

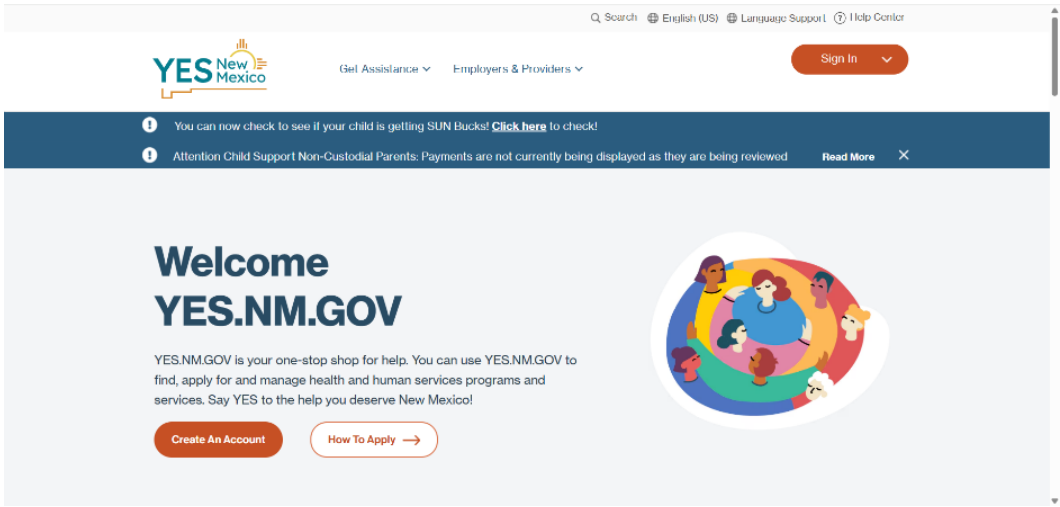
Turquoise Claims System

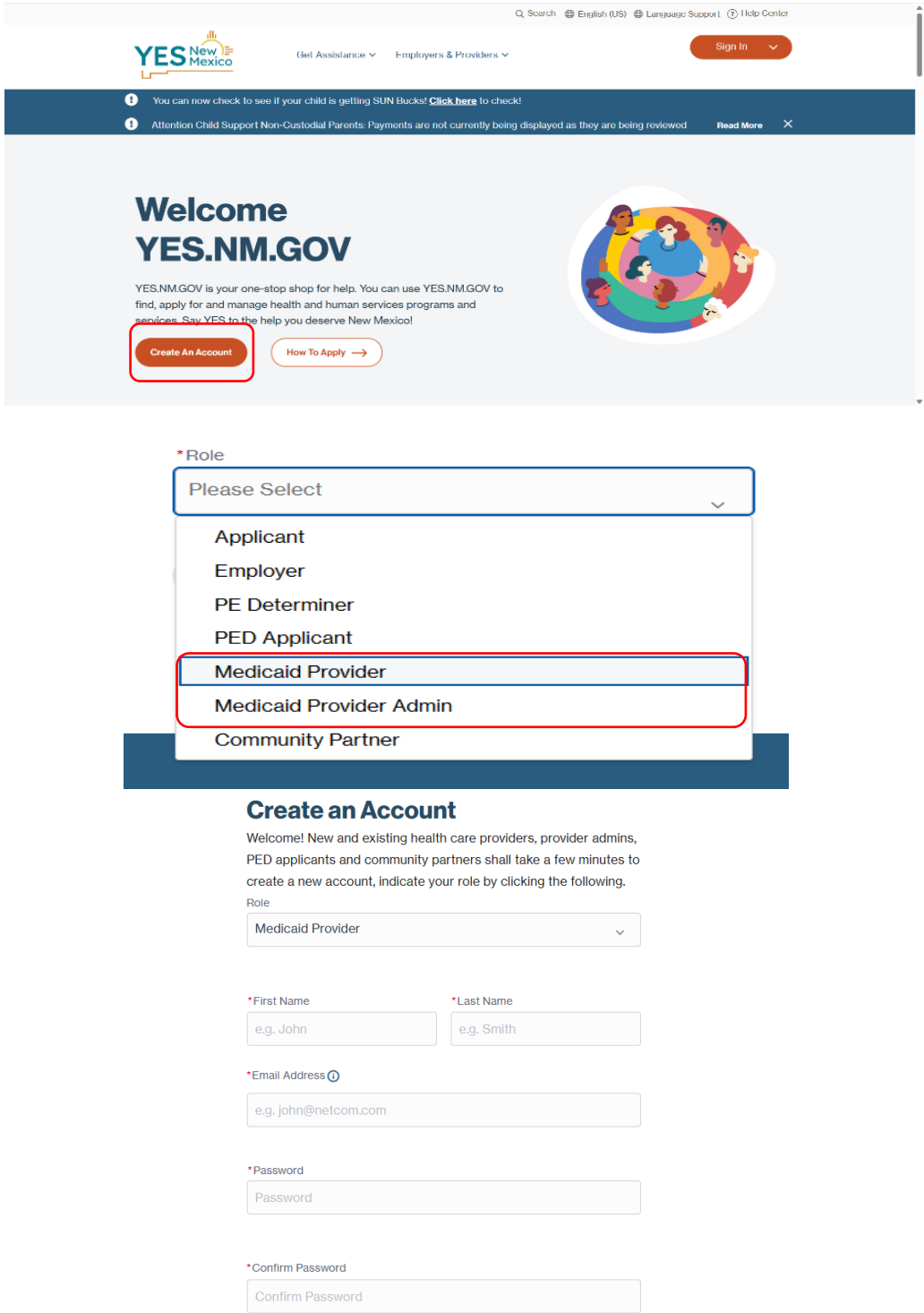
