



# TURQUOISE CLAIMS PROVIDER OVERVIEW PRESENTATION

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

## GENERAL INFORMATION

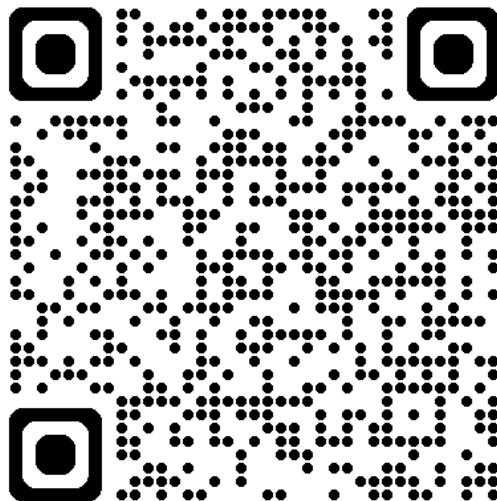
# WELCOME!



- **This demonstration is not intended to replace training**
  - Training will begin on March 2<sup>nd</sup> , please visit the HCA website for sign-up instructions
- **This is a Turquoise Claims Medicaid Fee For Service (FFS) Demonstration**
  - Dental, Professional, and Institutional FFS Electronic/EDI claims process has not changed, you will submit via the same clearing houses (Ex: ClaimMD, Availity, Change Healthcare, Finthrive/Nthrive, SSI)
- **Managed Care specific communications will come from MCOs**
  - MCO Electronic/EDI claims process has not changed you will submit via the same clearing houses; however, there are some changes, including **Payor ID's**, please see our FAQs for more information

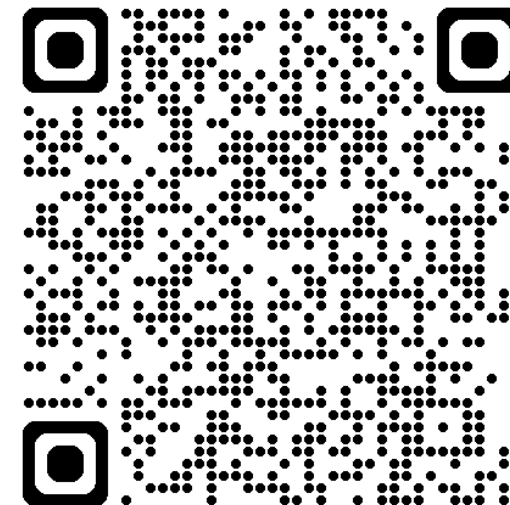
This **presentation and any virtual recordings** will be posted on the HCA Website:

<https://www.hca.nm.gov/turquoise-claims/>



**FAQs** will be updated with the questions and answers from this session and can be found on the HCA website:

[Turquoise-Claims-Frequently-Asked-Questions](#)



# WELCOME!

## GROUND RULES

- We will take questions after the completion of each section of the demo and again at the end of the demo:
  - YES.NM.GOV Sign In
  - Turquoise Claims Provider Portal Access
  - Manage Account
  - Member Eligibility
  - Creating Templates
  - Creating Claims
  - Claim Submission Confirmation Page
  - Manage Claims
  - Claims Status Inquiry
  - Payment Information (RAs)
  - Authorization Requests
  
- For **virtual sessions**: We will not take questions in the chat until after the demo is complete and will enable the chat at that time

# READY. SET. BILL!



# TURQUOISE CLAIMS TEAM INTRODUCTIONS

- Turquoise Claims Team
  - HCA Medical Assistance Division (MAD)
  - Conduent
  - Managed Care Organizations (MCOs)
    - Blue Cross Blue Shield
    - Molina
    - United
    - Presbyterian

# AGENDA

- Overview
- Timeline to Launch
- Moving Away From Paper Claims
- How to Prepare for Launch
- Turquoise Claims Web Page
- Managed Care Provider Information

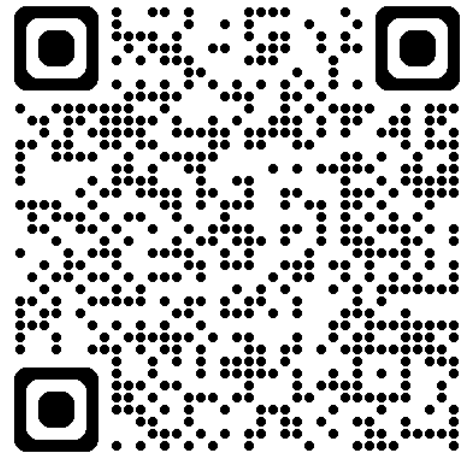
# OVERVIEW

The NM Health Care Authority (HCA) will launch **Turquoise Claims**, the Medicaid claims management system on **March 23<sup>rd</sup> at 7:00 PM MT.**

- The new Turquoise Claims system will comply with federal requirements.
- If you already have a “Provider or “Provider Admin.” account in YES.NM.GOV you do not need to create or change your account, even if you will be the administrator in Turquoise Claims for your organization.
  - The organization’s Admin will:
    - Be the first person in the Turquoise Claims system
    - Create an account for their organization
    - Add users and assign roles/access
    - Assign/add admin privileges to other individuals
    - Begin setting up accounts and access after 7 pm 3/23/26 (launch)

# OVERVIEW

- After launch, the NM Medicaid Provider Web Portal will no longer be accessible.
- If you don't already have a YES.NM.GOV account, you will be required to create one. Use the QR code below for instructions on how to create a new account: [YesNM-Account-Creation-Instructions](#)



# OVERVIEW

## WHAT'S NEW?

Turquoise Claims adds new features, including:

- **Custom Templates** for routine services to match an organization's billing needs.
- **A user-friendly portal** with security levels for inquiries and claim submissions by employees within an organization.
- **Real-time claim status and member eligibility inquiries** to ensure easy access to the latest information.

## WHAT TO EXPECT?

The transition is designed to be smooth with only minimal impact. Here's what you can expect:

### **Fee-for-service claims submissions:**

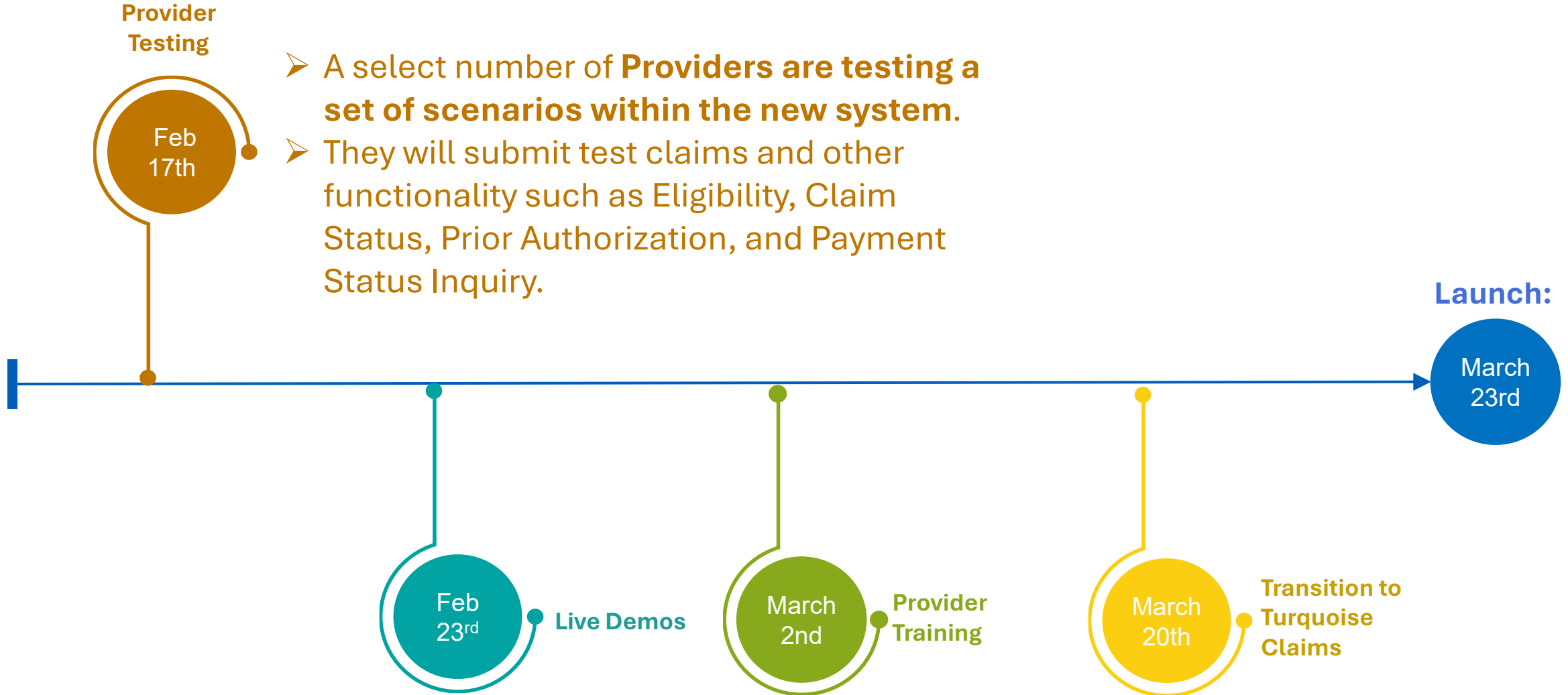
**Electronic** => Submit them directly through the YES.NM.GOV website.

**Paper** => These will go to a new mailing address, which we'll share before launch so you're fully prepared.

**Electronic Data Interchange (EDI)** => No process change! You'll continue submitting them through your clearinghouse just like today.

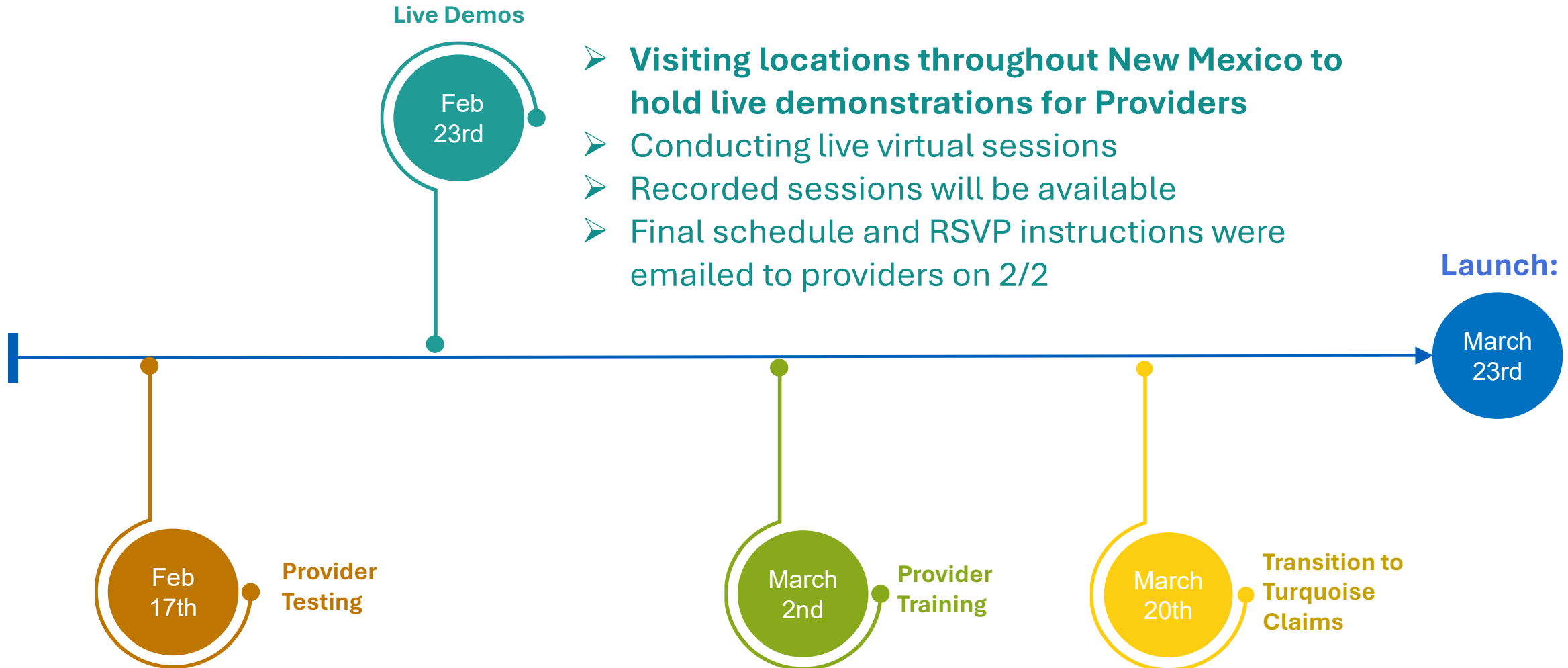
# TIMELINE TO LAUNCH

Milestones to ensure a smooth transition to **Turquoise Claims**:



