

Billing Training

Medicare & Third-Party Liability

Health First Colorado
(Colorado's Medicaid Program)



Members may be eligible
for different and
overlapping benefits.

Types of Coverage

Third Party
Liability
(TPL)

(Commercial
Insurance)

Medicare

Health First
Colorado
(Medicaid)

Third-Party Liability

- The term **Third-Party Liability (TPL)** describes circumstances when a Health First Colorado member has additional health insurance
- An estimated 10% of Health First Colorado members have other health insurance resources available to pay for medical expenses

For this discussion, Third-Party Liability = Commercial / Private Insurance

Member Eligibility

Most members have Health First Colorado benefits (Title XIX [Title 19])

Some members have...

Limited benefits:

- Emergency Medicaid Services (EMS)
- Family Planning Limited (FAMPL)
- Presumptive Eligibility (PE)

Additional benefits:

- Alternative Benefits Plan (ABP)
- Home and Community-Based Services (HCBS) waivers

Benefits administered by other organizations:

- Behavioral health through the Regional Accountable Entities (RAEs)
- Managed Care Organizations (MCOs)
- Program of All-Inclusive Care for the Elderly (PACE)

Additional insurance:

- Medicare
- Third-party liability (TPL)

Member Eligibility

Medicare

- Qualified Medicare Beneficiary (QMB) programs cover any service covered by Medicare
 - Qualified Medicare Beneficiary **Plus** Medicaid (QMB+): Members also receive Health First Colorado benefits (Title XIX [Title 19])
 - Qualified Medicare Beneficiary (QMB) **Only**: Members do **not** receive Health First Colorado benefits, Health First Colorado will only pay if Medicare pays primary
- Members are only responsible for Health First Colorado co-pay

Provider Participation Agreement

All providers who enroll with Health First Colorado sign the Provider Participation Agreement (PPA)

- When a provider agrees to render service to a member, they agree to work with **all the member's forms of insurance**
- Providers working with Health First Colorado members **cannot**:
 - Bill the member the difference between the amount billed and the amount reimbursed
 - Bill the member for the co-pay or deductible assessed by the third-party liability (TPL)

If a member has...

- **Third-Party Liability (TPL)**

- Providers must be enrolled with and bill the commercial insurance as the primary payer before submitting claims to Health First Colorado

- **Medicare**

- Providers must be enrolled with and bill Medicare before submitting claims to Health First Colorado

Quick Guide:

Verifying Member Eligibility

Table of Contents

- [Verifying Member Eligibility](#)
- [Verifying Co-Pay Amount](#)
- [Verifying Remaining Service Units - PT/OT](#)
- [Verifying Remaining Service Units - Behavioral Health](#)
- [Verifying Child Health Plan *Plus* \(CHP+\) Coverage](#)
- [Verifying Managed Care Assignment](#)
- [Benefit Plans and Billing Instructions](#)
- [Verifying Third-Party Liability Coverage](#)

Verifying Member Eligibility

1. Log in to the [Provider Web Portal](#).
2. Click the Eligibility tab.



3. Click the Eligibility Verification link.



Quick Guide:

Verifying Third-Party Liability Coverage

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[For Our Providers](#)



[Quick Guides](#)



[Verify Member Eligibility and Co-Pay](#)

Verifying Third-Party Liability Coverage

1. To see Third Party Liability (TPL) coverage (including Medicare), return to the Eligibility Verification page.

Home Eligibility Claims Care Management Resources Switch Provider
Eligibility Verification Coverage Details
Tuesday 06/04/2019 12:04 PM MST

2. Scroll to the bottom of the page and click "Other Insurance Detail Information."

Eligibility Verification Information for [Member ID] from 06/28/2024 to 06/28/2024			
Member ID	Birth Date	Gender Female	
Coverage	Effective Date	End Date	
Medicaid State Plan	01/01/2014	12/31/2299	
Medicaid Behavioral Health Benefits	01/01/2014	12/31/2299	
Alternative Benefit Plan	01/01/2014	12/31/2299	
Other Insurance Detail Information			

3. This is where other insurance coverage (including Medicare coverage) is displayed:

Other Insurance Information for Member ID [Member ID] Back to Eligibility Verification

* Indicates a required field.
Click '+' to view details in a row. Click '-' to collapse the row.

