supplies you need for your practice, we have reached agreements with product vendors to offer special pricing to networked providers. It’s just one more way you can count on us to deliver customized support.

<https://www.dentaquest.com/heretohelp>



DentaQuest Network Manager Information

YOUR COLORADO PROVIDER PARTNERS



Network Managers can be reached Monday-Friday, 8:00am-5pm MST

**Health First Colorado and
CHP+ Provider Services**
855-225-1731

**Health First Colorado
Member Services**
855-225-1729

CHP+ Member Services
888-307-6561

DentaQuest Web Portal Log-In
provideraccess.dentaquest.com

**Health First Colorado and CHP+
Authorization & Claim Requests Fax:**
262-834-3589

Mailing Address:
DentaQuest - CO
PO Box 2906
Milwaukee, WI 53201-2906

**Health First Colorado
Credentialing (GWT)
Provider Contacts |
Department of Health Care
Policy and Financing**

CHP+ Credentialing
800-233-1468

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