# TIMELINE TO LAUNCH

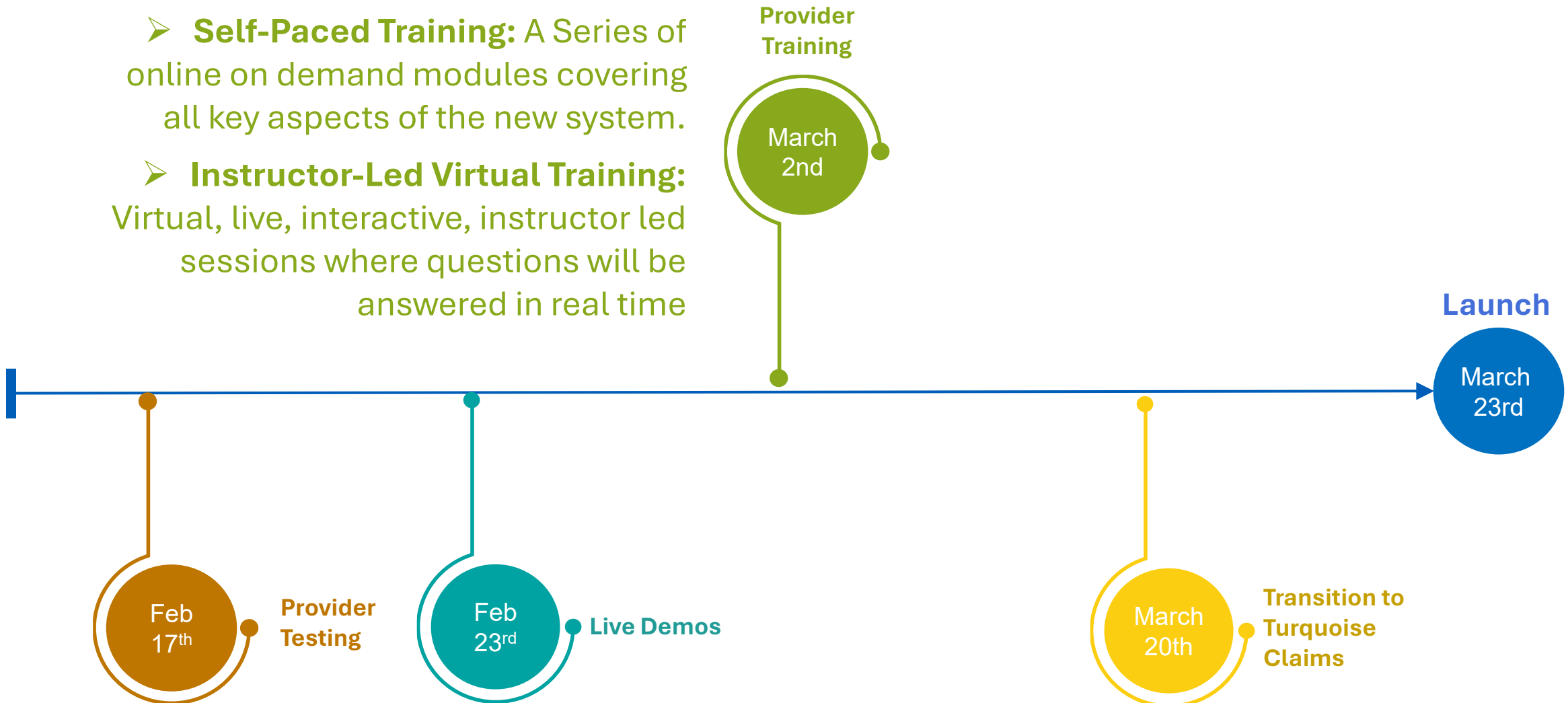
Milestones to ensure a smooth transition to **Turquoise Claims**:



# TIMELINE TO LAUNCH

Milestones to ensure a smooth transition to **Turquoise Claims**:

- **Self-Paced Training:** A Series of online on demand modules covering all key aspects of the new system.
- **Instructor-Led Virtual Training:** Virtual, live, interactive, instructor led sessions where questions will be answered in real time



# TIMELINE TO LAUNCH

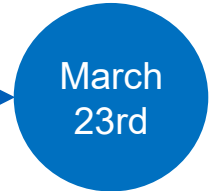
Milestones to ensure a smooth transition to **Turquoise Claims**:

- There will be approximately **72 hours of downtime** during the transition to Turquoise Claims **starting Friday, 3/20 at 5 PM until Monday, 3/23 at 7 PM**.
  - During this time, the NM Medicaid Provider Portal will be in **Inquiry Mode** only.
  - The Provider Portal will **not be accessible for claims submissions**, but it will be available for **claims and eligibility inquiries**.
- There will be **no interruption to the claims' payment schedule** and **no changes to how funding is received**.

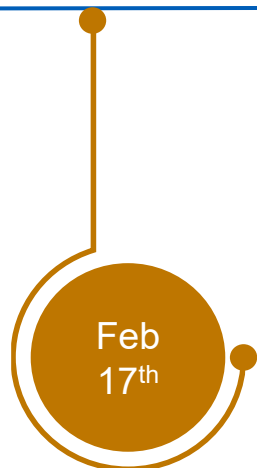
Transition to  
Turquoise  
Claims



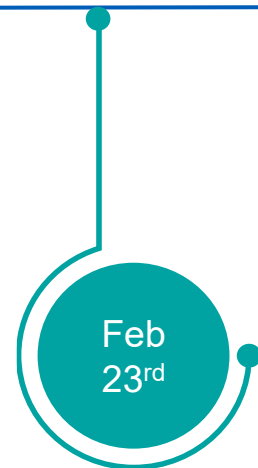
Launch:



A blue circular marker with a white outline and a small blue dot on its right side, containing the text "March 23rd". A vertical line extends upwards from the top of the circle to a blue dot on the main timeline.



Provider  
Testing



Live Demos



Provider  
Training



# MOVING AWAY FROM PAPER CLAIMS



Here are some benefits about why right now is the time to switch from submitting paper claims to electronic claims, using our new system



**Efficient & Speedy:** Electronic submissions are processed faster than paper claims, reducing wait times for payments, and automating time-consuming manual tasks using features like custom templates.

**Cost-effective & Accurate:** Reduces administrative costs like paper, printing, and postage. Our electronic system includes verification steps to reduce errors, resulting in fewer rejected claims.

**Enhanced Security:** Electronic claims are transmitted through secure channels, protecting sensitive patient information which helps ensure compliance with HIPAA and other legal standards for data privacy.

**Improved Tracking & Reporting:** Providers get real-time updates on claim status, allowing for better tracking, for easily generating reports, and analytics for business insights.

**Environmental Impact:** Contributes to sustainability by minimizing paper consumption and aligns with eco-friendly business practices.

# HOW TO PREPARE FOR LAUNCH

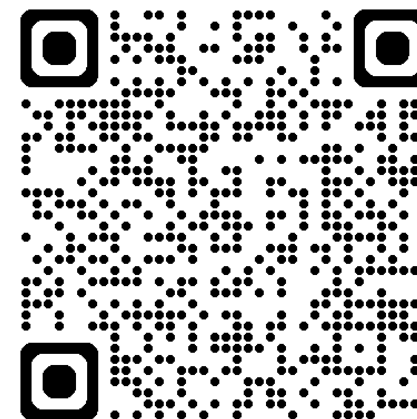
## Remittance Advices

- Fee For Service (FFS) Providers may access and download Remittance Advices (RA) on the **current** New Mexico Medicaid Web Portal until Turquoise Claims launches on March 23rd.
  - Final RAs MUST be downloaded prior to 7:00 PM
  - **New RAs for claims paid *after* March 27th** will be available in Turquoise Claims.

## Prior Authorizations

- FFS providers must also access the **current** New Mexico Medicaid Web Portal to download their final **Prior Authorization (PA) Reports** before the 7:00 PM cutover.
  - Providers will be able to do inquiries and see history, but no PA report will be available in Turquoise Claims at launch.
- If you have trouble downloading your RAs or PAs, please contact CCSC at 800-299-7304, 7:00 AM – 7:00 PM M-F.

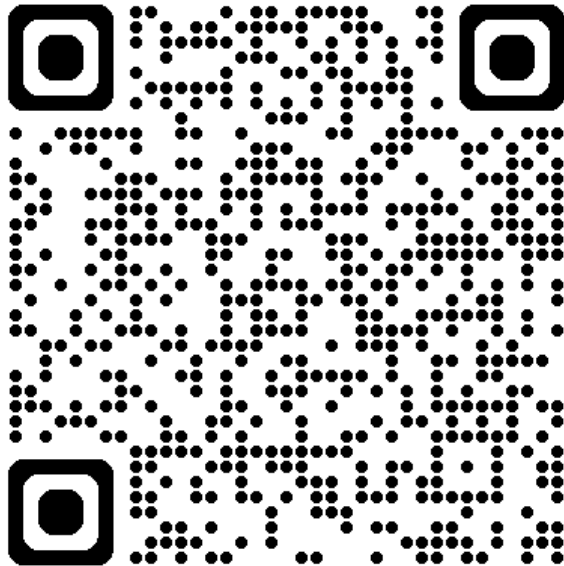
To ensure you're ready for launch, please create your YES.NM.GOV account in advance: [YesNM-Account-Creation-Instructions.pdf](#)



# TURQUOISE CLAIMS WEB PAGE



The Turquoise Claims web page is accessible on the HCA website: <https://www.hca.nm.gov/turquoise-claims/>, which will help you stay current on the most up-to-date information that has been released regarding the new system.



<b>Providers Overview</b>	<b>Turquoise Claims</b>
Communications to Providers	<b>Say Hello to the Turquoise Claims System</b>
<b>Turquoise Claims</b>	<b>Turquoise Claims launches on March 23, 2026! Sign up for Training Today!</b>
Provider & PED Enrollment System	To help you prepare, we're offering both live, instructor-led training sessions and self-paced, computer-based training. For more information and sign-up instructions, click here: <a href="#">Turquoise Claims Launches March 23 – Sign Up for Training Today!</a>
Critical Incident Reporting	
Fee for Service	
Pharmacy	
Manuals and Guides	
New Mexico Administrative Code Program Rules and Billing	
Native Americans	
Presumptive Eligibility Determiners	
Sites of Interest	
ABA (Applied Behavior Analysis) Provider Information	

The right-hand side of the screenshot contains the following text:

**Turquoise Claims**

**Say Hello to the Turquoise Claims System**

**Turquoise Claims launches on March 23, 2026! Sign up for Training Today!**

To help you prepare, we're offering both live, instructor-led training sessions and self-paced, computer-based training. For more information and sign-up instructions, click here: [Turquoise Claims Launches March 23 – Sign Up for Training Today!](#)

The New Mexico Health Care Authority (HCA) and Medical Assistance Division (MAD) will be launching **Turquoise Claims**, a new Medicaid claims management system which will go-live on March 23, 2026.

Turquoise Claims will replace the current Medicaid claims management system (Omnicaid) and the NM Medicaid Provider Web Portal. You will find Turquoise Claims on the [YES.NM.GOV](#) website and log in just like you do today to access the Provider/PED Enrollment system.

YES.NM.GOV will be your one-stop shop for all your provider needs.

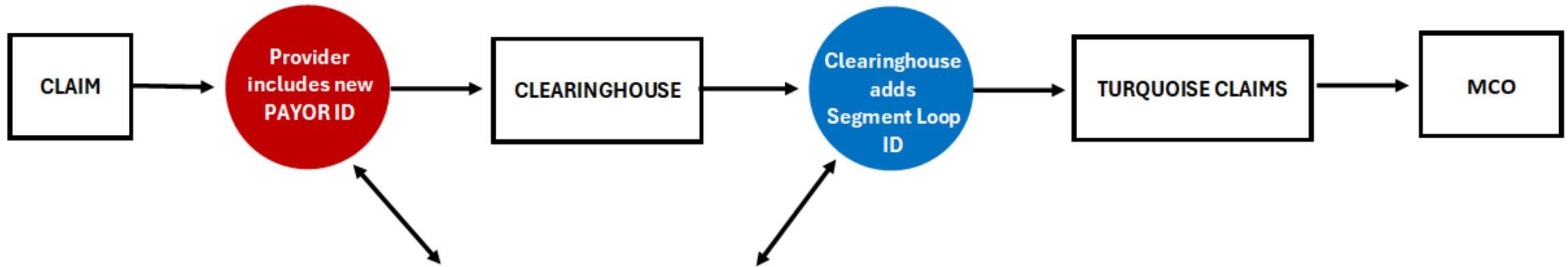
***One Piece of a Larger Project to Update Medicaid Systems***





Turquoise Claims is just one piece of a large project to update every aspect of the New Mexico Medicaid enterprise system. This module will streamline our ability to manage and oversee all claims processing, improve efficiency, and increase accuracy of billing and payments to comply with federal guidelines.