Carrier Name (Carrier ID)	Policy ID	Group ID	Policy Holder	Policy Type	Coverage Type	Effective From	Effective To
Medicare A (1)						10/01/2010	12/31/2299
Medicare B (2)						10/01/2010	12/31/2299

Other Insurance Carrier Information

Carrier 2 - Medicare B
Policy ID _
Policy Type _
Coverage Type _
Effective From 10/01/2010
Group ID _
Effective To 12/31/2299

Other Policy Holder Information

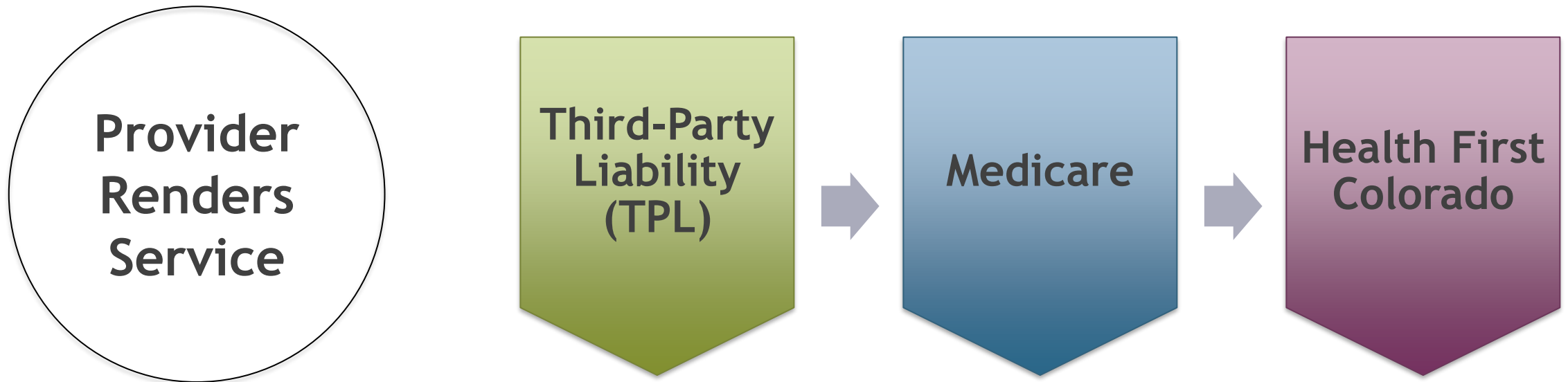
Relationship Self

Save Reset

- Website has a step-by-step Quick Guide with screenshots
- Shows process to verify member eligibility on the Provider Web Portal

Health First Colorado
is the payer of last
resort.

Billing Sequence



Third-Party Liability (TPL)

