

# Third Party Liability

Third-Party Liability (TPL) refers to any health insurance or coverage other than that provided by the Medical Assistance (MA) programs.

Any information received from a customer regarding their insurance coverage needs to be updated appropriately in CBMS.

For Third Party Liability, or TPL, it is crucial that eligibility workers update the correct sections of CBMS with the customer’s information to be sure the customer’s benefits are being accurately calculated.

Why is this so important? Customer’s benefits are dependent on accurate information in CBMS. If there is any information in the system that is not up to date, the customer’s benefits may be delayed due to the inaccuracy. For example, a customer may not be able to fill perscriptions for medications.

Workers should check the **Case Questions** page to see if the customer has indicated that they do have Other Health Care Coverage.

Case Questions

Case Information

CDHS Scheduling

Add Member

Demographics

Is anybody in the case

☐ Pregnant

☐ Homeless

☐ Attending School

☐ Veteran or Dependents of a Veteran

☐ On strike

☐ In the military

☐ Been involved in an accident

☐ Fleeing felon or parole/probation violator or SNAP Violent Felony Con>= 2/7/14

Does anybody have / received / need

☐ Parent Needing Child Support Referral

☒ Other Health Care Coverage

☐ Medical Condition/Disability

☐ Authorized Representative

☐ Sanctions/Non Compliance

☐ Sponsor

☐ Hardship

If a customer indicates that their Other Health Coverage has ended, workers need to update the **Health Care Coverage** page by End Dating the Coverage Period.

Health Care Coverage

Detail

Effective Begin Date

04/01/2025

Effective End Date

Policy #

Insurance Company Name

Provider Name

Health Plan Name

Carrier ID

Group Number

Member ID

Policy Holder Name

Verified By

Select Verified By ...

Coverage Period

Begin Date

04/01/2025

End Date

07/31/2025

Children on this policy have Minimum Essential Coverage

☐ Yes

☒ No

☐ NA

Coverage Applied For, Through Employer

☐ Yes

☒ No

Employer Name

Select Employer Name ...

Upload Document

View Document

View Receipt

Cancel

Save & New

Save & Continue

Save

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