# MANAGED CARE PROVIDERS

- ✓ There are no process changes to managed care claim submissions through your Managed Care Organization's portal or for paper claims submissions.
- ✓ Electronic Data Interchange (EDI) files will continue to be submitted via clearinghouses, just as they are today. However, they will now route through the Turquoise Claims system before reaching the MCOs, allowing for enhanced checks and balances.
- ✓ Please watch for MCO communications for more managed care details.





# Turquoise Claims for MCO Providers



MCO	NEW PAYOR ID	SEGMENT LOOP ID
 BlueCross BlueShield of New Mexico	No change	No change
 MOLINA HEALTHCARE	MLNNM	77048
 PRESBYTERIAN	NMPHP	77048
 UnitedHealthcare	87748	77048

# Turquoise Claims for MCO Providers

Starting June 15, to accommodate Turquoise Claims, New Mexico Medicaid claims must be routed through a single point of entry and unique from other lines of business. To accomplish this, some MCOs had to create new payor IDs.

<b>MCO</b>	<b>Segment GS03 Medicaid Receiver ID</b> <i>Routes claim to Conduent</i>	<b>Loop 2010 BB Segment NM109</b> <i>Routes claim to appropriate MCO</i>	<b>Member last name and DOB</b>	<b>Transition Information</b>  <b>*New Payer IDs Grace Period: By 6/15/26*</b>
 <b>BlueCross BlueShield</b> of New Mexico	No change	No change	No change	Existing Payer ID will continue to be use
 <b>MOLINA</b> HEALTHCARE	77048	MLNNM	Must match Turquoise Claims portal	New Payer ID will be phased in at <u>a later time</u>
 <b>PRESBYTERIAN</b>	77048	NMPHP		Both Payer IDs are currently accepted during transition.
 <b>UnitedHealthcare</b>	77048	87748		Both Payer IDs are currently accepted during transition.

MCOs have contracted clearinghouses, but you may continue to submit claims using alternate clearinghouses. To establish a connection between your clearinghouse and Conduent, please direct the clearinghouse to complete the form at the following link.

[https://conduent.formstack.com/forms/nm\\_medicaid\\_tp\\_enrollment](https://conduent.formstack.com/forms/nm_medicaid_tp_enrollment)

SCAN ME





## TURQUOISE CLAIMS LIVE DEMO

*INVESTING FOR TOMORROW, DELIVERING TODAY.*



HEALTH CARE  
AUTHORITY

NEW MEXICO MMISR  
TURQUOISE CLAIMS  
PROVIDER PORTAL

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# TODAYS GOAL

## Understanding the function of the Turquoise Claims Provider Portal

This presentation will demonstrate how providers use the portal to submit claims, create custom billing templates, and view real-time claim status and member eligibility.

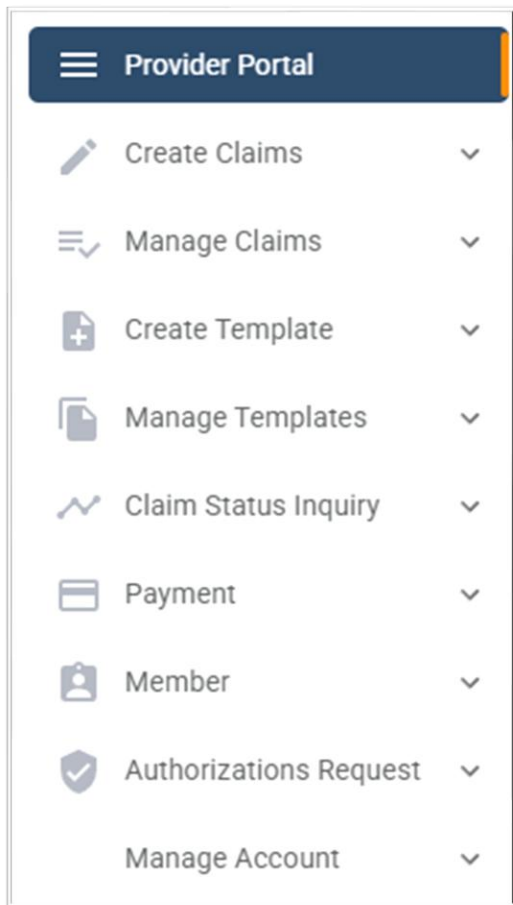


# AGENDA

- Yes New Mexico Sign In
- CMdS Provider Portal Access
- Manage Account
- Member Eligibility
- Templates
- Create Claims
- Claim Submission Confirmation Page
- Manage Claims
- Claims Status Inquiry
- Payment Information (RA's)
- Authorization Request

# INTRODUCTION

# Provider Portal – Home Page



The Turquoise Claim System is a secure, web-based Provider Portal for the State of New Mexico (NM). Providers will be able to submit Medicaid claims, verify member eligibility, obtain claim status, review authorization requests, and payment information.

The portal has a user-friendly interface with an accordion menu, which allows large amounts of content to be displayed in a small, organized space. The accordion menu features clickable headers that expand or collapse to show or hide content.

Quick links to a list of resources, online help to assist you by providing information on how to use Turquoise Claims, and alerts are notifications about system updates or scheduled maintenance.

# BENEFITS OF THE TURQUOISE CLAIMS SYSTEM

Ability to save a claim intermittently.

Option to create a new claim based on a processed claim.

Ability to perform adjustments (replacement/void) on an originally paid claim.

Claim submission status instantly becomes available along with other claims details such as the TCN.



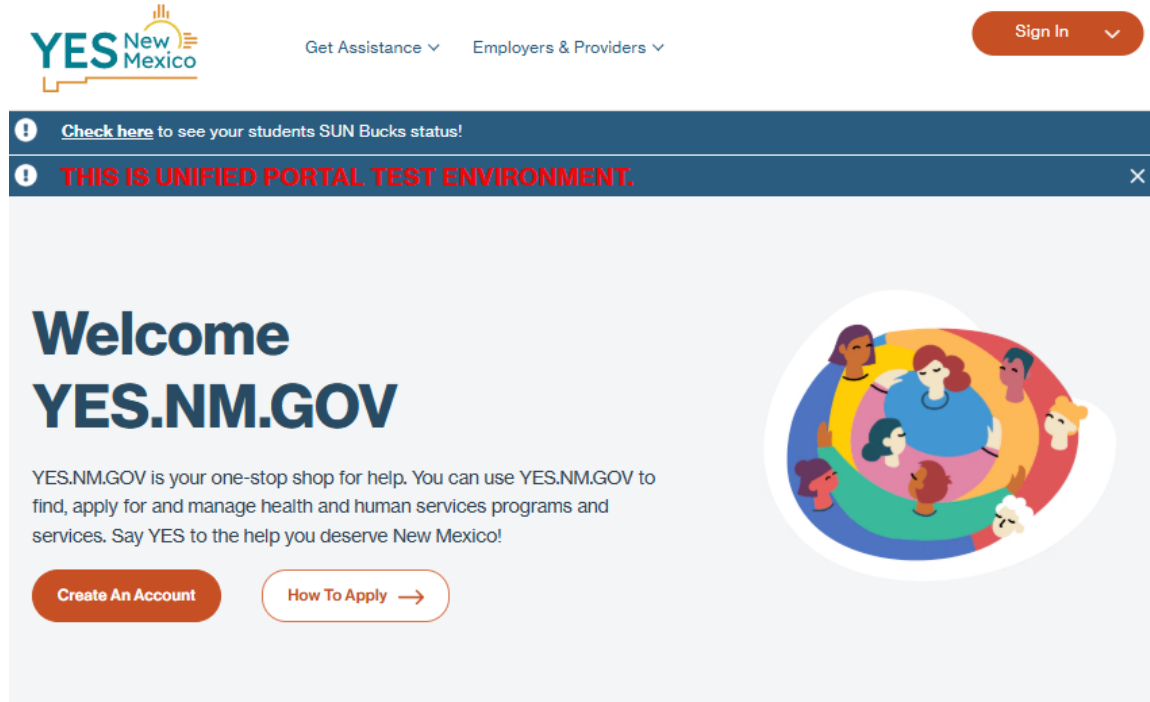
YES NM SIGN IN

# IF PROVIDER DOES NOT HAVE AN ACCOUNT

If a provider does not have an account on the *Yes New Mexico* ([yes.nm.gov](http://yes.nm.gov)) site, then the provider does the following:

- Click Create An Account
- Select a Role
- Enter First Name, Last Name, Email Address, Password, Confirm Password
- Click Create Account

# IF PROVIDER DOES NOT HAVE AN ACCOUNT



YES New Mexico logo, navigation links: Get Assistance, Employers & Providers, Sign In button.

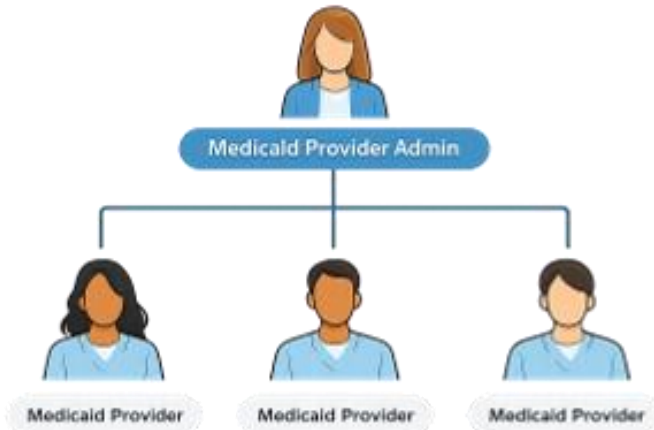
Check here to see your students SUN Bucks status!

**THIS IS UNIFIED PORTAL TEST ENVIRONMENT.**

## Welcome YES.NM.GOV

YES.NM.GOV is your one-stop shop for help. You can use YES.NM.GOV to find, apply for and manage health and human services programs and services. Say YES to the help you deserve New Mexico!

Create An Account | How To Apply →



## Select a Role

Welcome! Please choose the role that best fits you to create a [YES.NM.GOV](#) account, whether you're here to offer services or enjoy the available benefits.

### 1. Applicant

You are a New Mexican who wants to apply for or manage your health and human service programs and services.

### 2. Employer

You are an employer with the New Mexico Child Support Program.

### 3. PE Determiner

You must be a certified Presumptive Eligibility Determiner with an assigned PE number.

### 4. PED Applicant

You are interested in becoming a Presumptive Eligibility Determiner and employed by an eligible agency or organization.

### 5. Medicaid Provider

You are a medical provider who is enrolled or wishes to be enrolled as a Medicaid provider.

### 6. Medicaid Provider Admin

You represent a medical provider who is enrolled or wishes to be enrolled as a Medicaid provider.

### 7. Community Partner

You are an organization that provides services to New Mexicans.

For more information on Child Support Employers - [Click Here](#)

For more information on Medicaid and PED roles - [Click Here](#)

\*Role

# IF PROVIDER DOES NOT HAVE AN ACCOUNT

## Create an Account

Welcome! New and existing health care providers, provider admins, PED applicants and community partners shall take a few minutes to create a new account, indicate your role by clicking the following.

Role

\*First Name

\*Last Name

\*Email Address ⓘ

\*Password

\*Confirm Password

Password must contain:

- 12 - 30 characters
- At least 1 lower case letter
- At least 1 special character
- At least 1 upper case letter
- At least 1 number

Create My Account

[Change Role](#)

Returning User? [Sign In](#)



Get Assistance ▾

Employers & Providers ▾

 My Account ▾



## Turquoise Claims

The NM Medicaid Claim Connect is a self-service portal for providers to submit claims, check eligibility, check service authorization status for Medicaid services, and download/view Remittance Advice payment information. The portal allows the provider to assign access and roles for specific users within their practice or organization. Providers have the ability to save claim templates and build a member roster for routine services. The portal will provide a real-time adjudication response after claims are submitted in the portal.