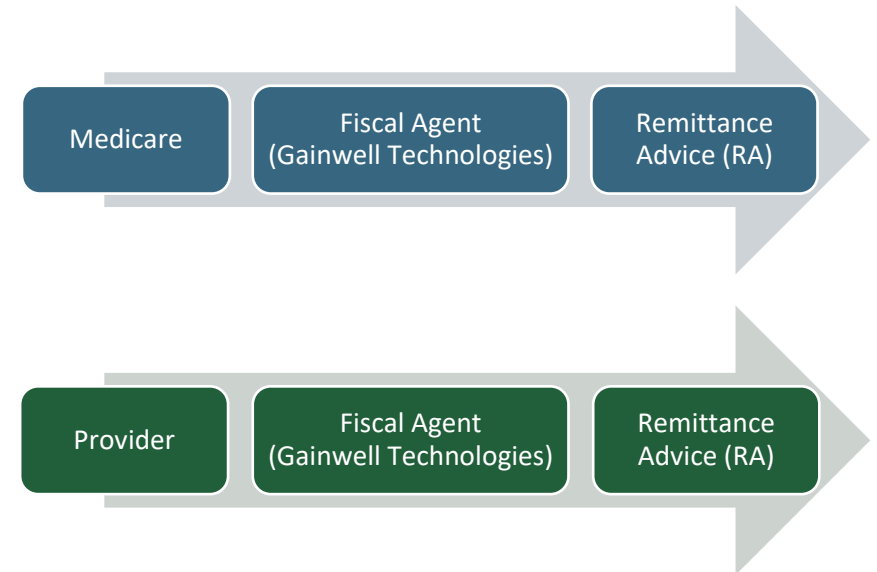
Supervising Provider ID	<input type="text"/>	<input type="text"/>	ID Type	<input type="text"/>	Name	...
Taxonomy	<input type="text"/>					
Service Facility Location ID	<input type="text"/>	<input type="text"/>	ID Type	<input type="text"/>	Name	...
Taxonomy	<input type="text"/>					
Member Information						
*Member ID	<input type="text"/>					
Last Name	...			First Name	...	
Birth Date	...					
Address	<input type="text"/>					
	<input type="text"/>					
City	<input type="text"/>					
State	<input type="text"/>	Zip Code	<input type="text"/>			
Claim Information						
Date Type	<input type="text"/>			Date of Current	<input type="text"/>	<input type="text"/>
Accident Related Reason	<input type="text"/>					
*Patient Number	<input type="text"/>					
*Transport Certification	<input type="radio"/> Yes <input type="radio"/> No					
Previous Claim ICN	<input type="text"/>					
Note	<input type="text"/>					
*Does the provider have a signature on file? <input type="radio"/> Yes <input type="radio"/> No						
Include Other Insurance <input checked="" type="checkbox"/>				Total Charged Amount \$0.00		
						<input type="button" value="Continue"/> <input type="button" value="Cancel"/>

Third-Party Liability (TPL)

- Indicate date the commercial insurance paid or denied on each claim
- Do **not** attach Explanation of Benefits (EOB) to the claim

Medicare Crossover Claims

- **Automatic** Medicare crossover process:
- Claims that involve Medicare but were **not automatically crossed over** must be submitted directly by the provider (*this is still considered a “crossover claim”*)



- Crossovers may not be processed by Health First Colorado if:
 - National Provider Identifier (NPI) used on Medicare claim does not match NPI enrollment with Health First Colorado
 - Member has incorrect or missing Medicare information on file



Provider Name RED CHERRY **Provider ID** Providers - 1669775326 (NPI) **Location** 9999224281 - RED CHERRY
Taxonomy 261Q00000X

Submit Professional Claim: Step 1

* Indicates a required field.

Select the Payer that will be submitted on the claim. The "Payer" is the program that the provider is enrolled in.

"Title XIX" is for Health First Colorado (Colorado's Medicaid Program) or CHP+ through the Department of Health Care Policy and Finance.

Claim Type Professional

***Payer** Title XIX Payer

Provider Information

- Professional
- Crossover Professional**

If the Billing Provider ID is an NPI, the claim will be automatically submitted with the NPI that is Effective on the FDOS of the claim.

Billing Provider ID	1669775326	ID Type	NPI	Name	RED CHERRY
Taxonomy	Clinic/Center				
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				<input type="text"/>
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				<input type="text"/>

Member Information

Medicare

Medicare

- Retain proof of:
 - Submission to Medicare prior to Health First Colorado
 - Medicare denial(s) for seven years
- Do **not** attach Medicare Explanation of Benefits (EOB) to claim submission
- Do **not** check box “Include Other Insurance” on Provider Web Portal

Quick Guide:

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[Quick Guides](#)

Entering Other Insurance or Medicare Crossover Information

The screenshot shows the Colorado Department of Health Care Policy & Financing (HCPF) website. The header includes the HCPF logo and the text "COLORADO Department of Health Care Policy & Financing". A navigation bar contains links for "Home", "For Our Members", "For Our Providers", and "For Our Stakeholders". The breadcrumb trail is "Home > For Our Providers > Quick Guides". The main heading is "Quick Guides", followed by "Provider Web Portal Quick Guides". A sub-heading reads: "Use these step-by-step, illustrated instructions to help navigate the [Provider Web Portal](#)." Below this is a table with two columns: "Information" and "Quick Guides".

Information	Quick Guides
Claims	<ul style="list-style-type: none">Copy, Adjust, or Void a ClaimEntering National Drug Code (NDC) Information on a ClaimEntering Other Insurance or Medicare Crossover InformationInternal Control Number (ICN) Information SheetRegion Code Information SheetSubmitting Institutional ClaimsSubmitting Professional Claims

Quick Guide:

Entering Other Insurance or Medicare Crossover Information



The screenshot shows the website header with the Colorado Department of Health Care Policy & Financing logo and a search bar. The navigation menu includes Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us. The breadcrumb trail is Home > For Our Providers > Quick Guides > Entering Other Insurance or Medicare Crossover Information. The main heading is "Entering Other Insurance or Medicare Crossover Information" with a last updated date of 02/12/2025. The content includes an introduction, a note about when to enter information, and sections for "About Crossover Claims" and "How to Use this Quick Guide".

Home | For Our Members | For Our Providers | For Our Stakeholders | About Us

Home > For Our Providers > Quick Guides > Entering Other Insurance or Medicare Crossover Information

Entering Other Insurance or Medicare Crossover Information

Last updated: 02/12/2025

This Quick Guide covers when and how to enter other insurance information, such as Third-Party Liability (TPL)/commercial insurance, or Medicare crossover information.

Other insurance information should be entered on claims with TPL/commercial insurance. For claims billed first to Medicare, provide the Medicare crossover information.

About Crossover Claims

The term "crossover claim" may refer to a claim that is directly from Medicare and has been "crossed over" by Medicare to Health First Colorado (Colorado's Medicaid program) for processing. It also may refer to a provider-initiated claim submitted via the [Provider Web Portal](#), by batch or by paper that contains Medicare claim information.

A crossover claim does not necessarily have to come directly from Medicare. Medicare Health Maintenance Organization (HMO) co-pays should be treated like original Medicare Coinsurance. Enter the total of Medicare Coinsurance and Medicare Co-pay amount into the Coinsurance Amount field under the Medicare Crossover Details section of the claim.

Medicare crossover information should be entered only for claims that were billed to Medicare first.

How to Use this Quick Guide

Identify the example which most closely matches your claim from the list below and then proceed to the appropriate page for instructions. The sample screens shown in this guide may vary depending on claim information.

- **About the Billing Provider ID**
The Billing Provider ID will be used for claims payment. If the Billing Provider ID is a National Provider Identifier (NPI), the Provider Web Portal automatically selects either the NPI that is effective on the "From Date" in the Service Details section or the From Date of the "Covered Dates" in the Claim Information section. It will insert that NPI into the "Billing Provider ID" field during Submit Claim: Step 3.
- **About the Service Facility Provider ID/Service Facility Provider Location ID**
Completion of the Service Facility Provider ID/Service Facility Provider Location ID is conditional. If a provider has the same provider type for multiple service locations, the provider should use the service location's unique NPI in the Billing Provider ID field. The provider may use the unique NPI in the Service Facility ID field as well if they choose. If the NPI for the billing provider is different than the location where the service was rendered, the Service Facility ID/Service Facility Provider Location ID field must be completed.

- Website has a step-by-step guide with screenshots
- Guides providers through entering information on the Provider Web Portal