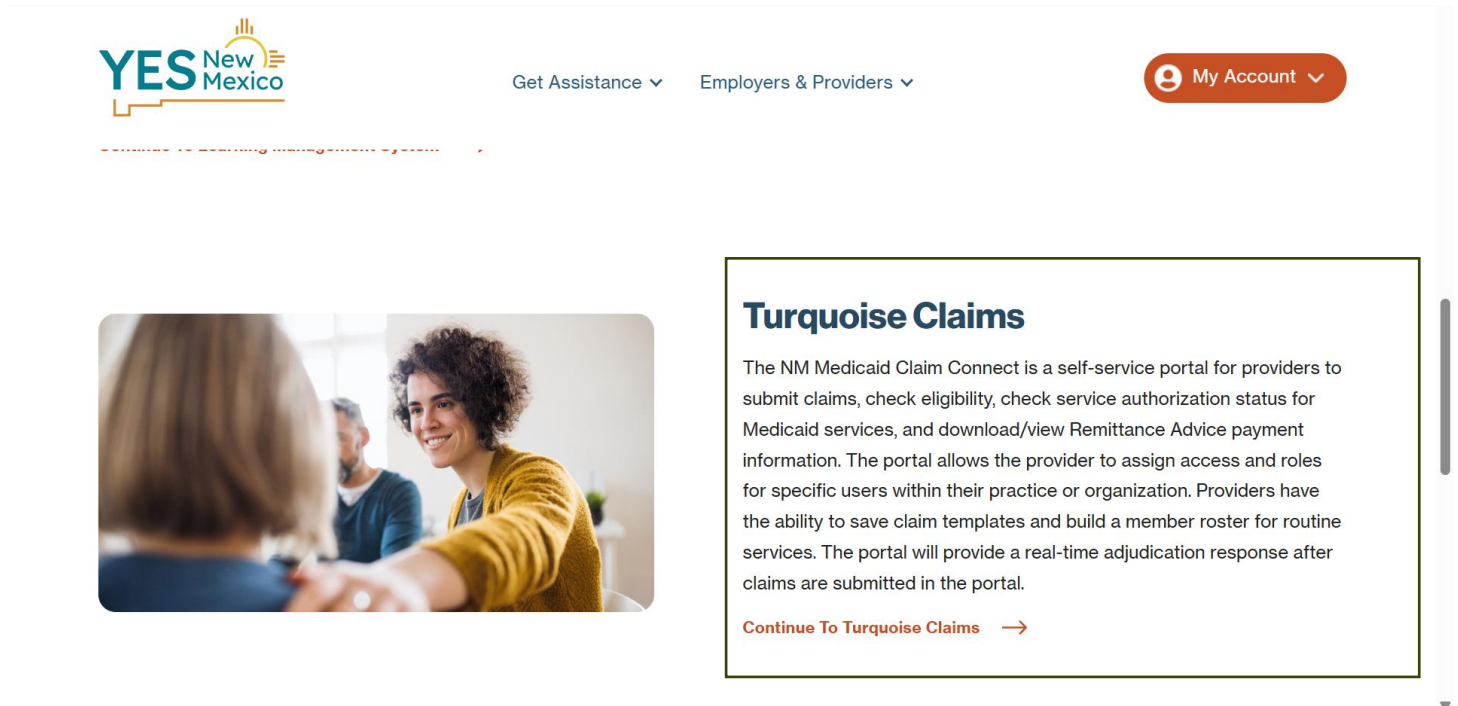
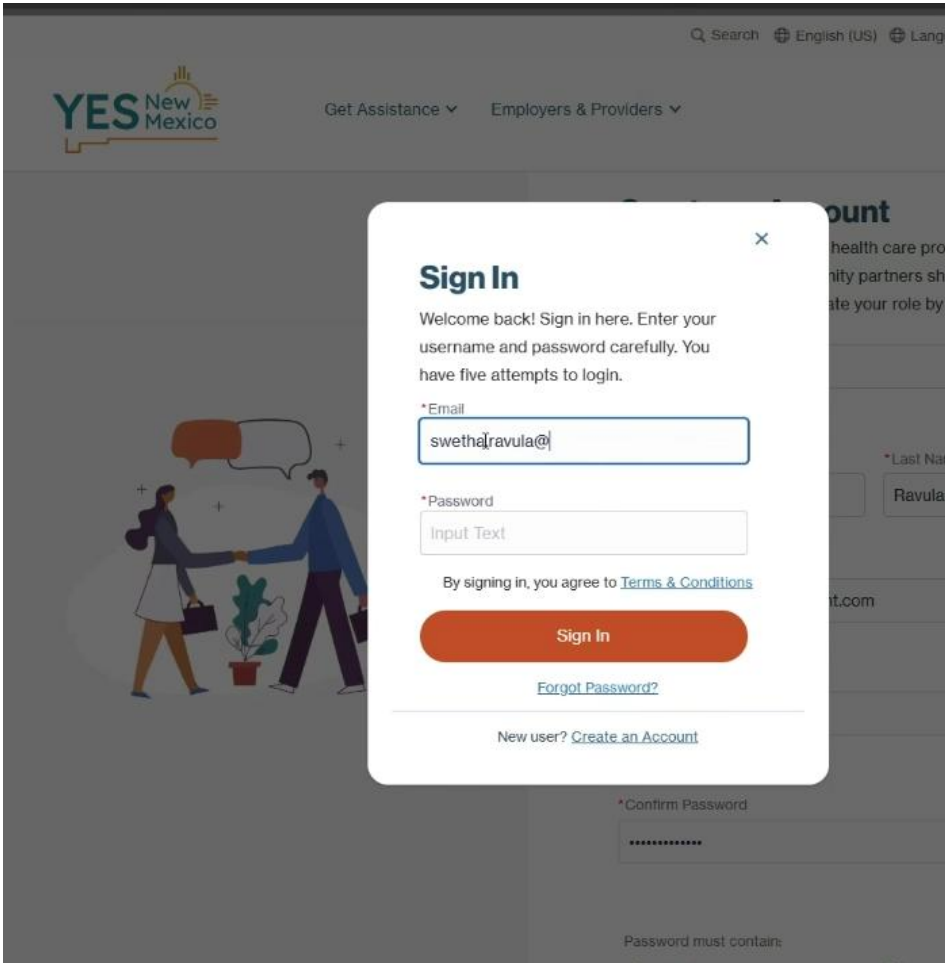
[Continue To Turquoise Claims](#) →

# IF PROVIDER DOES HAVE AN ACCOUNT

If a provider has an account on the Yes New Mexico site, then the provider does the following:

- Click Sign In
- Enter Username and Password
- Click Sign In

# IF PROVIDER DOES HAVE AN ACCOUNT




Once we successfully log in to yes.nm.gov, we can access the Turquoise Claims link.

# MANAGE ACCOUNT



# ADD AN ORGANIZATION

Hello [Redacted]

Select the suitable portal of your choice



**Provider Claims Portal**  
This is Provider Claims Portal

 My Account  Return to SI-ICAM

Hello [Redacted]

To register a new enrolled Provider Organization for Portal access, click below.

+ ADD ORGANIZATION

Hello [Redacted]

Register your NM Provider Medicaid identifiers to access Provider Claims Portal. Click on the ⓘ icon to learn more

Register Provider ID ⓘ  Register NPI ⓘ

\*Provider Medicaid ID

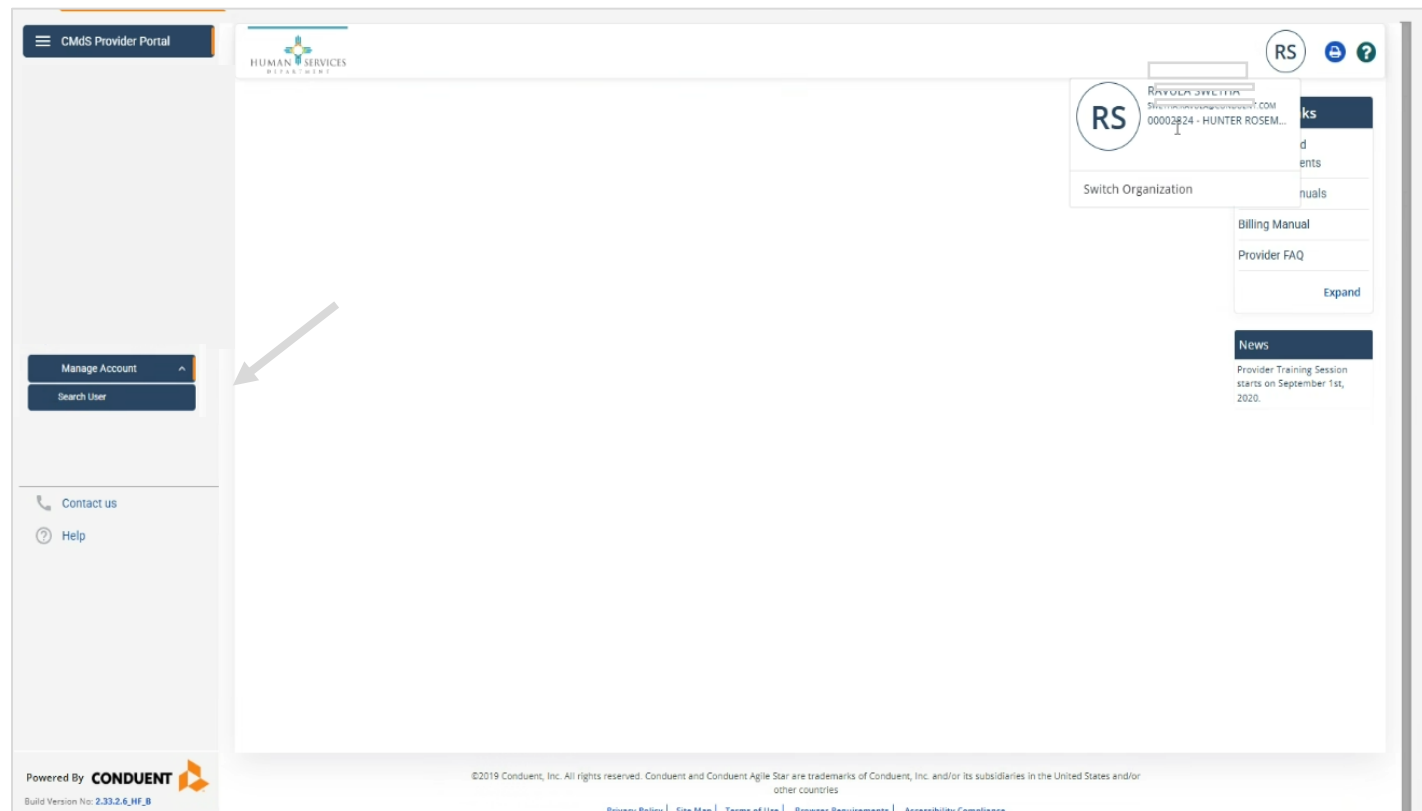
\*Provider EIN/SSN ⓘ

\*Provider Location Zip Code

# MANAGE ACCOUNT

## Initial SetUp

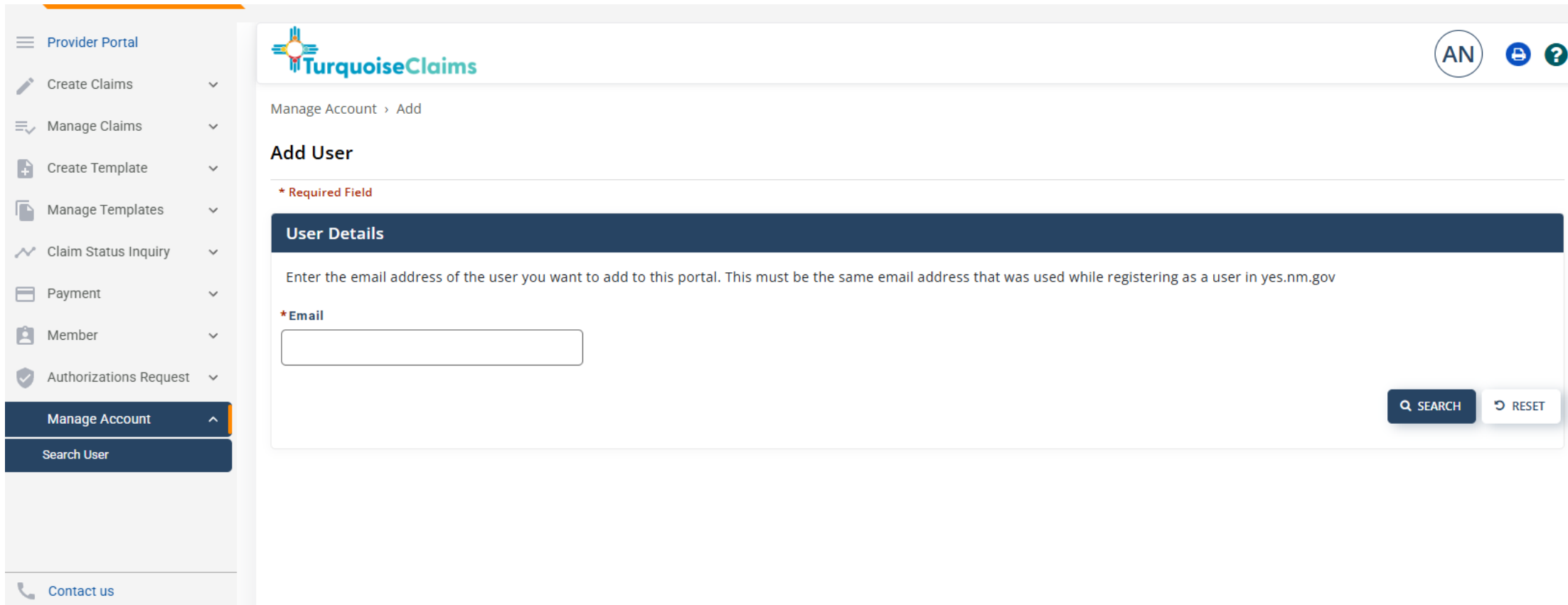
After completing first-time verification, the Medicaid Provider Admin will see only the 'Manage Account' option on the menu. The organization is registered with this admin as the Web Provider Organization Administrator.