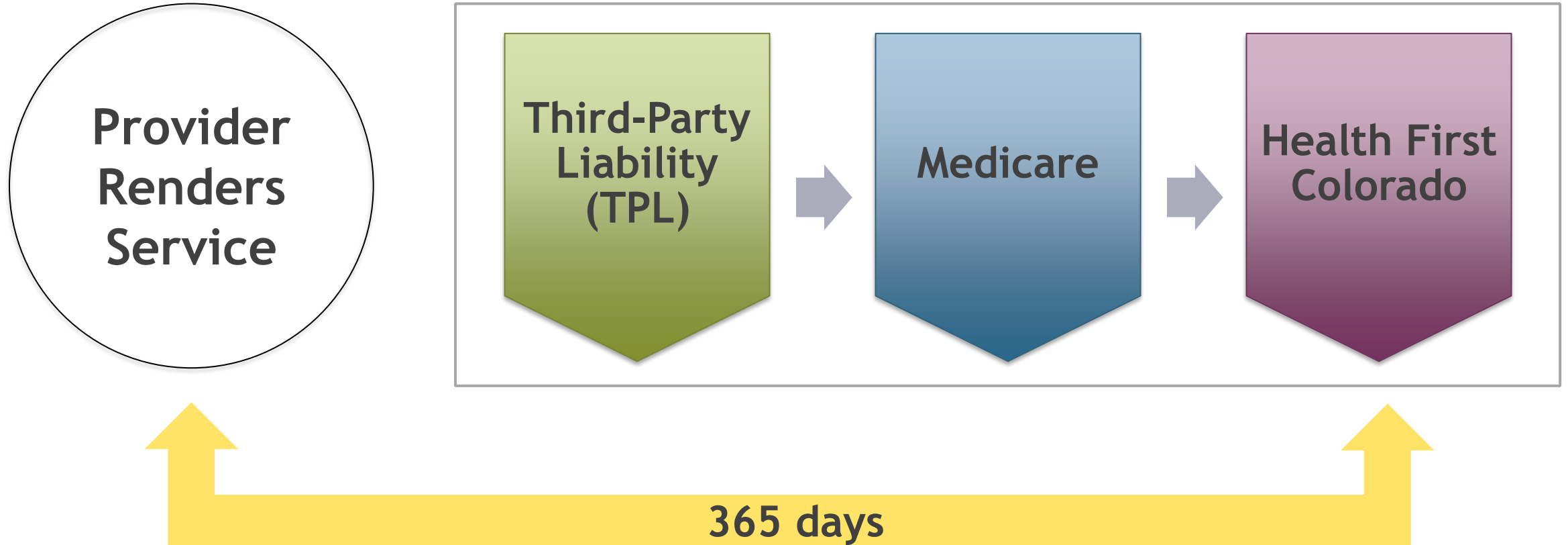
Quick Guide:

Entering Other Insurance or Medicare Crossover Information

- [Entering Other Insurance Information on a Claim](#)
 - [Professional Claim with TPL](#)
 - [TPL Denied](#)
 - [TPL Applied to Deductible](#)
 - [Institutional Claim with TPL](#)
- [Entering Medicare Crossover Information on a Claim](#)
 - [Professional Claim with Medicare \(Crossover\)](#)
 - [Institutional Inpatient Claim with Medicare \(Crossover\)](#)
 - [Institutional Inpatient Claim with Medicare \(Part B Only Crossover\)](#)
 - [Institutional Outpatient Claim with Medicare \(Crossover\)](#)

Providers must bill promptly after service to stay within timely filing.

Timely Filing



Order of Payers

When a member has **third-party liability (TPL)** and **Health First Colorado**:

1. Primary payer = third-party liability (TPL)
2. Secondary payer = Health First Colorado

When a member has **Medicare** and **Health First Colorado**:

1. Primary payer = Medicare
2. Secondary payer: Health First Colorado

When a member has **third-party liability (TPL)** and **Medicare** and **Health First Colorado**:

1. Primary payer = third-party liability (TPL)
2. Secondary payer = Medicare
3. Tertiary payer = Health First Colorado

Timely Filing: Third-Party Liability (TPL)

- Provider have 365 days, no extensions
- Providers should submit third-party liability (TPL) claims to commercial insurance carriers as soon as possible and follow up to ensure prompt response
- Insurance companies are bound by the Prompt Pay Law (CRS § 10-16-106.5), which requires payment within certain timeframes

Adjustments or Voids Initiated by the Department

If a claim is adjusted or voided by the Department or fiscal agent because **third-party liability (TPL)** is primary:

Providers may resubmit the claim within 60 days of the date of adjustment or void by the Department or the fiscal agent

- Include commercial insurance information, including paid or denied date, on claim
- Reference the last Internal Control Number (ICN) of the claim that was adjusted or voided
- Do not attach copy of Explanation of Benefits (EOB) or the Remittance Advice (RA)

Timely Filing: Medicare

Crossover claims submitted after the Medicare Explanation of Benefits (EOB) must be filed within 365 days of the date of service

What if I don't get an EOB from Medicare before Health First Colorado's 365-day timely filing period?

- If a claim involving Medicare does not cross over within 365 days, providers receive a 120-day extension to keep the claim within timely filing

Timely Filing

Is the claim within 365 days of the (final) date of service?

Yes

Health First Colorado: Check member's eligibility (and continue checking in case of retroactive eligibility) and submit claim

Health First Colorado + Third-Party (Commercial Insurance): Bill commercial insurance as soon as possible and follow up to ensure prompt payment

Health First Colorado + Medicare: Bill Medicare first

No

- ✗ Claim cannot be submitted after 365 days from the date of service unless:
 - ✓ **Member's eligibility backdated by county?** Request load letter and attach to claim submitted within 60 days of letter.
- ✗ **Delayed in submitting claim and just received Explanation of Benefits (EOB) from Third-Party (Commercial Insurance)?** Claim cannot be submitted after 365 days from the date of service.
 - ✓ **Claim voided or adjusted by fiscal agent for Third-Party Liability?** Providers have 60 days from date of void or adjustment to resubmit claim.
- ✓ **Just received Explanation of Benefits (EOB) from Medicare?** Providers have 120 days from Medicare Explanation of Benefits (EOB) to submit claims to Health First Colorado

FAQ:

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[For Our Providers](#)



[Frequently Asked Questions \(FAQs\) and Billing Resources](#)

Timely Filing

The screenshot shows the website header with the Colorado Department of Health Care Policy & Financing logo and a search bar. The navigation menu includes 'Home', 'For Our Members', 'For Our Providers', 'For Our Stakeholders', and 'About Us'. The breadcrumb trail is 'Home > For Our Providers > Frequently Asked Questions (FAQs) and Billing Resources'. The main heading is 'Frequently Asked Questions (FAQs) and Billing Resources'. A list of categories is shown with expand/collapse arrows: 'Accounts Receivable and Refunds', 'Electronic Funds Transfer (EFT) and Paper Check Payment', 'Appeals', 'Load Letters', and 'Timely Filing' (highlighted with a yellow circle). Below the 'Timely Filing' section, the following questions and answers are visible:

What is the deadline for meeting timely filing requirements?
Providers always have at least 365 days from the date of service (DOS) to submit a claim. A previous Internal Control Number (ICN) is required if a claim is submitted beyond the 365-day timely filing period.

What date is used when considering timely filing deadlines?
A claim is considered filed when the fiscal agent documents receipt of the claim.
Waiting for prior authorization or correspondence from the Department or the fiscal agent is not an acceptable reason for late filing. Phone calls and other correspondence are not proof of timely filing.

What should providers do if the initial 365-day window for timely filing is expiring?

Health First Colorado
sets an allowable amount
for services.

Allowable Amounts

- “Allowable amounts” refer to the maximum payout Health First Colorado assigns to specific services
- See [Provider Rates and Fee Schedule](#) webpage for details

The screenshot shows the website header with the Colorado Department of Health Care Policy & Financing logo and a search bar. The navigation menu includes Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us. The breadcrumb trail is Home > For Our Providers > Provider Services > Provider Rates and Fee Schedule. The main heading is "Provider Rates and Fee Schedule" followed by "Health First Colorado Fee Schedule". A disclaimer states: "Although every effort is made to ensure the accuracy of this information, discrepancies may occur. The fee schedule may not reflect any changes to rates that occurred after the effective date of the fee schedule. Such changes will be reflected in the next release of the fee schedule." Below this is a table of fee schedules for 2024, 2023, 2022, 2021, and 2020.