# MANAGE ACCOUNT

## Initial SetUp

To add additional users under the same provider organization, each user must first have a **yes.nm.gov** account. Once the user has their **login email address**, please send it to the TC Portal **User Administrator** of the provider organization. The User Administrator can then assign the appropriate roles including additional user administrator role for the same provider organization. **Note:** A provider organization can have **more than one User Administrator**.

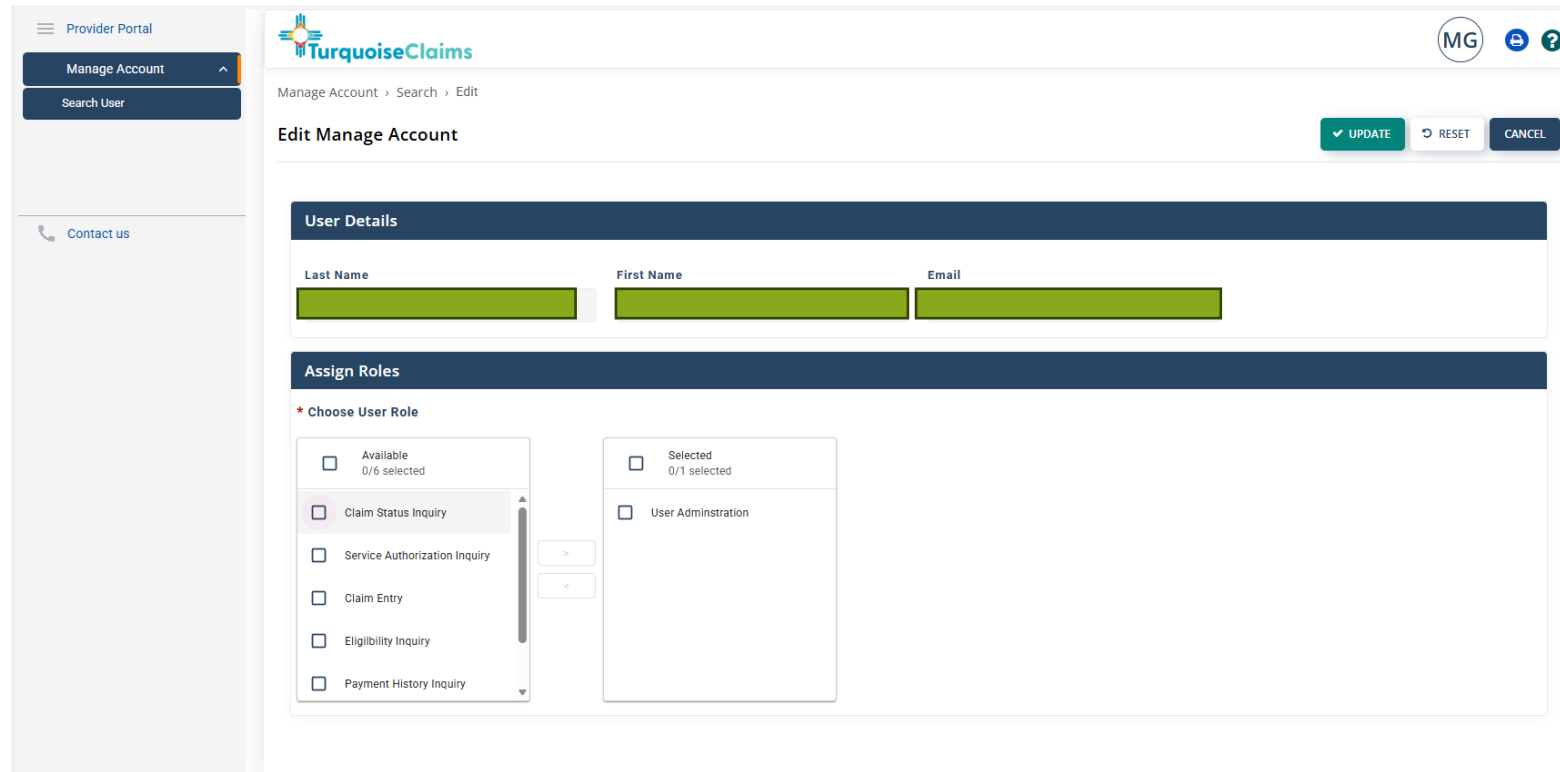


The screenshot shows the 'Add User' form in the 'Manage Account' section of the TurquoiseClaims portal. The left sidebar contains a navigation menu with options like 'Provider Portal', 'Create Claims', 'Manage Claims', 'Create Template', 'Manage Templates', 'Claim Status Inquiry', 'Payment', 'Member', 'Authorizations Request', 'Manage Account', and 'Search User'. The main content area features the TurquoiseClaims logo, a user profile icon 'AN', and a help icon. Below the logo, the breadcrumb 'Manage Account > Add' is visible. The 'Add User' section includes a red asterisk indicating a required field. A dark blue header for 'User Details' is followed by a text prompt: 'Enter the email address of the user you want to add to this portal. This must be the same email address that was used while registering as a user in yes.nm.gov'. A text input field is provided for the email address, with a red asterisk and the label '\*Email' above it. At the bottom right of the form, there are 'SEARCH' and 'RESET' buttons.

# MANAGE ACCOUNT

## Initial SetUp

The Administrator is responsible for creating and maintaining additional users in the account and assigning appropriate roles.



The screenshot displays the 'Edit Manage Account' interface within the TurquoiseClaims Provider Portal. The interface includes a sidebar with 'Manage Account' and 'Search User' options, and a main content area with the following sections:

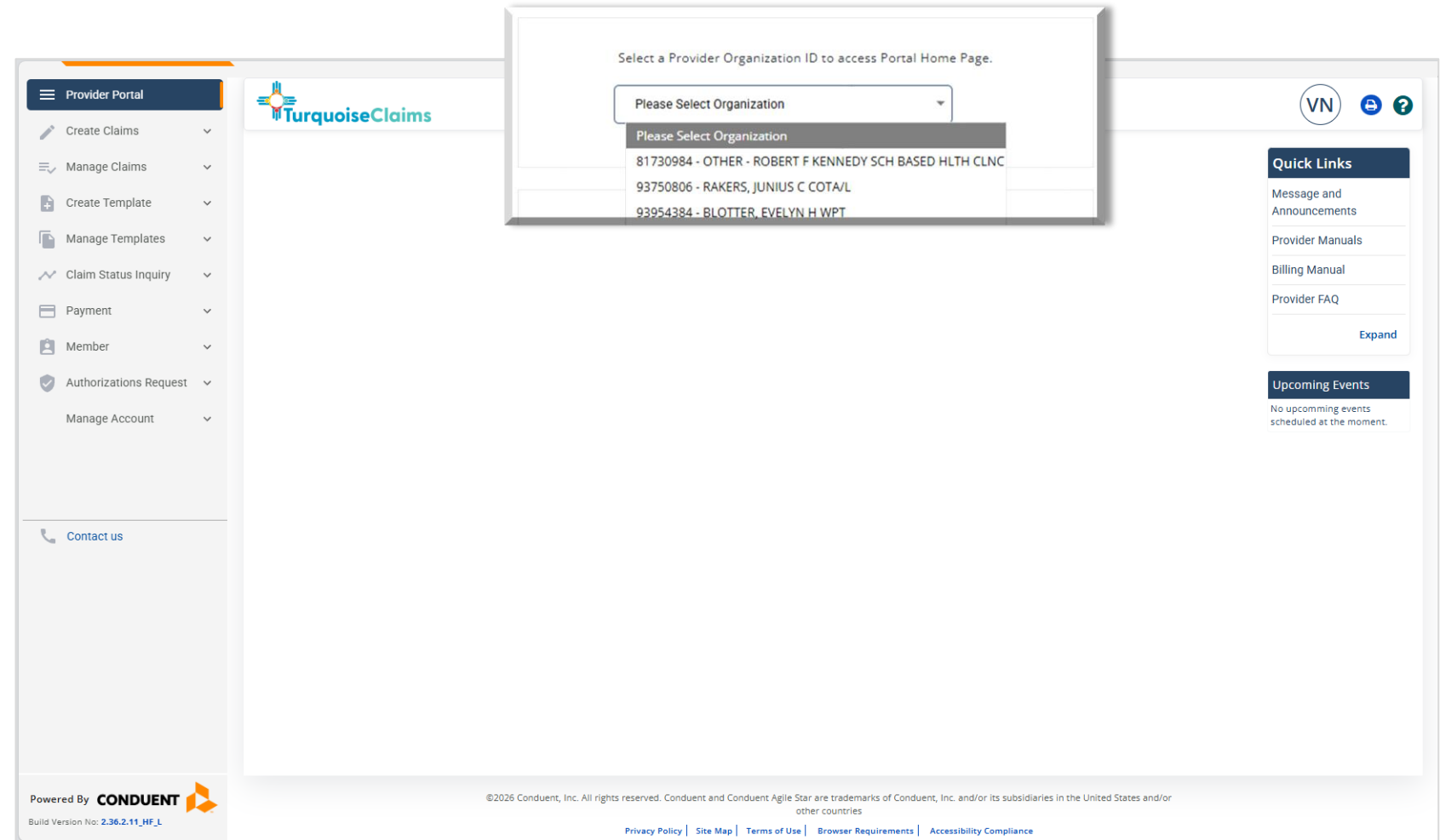
- User Details:** Contains three input fields for 'Last Name', 'First Name', and 'Email', each with a green highlight.
- Assign Roles:** Features a 'Choose User Role' section with two columns of roles. The 'Available' column (0/6 selected) lists: Claim Status Inquiry, Service Authorization Inquiry, Claim Entry, Eligibility Inquiry, and Payment History Inquiry. The 'Selected' column (0/1 selected) lists: User Administration. Navigation arrows (> and <) are positioned between the columns.

At the top right of the main content area, there are buttons for 'UPDATE', 'RESET', and 'CANCEL', along with a user profile icon labeled 'MG' and a help icon.

# MANAGE ACCOUNT

## Initial SetUp

After logging out and back into the portal, the organization name appears. Selecting the organization name displays the full menu.



The screenshot displays the TurquoiseClaims Provider Portal interface. On the left, a sidebar menu is visible under the heading "Provider Portal", listing various actions such as "Create Claims", "Manage Claims", "Create Template", "Manage Templates", "Claim Status Inquiry", "Payment", "Member", "Authorizations Request", and "Manage Account". The "Manage Account" option is currently selected. The main content area features the TurquoiseClaims logo and a prompt: "Select a Provider Organization ID to access Portal Home Page." Below this prompt is a dropdown menu titled "Please Select Organization" which is open, showing three options: "81730984 - OTHER - ROBERT F KENNEDY SCH BASED HLTH CLNC", "93750806 - RAKERS, JUNIUS C COTA/L", and "93954384 - BLOTTER, EVELYN H WPT". On the right side of the portal, there are sections for "Quick Links" (including Message and Announcements, Provider Manuals, Billing Manual, and Provider FAQ) and "Upcoming Events" (displaying "No upcoming events scheduled at the moment."). The footer contains the Conduent logo, copyright information for 2026, and links for Privacy Policy, Site Map, Terms of Use, Browser Requirements, and Accessibility Compliance.

# MEMBER ELIGIBILITY SEARCH

# MEMBER ELIGIBILITY SEARCH

Providers and designated staff can check to determine if a member is eligible for Medicaid Services.

When the search results are displayed, users can view more details, including the confirmation number for a member.

If the confirmation number is blank for a member, it indicates that a member is ineligible for benefits for the time-period requested.

Up to 10 members can be searched at a time.



# MEMBER ELIGIBILITY

## Search Criteria

A member eligibility check requires entering different combinations of information.

- Member ID
- SSN and Date of Birth
- Last Name, First Name and Date of Birth

Member > Check Eligibility

### Check Eligibility Search

Eligibility Inquiry

**Requester**

<b>Provider ID</b> 000D3124	<b>Provider Name</b> COMMUNITY OPTIONS INC	<b>Payer ID</b> Payer ID	<b>Payer Name</b> Payer Name
--------------------------------	---	-----------------------------	---------------------------------

**To inquire about a specific member's eligibility, you must enter any of the combinations below.:**

1. Member ID or
2. SSN and Date of Birth or
3. Last Name, First Name and DOB

**To Inquire on a Date of service range, enter a 'From' date and a 'To' date.**  
**To Inquire on a single Date of service range, enter a 'From' date.**

**Note:** If the Service From Date and Service To Date are left blank, the dates will be defaulted to current date.

**Member Information**

<input type="checkbox"/>	LI #	Member ID	Date of Birth	Last Name	First Name	MI	Gender	SSN	Service From Date	Service To Date	Service Type Code
No Data											

Page: 1 Rows per page: 5 0-0 of 0 |< < > >|

SEARCH
RESET

# MEMBER ELIGIBILITY

## Eligibility Details

The eligibility and benefit plan status is shown for each active span as of the selected date.

Member > Check Eligibility

**Eligibility Details** CLOSE

**Eligibility Confirmation**

---

**Eligibility Status**

COE Code	Benefit Description	Eligibility From Date	Eligibility To Date	COE Add Date
096-HCBW - Developmentally Disable	Full Medicaid benefits and some Home and Community Based waiver services.	12/31/2025	12/31/9999	01/16/2025
004-SSI Disbl & Mcaid Exten-Disabl	Full Medicaid benefits.	12/31/2025	12/31/9999	01/16/2025

Page: 1 Rows per page: 5 | 1-2 of 2 | < > >|

---

**Benefit Plan**

Plan Description	Plan From	Plan To	MCO	Phone	CoPayment	CoInsurance	BaseDeductible	Remaining Deductible
BLUE CROSS BLUE SHIELD	12/31/2025	12/31/9999	BLUE CROSS BLUE SHIELD OF NM		0	0.0	0	0
Standard Medicaid	12/31/2025	12/31/9999			0	0.0	0	0
NM Developmental Disability Waiver Pgm	12/31/2025	12/31/9999			0	0.0	0	0

Page: 1 Rows per page: 5 | 1-3 of 3 | < > >|

# TEMPLATES

# TEMPLATES

## Create Templates

The system allows users to create claim templates, making it easier and faster to generate new claims by reusing previously entered data.

## Manage Templates

This functionality enables users to efficiently maintain and reuse standardized claim formats across different claim submissions.

It provides a centralized location for users to:

- View all previously saved templates
- Edit existing templates as needed
- Delete outdated or unused templates
- Copy templates to serve as a starting point for creating a new ones

# TEMPLATES

## Create Templates - Claims Entry Page

Selecting 'Continue' opens the Claims Entry page. Completed template entries can be saved using the Save Template button, which uses the name entered on the previous screen.

Create Template > Professional > Create Professional Template

### New Professional Template

SAVE TEMPLATE

**Basic Claim Info** | Other Claim Info | Other Service Line Info

Is this a Void/Replacement?  
 Yes  No

**Submitter Information**


<b>Submitter ID</b> 000D3124	<b>Receiver ID/Name</b> 87654321-CMdS
---------------------------------	--

**Provider Information** ▾

**Member Information** ▾

**Claim Information** ▾

**Basic Line Item Information** ▾



# MANAGE TEMPLATES

## Locate a Saved Template

Previously saved templates are displayed based on the entered template name, with an optional Template Type filter applied. A search by Template Name will return that template if it exists, while a search without a Template Name will produce a list of existing saved templates.

Manage Templates > View/Edit/Delete Template

### View/Edit/Delete Template

To conduct a search for a previously saved template, enter the name of the template or leave the template name field blank, optionally select a Template Type if it is known, and then click "Search". A search by Template Name will return that template if it exists, while a search without a Template Name will produce a list of existing saved templates. Selecting "Starts with" will produce a list of existing saved templates with the first two characters matching that search criteria. Selecting "Contains" will produce a list of templates with a word or phrase in the template name that matches the search criteria.

**Template Name**

Starts with  Contains

**Template Type**

Dental  
 Institutional  
 Professional

### Search Results

Below is a list of templates that met your search criteria. To create a new claim from template click on the row associated with the one you wish to display. You will be taken to the web form where you may enter your claim information.

Template Name	Type	Last Update ↑	Last Updated By
<a href="#">PROFESSIONAL2</a>	Professional	12/31/25	000D3124
<a href="#">PROFESSIONAL</a>	Professional	12/31/25	000D3124

Page: 1 Rows per page: 5 1-2 of 2 |< >|

# CREATE CLAIMS

# CREATE CLAIMS

## From Template

Claim templates are designed to streamline and simplify the process of creating new claims by reusing previously entered data. By utilizing templates, users can automatically populate applicable fields and focus on only updating the specific information that is unique to the new claim.

Users have the flexibility to create templates for each of the supported claim types:

- Dental
- Professional
- Institutional

---

## New Claim

- Users can create new claim for each of the supported claim types:
- Dental
- Professional
- Institutional

---

## From Processed Claim

A previously processed claim can be used to create a new claim. Information from the original claim may be corrected or updated and resubmitted. The resubmitted claim is treated as a new claim and is assigned a new TCN.

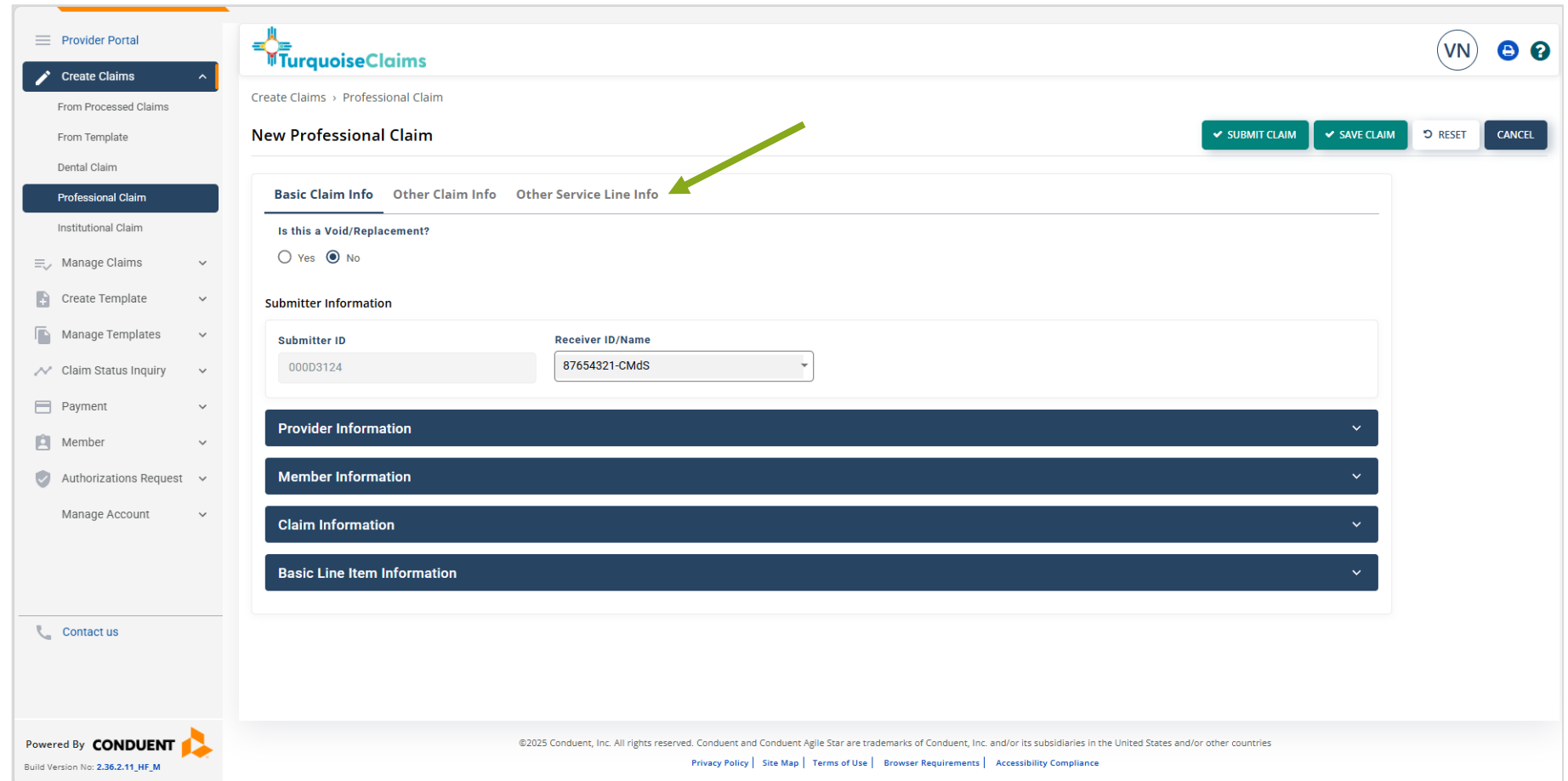


Previously processed claims with a status of paid or denied can be used to create a new claim. Claims in a suspended status will not appear in the search results.

# CREATE CLAIMS

The Claim Entry page has three tabs:

1. Basic Claim Info
2. Other Claim Info
3. Other Service Line



Provider Portal

Create Claims

From Processed Claims

From Template

Dental Claim

Professional Claim

Institutional Claim

Manage Claims

Create Template

Manage Templates

Claim Status Inquiry

Payment

Member

Authorizations Request

Manage Account

Contact us

TurquoiseClaims

Create Claims > Professional Claim

New Professional Claim

SUBMIT CLAIM SAVE CLAIM RESET CANCEL

Basic Claim Info Other Claim Info Other Service Line Info

Is this a Void/Replacement?

Yes  No

Submitter Information

Submitter ID Receiver ID/Name

000D3124 87654321-CMdS

Provider Information

Member Information

Claim Information

Basic Line Item Information

Powered By CONDUENT

Build Version No: 2.36.2.11\_HF\_M

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# MANAGE CLAIMS

# MANAGE CLAIMS

## Edit/Delete Saved Claims

Allows users to view claims that were saved but not yet submitted. These claims can be edited, deleted, or submitted as needed.



A saved claim can be edited or deleted online for up to 30 days after its most recent save.

---

## View Submitted Claims

Allows users to review submitted claims, including those that are paid, denied, or suspended. Users can update paid or denied claims directly from the Claim Entry page and resubmit them if changes are needed.



Submitted claims and their attachments can be viewed online in read-only mode for up to 30 days after submission.

# MANAGE CLAIMS

## Edit/Delete Saved Claims Search Criteria

To search for a previously saved claim, requires entry of one of the following combinations:

- Billing Provider ID
- Member ID
- Claim Service Period Dates

Manage Claims > Edit/Delete Saved Claims

### Edit/Delete Saved Claims

To conduct a search for previously saved claims, enter information in any or all of the additional information fields and click "Search". If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.


**Billing Provider ID**


\*Billing Provider ID

**Additional Information**

**Member ID**

If only the Begin Date (and no End Date) is entered, the End Date will be the same as the Begin Date. Note: Saved claims are only kept on record for 30 business days after the date of the last save.

**Claim Service Period Begin Date**  

**Claim Service Period End Date**  

# MANAGE CLAIMS

## Edit/Delete Saved Claims

The Claim Entry page is displayed. A saved claim can be edited or deleted online for up to 30 days after its most recent save.

Manage Claims > Edit/Delete Saved Claims > Institutional Claim

### Edit/Delete Saved Claims

**Basic Claim Info** | Other Claim Info | Other Service Line Info

Is this a Void/Replacement?  
 Yes  No

**Submitter Information**

Submitter ID 81730984	*Receiver ID/Name 87654321-CMds
--------------------------	------------------------------------

**Provider Information** ▾


**Member Information** ▾

**Claim Information** ▾

**Diagnosis Information** ▾

**Procedure Information** ▾

**Basic Line Item Information** ▾



# MANAGE CLAIMS

## View Submitted Claims Search Criteria

To search for a previously submitted claim, requires entry of one of the following combinations:

- Billing Provider ID
- Member ID
- Claim Service Period Dates
- Claim Submission Period Dates

Manage Claims > View Submitted Claims

### View Submitted Claims

To conduct a search for previously submitted claims, enter information in any or all of the additional information fields, and click "Search". If only the provider number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.

**Billing Provider ID**

\*Billing Provider ID

---

**Additional Information**

**Member ID**

If only the begin date (and no end date) is entered, the end date will be the same as the begin date. Note: Submitted claims are only kept on record for 30 business days after the date of submission.