2024	2023	2022	2021	2020
January 2024 Fee Schedule (XLSX) (02/24)	January 2023 Fee Schedule (XLSX) (02/23)	January 2022 Fee Schedule (XLSX) (02/22)	January 2021 Fee Schedule (XLSX) (02/21)	January 2020 Fee Schedule (01/20)
January 2024 Fee Schedule (PDF) (02/24)	January 2023 Fee Schedule (PDF) (02/23)	January 2022 Fee Schedule (PDF) (02/22)	January 2021 Fee Schedule (PDF) (02/21)	July 2020 Fee Schedule (PDF) (07/20)
July 2024 Fee Schedule (XLSX) (08/24)	July 2023 Fee Schedule (XLSX) (07/23)	July 2022 Fee Schedule (XLSX) (07/22)	July 2021 Fee Schedule (XLSX) (07/21)	July 2020 Fee Schedule (XLSX) (07/20)
July 2024 Fee Schedule (PDF) (08/24)	July 2023 Fee Schedule (PDF) (07/23)	July 2022 Fee Schedule (PDF) (07/22)	July 2021 Fee Schedule (PDF) (07/21)	

Medicare: Lower-of-Pricing Logic

- Health First Colorado uses “lower-of-pricing” logic
 - Either coinsurance and deductible or difference between Medicare paid amount and Health First Colorado allowed amount, whichever is lower



Which side is lower? That's what is paid by Medicaid.

Medicare QMB Pricing Logic

- If the member has Qualified Medicare Beneficiary (QMB) **plus** Health First Colorado (TXIX) and Medicare pays \$0
 - Health First Colorado will pay in full
- If the member has QMB and **does not have** TXIX and Medicare pays \$0
 - Health First Colorado will pay nothing

Payment Calculations

Third-Party
Liability (TPL)

Medicare

TPL Payment Calculation 1

Charge from provider	\$600.00
<hr/>	
Health First Colorado allowable amount	\$500.00
- amount paid by commercial insurance	- \$400.00
<hr/>	
= amount paid by Health First Colorado	= \$100.00

TPL Payment Calculation 2

Charge from provider	\$600.00
<hr/>	
Health First Colorado allowable amount	\$500.00
- amount paid by commercial insurance	- \$500.00
<hr/>	
= amount paid by Health First Colorado	= \$0.00

Resources

Billing Manuals web page

- General Provider Billing Manual
- Provider-Specific Billing Manuals
- Appendix R (for a detailed list of Explanation of Benefits [EOB] codes)

Provider Web Portal Quick Guides

- Technical help for the Provider Web Portal

Provider Training web page

- Training schedule and sign-up
- Training presentations and materials

Provider Contacts web page

- Contact information for Fiscal Agent (Gainwell Technologies) and Health First Colorado vendors
- Contact information for Regional Accountable Entities (RAEs)
- Virtual Agent Fact Sheet



Reminders

- Remember to sign up for Department of Health Care Policy & Financing communications by visiting the website and clicking “For Our Providers” and then “What’s new: Bulletins, updates & emails.”
- Interested in more training? Sign up by visiting the website and clicking “Provider Resources” and then “Provider Training.”



What's
new:
Bulletins,
updates &
emails



Provider Training



Click to Access

hcpf.colorado.gov/our-providers

Where can I find...?

For Our Providers

- Enrollment forms
- Revalidation dates spreadsheet
- National Provider Identifier (NPI) information
- Provider types

- Fee schedules
- General Provider Information manual
- Billing manuals & appendices
- Forms
 - Prior Authorization Requests (PARs)
 - Load letters
 - Request to use paper claim form

- Newsletters
- What's New?

Where can I...?

- Check member eligibility
- Submit claims
- Review Prior Authorization Requests (PARs)
- Receive Remittance Advices (RAs)
- Complete provider maintenance requests

- Quick Guides for Web Portal
- Known issues
- EDI Support
- Training registration
- Information about
 - Accountable Care Collaborative & RAEs
 - Co-Pays
 - EVV

? Why should you become a provider?

Provider enrollment

Provider services: Forms, rates, & billing manuals

What's new: Bulletins, updates & emails

CBMS: CO Benefits Management System

Long-Term Services and Supports

Provider Web Portal

Revalidation

Provider contacts: Who to call for help

Provider resources: Quick guides, known issues, EDI, & training



Thank you for the services
you provide to Health First
Colorado members!