<b>Claim Submission Period Begin Date</b>	<b>Claim Submission Period End Date</b>	<b>Claim Service Period Begin Date</b>	<b>Claim Service Period End Date</b>
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>

# MANAGE CLAIMS

## View Submitted Claims

### Search Results

A maximum of 100 results can be displayed.

The claim details are displayed when a row is selected. The Claim Entry page will open under the 'Manage Claims' > 'View Submitted Claims' menus.

**Search Results**

Below is the list of claims that match your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.

**Provider ID: 81730984**

Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By
zollo, terrell	81739034829332	11/03/2025	\$200.00	Professional	N52429475
zollo, terrell	81739034829332	11/03/2025	\$200.00	Dental	N52429475
Zollo, Terrell	81739034829332	12/02/2025	\$200.00	Institutional	N52429475
MACKLE, ENEDINA	81732439445884	01/01/2025	\$100.00	Institutional	N52429475
zollo,	24255806260000220		\$120.00	Institutional	CPOLANCO1

Page: 1 Rows per page: 5 ▾ 1-5 of 8 |< < > >|

# MANAGE CLAIMS

## View Submitted Claims

The Claim Entry page is displayed. Submitted claims and their attachments can be viewed online in read-only mode for up to 30 days after submission.

Manage Claims > View Submitted Claims > Professional Claim

### View Submitted Claim

**Basic Claim Info**   Other Claim Info   Other Service Line Info

Is this a Void/Replacement?  
 Yes    No

**Submitter Information**

<b>Submitter ID</b> 81730984	<b>Receiver ID/Name</b> 87654321-CMdS
---------------------------------	--

**Provider Information** ▾

**Member Information** ▾

**Claim Information** ▾

**Basic Line Item Information** ▾

[VIEW ATTACHMENTS](#)   [CANCEL](#)

# CLAIM SUBMISSION CONFIRMATION PAGE

This page is displayed after submitting the claim for adjudication.

A message indicating the claim submission status.

The claim header with claim details such as the TCN and claim status.

An error code identifies missing attachments, which can then be added to the submitted claim.

The explanation of benefit (EOB) code and the line number to which the EOB code applies.

The EOB code and description.

Create Claims > From Template > Professional

**Professional Claim** CREATE CLAIM FROM PROCESSED CLAIM SUBMIT ANOTHER CLAIM

Your claim has been successfully submitted. Please note that actual payment amounts for claims in a 'To be paid status' are subject to further review.

**Claim Information**

TCN: 25134100040000030      Date of Service: 09/01/2024 - 09/01/2024  
 Provider ID: 1000106      Member ID: 87344286085  
 Claim status: C-To Be Dnd      Submission date/time: 05/14/2025 22:18:59 EDT  
 Total charge: \$10.00      To be paid amount: \$0.00

**New Attachment** +

Attachment Level	Attachment Type	Delivery Method	Attachment Control Number	File Name
No Data				

Page 1      Rows per page: 5      0-0 of 0 |< >|

**EOB(s) data**

EOB(s) applied

Line ↓	EOB Code
0	4932
0	2002
0	3015
0	3801
1	99016

Page 1      Rows per page: 5      1-5 of 5 |< >|

**EOB description(s)**

EOB Code	EOB Description
4932	Claim type not determined
99016	
2002	Member Not Found - Recycle
3015	Prov Not a Valid Billing Prov
3801	BP has not been assigned to mem

Page 1      Rows per page: 5      1-5 of 5 |< >|

# CLAIM STATUS RESULT

The claim status directly determines the next step a provider or billing professional should take to ensure the successful processing and payment of a Medicaid claim.

Claim Status Result	Next Step
To Be Paid	The claim was submitted successfully. No further action is needed. The actual payment amount for a claim in a 'To Be Paid' status is subject to further review.
To Be Denied	A corrected claim can be submitted by selecting the 'Create Claim From Processed Claim' button on the Claim Submission Confirmation page.
Suspended	Suspended claims cannot be corrected through the portal. The suspended claim will be processed by the Conduent Operations team.

# VOID OR REPLACEMENT CLAIM



# VOID OR REPLACEMENT CLAIM

A previously processed paid claim can be replaced or voided due to reasons such as duplicates, new information, or other exceptions.

## Voided Claim

A void is a complete reversal or offsetting of a previously paid claim. A voided claim is not considered for future adjudication and cannot be altered or replaced.

When a claim is voided, the system generates a new voided TCN (Transaction Control Number) with Transaction Type 1 – Void. All amounts on the voided TCN appear as negative values, effectively reversing the original claim.



# VOID OR REPLACEMENT CLAIM

## Replacement Claim

A replacement claim creates a copy of the original claim, applies corrections or updates, and is assigned a new Transaction Control Number (TCN).

The replaced claim is then considered for future adjudication, and the original claim cannot be altered, replaced, or voided in the future. The new replacement claim could, however, be altered, replaced, or voided in the future.

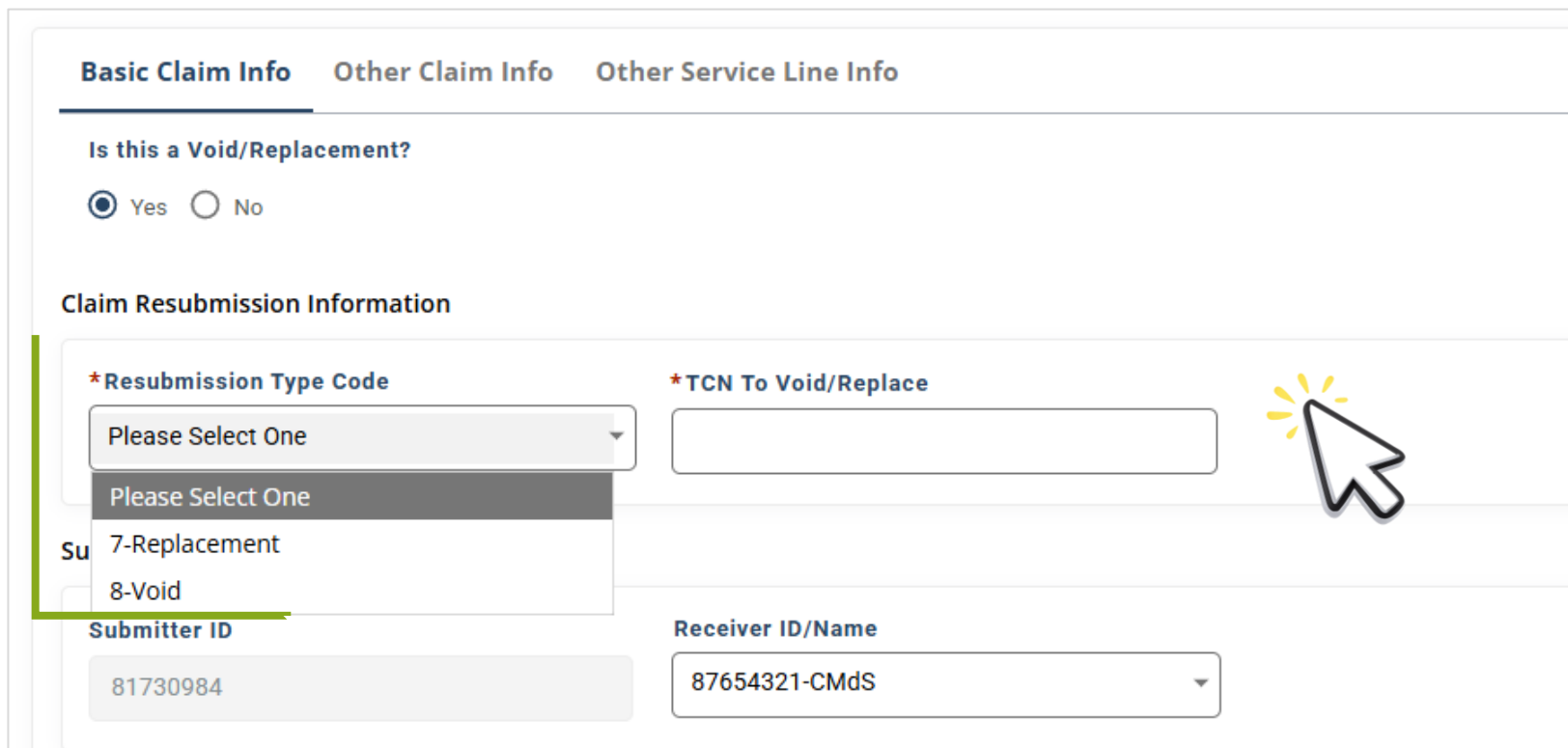
When a paid claim is replaced, adjustments to the original claim create two additional TCNs for the replacement transaction: a credit adjustment TCN with Transaction Type 2, and a debit adjustment TCN with Transaction Type 3.



# VOID OR REPLACEMENT CLAIM

On the Claim Entry page, users are asked: 'Is this a Void/Replacement?' If they select 'Yes,' they must choose a resubmission type—either 'Replacement' or 'Void'—and enter the TCN of the claim to be voided or replaced.

After entering the information, the user clicks anywhere to the right of the TCN field. This action copies the data from the paid claim into the new claim.

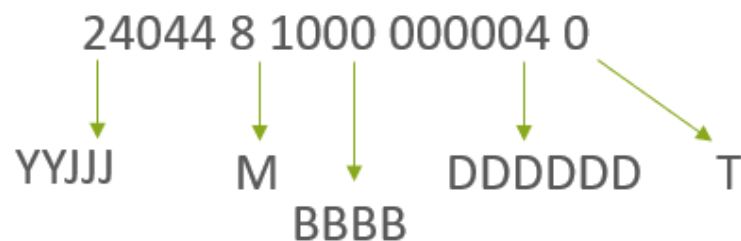


The screenshot displays a web form with three tabs: 'Basic Claim Info', 'Other Claim Info', and 'Other Service Line Info'. The 'Basic Claim Info' tab is active. Under this tab, there is a question 'Is this a Void/Replacement?' with radio buttons for 'Yes' (selected) and 'No'. Below this is the 'Claim Resubmission Information' section, which contains a dropdown menu for '\* Resubmission Type Code' (with options 'Please Select One', '7-Replacement', and '8-Void'), a text input field for '\* TCN To Void/Replace', a 'Submitter ID' field with the value '81730984', and a dropdown menu for 'Receiver ID/Name' with the value '87654321-CMdS'. A mouse cursor icon is positioned to the right of the TCN field, indicating a click action.

# CLAIM STATUS INQUIRY

# TRANSACTION CONTROL NUMBER (TCN)

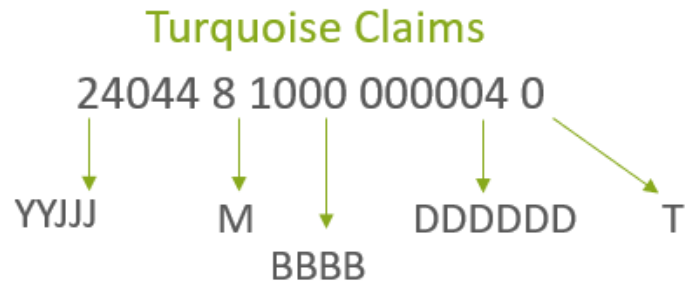
The Transaction Control Number is a unique number assigned to each claim in a batch. The 17-digit TCN is a new format from the one used in OmniCaid.



YYJJJ	M	BBBB	DDDDDD	T
5-digit Julian Date when the batch was created	1-digit Media Source Code	4-digit Batch Number	6-digit Document Number assigned to each claim in the Batch	1-digit Transaction Type Number
	<ul style="list-style-type: none"> <li>1. Web</li> <li>2. Elec Xover</li> <li>3. EMC</li> <li>4. System Gen</li> <li>5. Encounter</li> <li>6. Pharmacy</li> <li>8. Paper</li> </ul>			<ul style="list-style-type: none"> <li>0 - Original Claim</li> <li>1 - Void</li> <li>2 - Credit of Adjustment</li> <li>3 - Debit of Adjustment</li> <li>4 - Denied Prov Submitted Replacement</li> </ul>

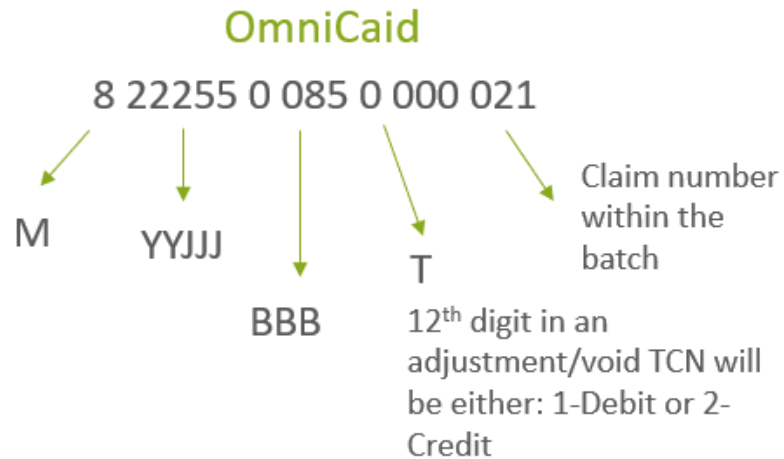
# COMPARISON

This shows a comparison between the TCN in Turquoise Claims and the legacy system.



Indicator	Description
YYJJJ	Julian Date
M	Media Source Code
BBBB	Batch Number
DDDDDD	Document Number
T	Transaction Type Number

Media Source Code
1 – Web Submitted Claims
2 – Electronic Crossover Claims
3 – EMC Claims
4 – System Generated Claims
5 – Encounter Claims
6 – Pharmacy Claims
8 – Paper Claims



Indicator	Description
M	Media Source Code
YYJJJ	Julian Date
BBB	Batch Number
T	Transaction Type Number
Last 3 digits	Claim number within the Batch


Media Source Code
1 – POS Pharmacy Claim
2 – Claims from Medicare
3 – Other Electronic Claims
4 – System Generated Claim or Adjustment
5 – Managed Care Encounter
8 – Paper Claim
9 – Web Portal Submission

# CLAIM STATUS INQUIRY

Provider Portal

- Create Claims
- Manage Claims
- Create Template
- Manage Templates
- Claim Status Inquiry
- Status Inquiry
- Payment
- Member
- Authorizations Request
- Manage Account

Contact us



MG 📧 ?

Claims Status Inquiry

## Claims Status Inquiry

To conduct a claim inquiry, please enter the TCN or the following combination of Member ID, Member Last Name, and Member Date of Birth and Dates of Services. Entering date range with Member information criteria will return a list of all the claims matching the search criteria. A maximum of 100 results will be returned; if necessary, refine your search by entering additional search criteria.

**Billing Provider ID**

<b>*Billing Provider ID</b>	<b>Org / Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>
<input type="text" value="03799904"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Please Select One"/>

Please enter either a TCN or a Claim Service Period Begin Date range with Member information criteria. Claim Service Period Begin Date applies to the earliest date of service on the claim. If no End Date is entered, the End Date will be either today's date or one year forward from the Begin Date entered (whichever is less).

**Claim Information**

<b>TCN</b>	<b>Claim Service Period Begin Date</b>	<b>Claim Service Period End Date</b>	<b>Patient Account Number</b>	<b>Prescription Number</b>
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text"/>
<b>Type Of Bill</b>	<b>Total Claim Charge Amount</b>	<b>Claim Status</b>		
<input type="text" value="Please Select One"/>	<input type="text" value="\$"/>	<input type="text" value="Please Select One"/>		

**Service Line Information**

**Member Information**

<b>Member ID</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Please Select One"/>
<b>Date Of Birth</b>	<b>Gender</b>			
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Please Select One"/>			

SEARCH RESET

# CLAIM STATUS INQUIRY

## Claim Status Details

The Claim Status Inquiry page displays detailed claim information.

### Claim Data

The header contains general information that applies to the whole claim.

### EOB(s) Data

The explanation of benefit (EOB) code, description, and the line number to which the EOB code applies.

### Tabs

**Main** - Displays details on the member, provider, payment, payer, and receiver for the claim.

**Line Item** - Displays details for a specific procedure or service on the claim.

Claims Status Inquiry

### Claims Status Inquiry

Claim Data

TCN: <b>25038309982000010</b> Status Effective Date: <b>12/31/2025</b> Trans Type: <b>0-Original Claim</b> Status: <b>P-Paid</b>	Service Period Begin: <b>11/30/2024</b> Service Period End: <b>11/30/2024</b> RA#: <b>4691589</b>	Claim Type: <b>G-HCBS Waiver</b> Patient Account #: <b>NM17610</b> Type of Bill: Total Claim Paid: <b>\$ 272.45</b>
---	---	--

EOB(s) data

Line	EOB Code	EOB Description
No Data		

Page: **1** Rows per page: **5** 0-0 of 0 |< > |

**Main**    Line Item

Member Data ▼

Provider Data ▼

Payment Data ▼

Payer Data ▼

Information Receiver Data ▼

# CLAIM STATUS INQUIRY

## Payment Data

Payment data includes the financial and tracking details related to the claim.

**Main**    **Line Item**

---

**Member Data** ▼

**Provider Data** ▼

**Payment Data** ▲

Total Claim Charge Amount: <b>\$272.45</b> Adjudication Date: <b>02/07/2025</b> To Be Paid Amount: <b>\$272.45</b> Paid Date: <b>02/10/2025</b>	Paid Amount: <b>\$272.45</b> Prescription Number: Payment Method Code: <b>Electronic</b> Check Issue or EFT Effective Date: <b>02/10/2025</b>	Check/EFT: Patient Account # <b>NM12345</b> Medical Record #:
--	--	---

# CLAIM STATUS INQUIRY

## Line Item

The expanded line item displays details for each procedure or service on a claim, including codes, charges, dates, and other key identifiers. All claim line items are listed; selecting a line item shows additional details.

Main
**Line Item**

LI	Status	Service Line Date	Proc Code	Modifiers	Line Item Charge Amount
1	P-Paid	11/30/2024 - 11/30/2024	T2016	HB,U5	\$ 272.45

Page: 1
Rows per page: 5 | 1-1 of 1 | < >

CANCEL

View Line Item Detail

Line #: 1

Revenue Code:

Submitted Units: 1

Status: **P-Paid**

To Be Paid Amount: **\$272.45**

Service Line Begin Date: **11/30/2024**

Procedure Code: **T2016**

Line Item Charge Amount : **\$272.45**

Status Effective Date: **12/31/2025**

Paid Units: **1.00**

Service Line End Date: **11/30/2024**

Modifiers: **HB,U5**

Non-covered Charges: **\$0.00**

Line Item Control Number:

Paid Amount: **\$272.45**

# PAYMENT INFORMATION

# PAYMENT INQUIRY

Providers can access information on payments they have received.

## Search Criteria



A payment inquiry requires entry of one of the following combinations:

- Provider ID
- Provider ID and Payment Date Range

Payment > Payment Inquiry

### Payment Inquiry

No more than 100 results will be returned. You may refine your search by using the date fields to limit the number of search results.

<b>* Provider ID</b>	<b>Begin Date</b>	<b>End Date</b>
<input type="text" value="000M1234"/>	<input type="text" value="mm/dd/yyyy"/> 	<input type="text" value="mm/dd/yyyy"/> 

# PAYMENT INQUIRY

## Search Results

A maximum of 100 results can be displayed.

The Print Image Remittance Advice (RA) is also accessible in PDF format.

**Search Results**  
Below is a list of payments that met your search criteria for the selected provider ID. Print image RAS are available in PDF format. PDF format files can be read using the free Adobe Acrobat Reader from Adobe.

**Provider ID:** 00M1234

Paid Date	Check / EFT Number	Reimbursement Amount	Print Image RA
12/01/2025	80001103	\$514,664.44	<a href="#">3363644</a>
06/16/2025		\$489,568.77	<a href="#">4739321</a>
06/09/2025		\$547,289.07	<a href="#">4736658</a>
05/30/2025		\$467,897.90	<a href="#">4734021</a>
05/26/2025		\$599,305.42	-----

Page: 1



[5005839.pdf](#)



Payments made prior to the Turquoise Claims go-live will still be available to view, but the Print Image RA will not be available for viewing.

# AUTHORIZATION REQUEST

# AUTHORIZATIONS REQUEST

Providers can view approved Service Authorizations.

## Search Criteria

An authorization inquiry requires entry of one additional information:

- Member ID
- Service Authorization ID
- Service Code
- Authorization Status
- Modifiers
- Service Date Range

Authorization > View Authorization

### View Authorization

To conduct a search for one or more previously submitted service authorization(s), refine the search criteria by entering information in any or all of the remaining fields, and then click "Search". A search by only the Provider ID will return all of the authorizations for that provider.

**Provider ID**

\* Provider ID: 000D3124      \* Provider ID Type: 1D-Medicaid



---

**Additional Information**

Member ID:

Service Authorization ID:       Header Status:

Service Code:       Modifier 1:       Modifier 2:       Modifier 3:       Modifier 4:

Begin Date:        End Date:  

# AUTHORIZATIONS REQUEST

## Search Results

The status of the service authorization is shown under the 'Header Status' column in the search results.


**Search Results**

Below is a list of authorizations that meet your search criteria for the selected Provider ID.

**Provider** 12345678

Authorization ID ↓	LI	Member Name	Member ID	Service Code	M1	M2	M3	M4	Begin Date	Cert Action	Header Status
<a href="#">1703200083</a>	1	Rodriguez, Julie	12345678987654	314 - HOSP					02/15/2017		A
<a href="#">1703200083</a>	2	Rodriguez, Julie	12345678987654	20902					02/15/2017		A
<a href="#">1705300102</a>	1	Rodriguez, Julie	12345678987654	314 - HOSP					03/15/2017		A
<a href="#">1705300102</a>	2	Rodriguez, Julie	12345678987654	20902					03/15/2017		A
<a href="#">1912100035</a>	1	Rodriguez, Julie	12345678987654	314 - HOSP					05/22/2019		A

Page: 1 Rows per page: 5 1-5 of 5 < > >|



Approved

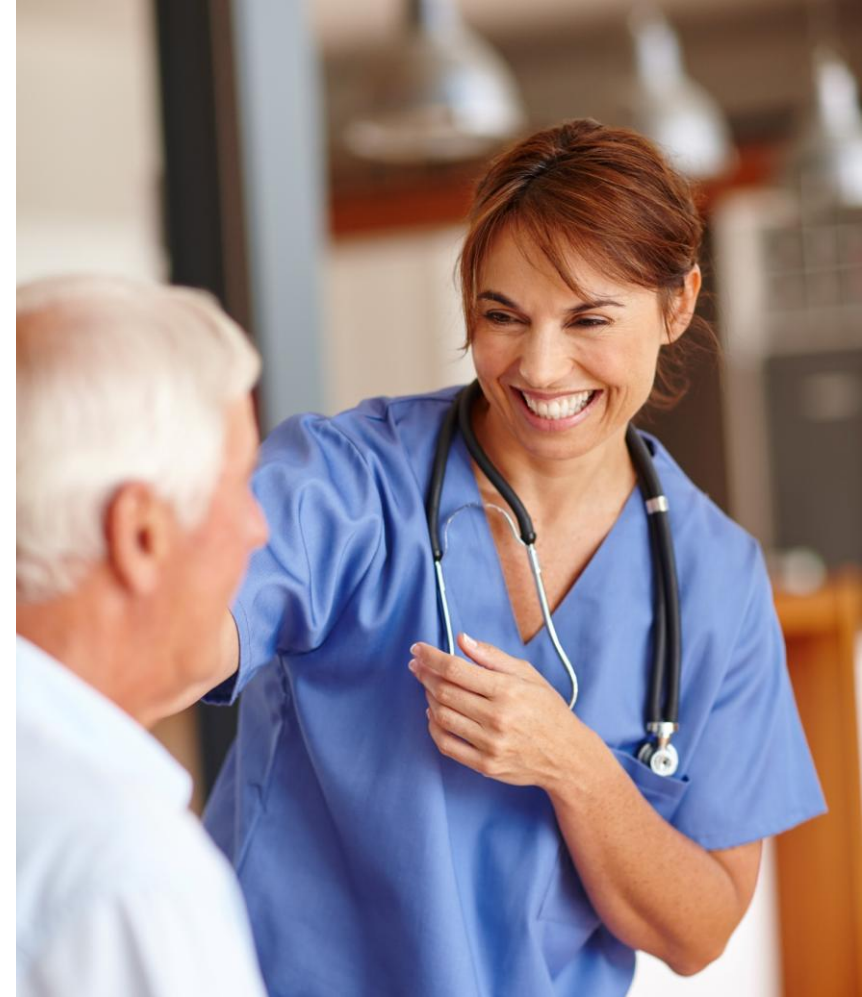
# POP QUIZ....

- When does the transition downtime start?
- When should you have all your final Remittance Advices downloaded?
- When can you start submitting your claims in Turquoise Claims?

# Q&A



HEALTH CARE  
A U T H O R I T Y



NEW MEXICO MMISR  
TURQUOISE CLAIMS PROVIDER PORTAL  
END OF COURSE

*INVESTING FOR TOMORROW, DELIVERING TODAY.*