Verifying Eligibility

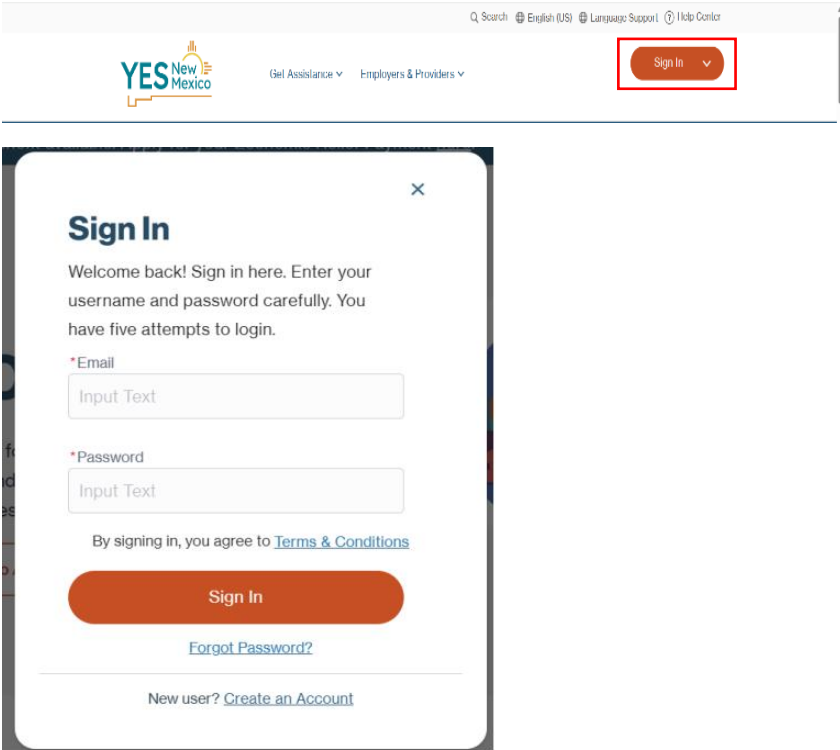
1 Access the Turquoise Claims System via YES.NM.GOV

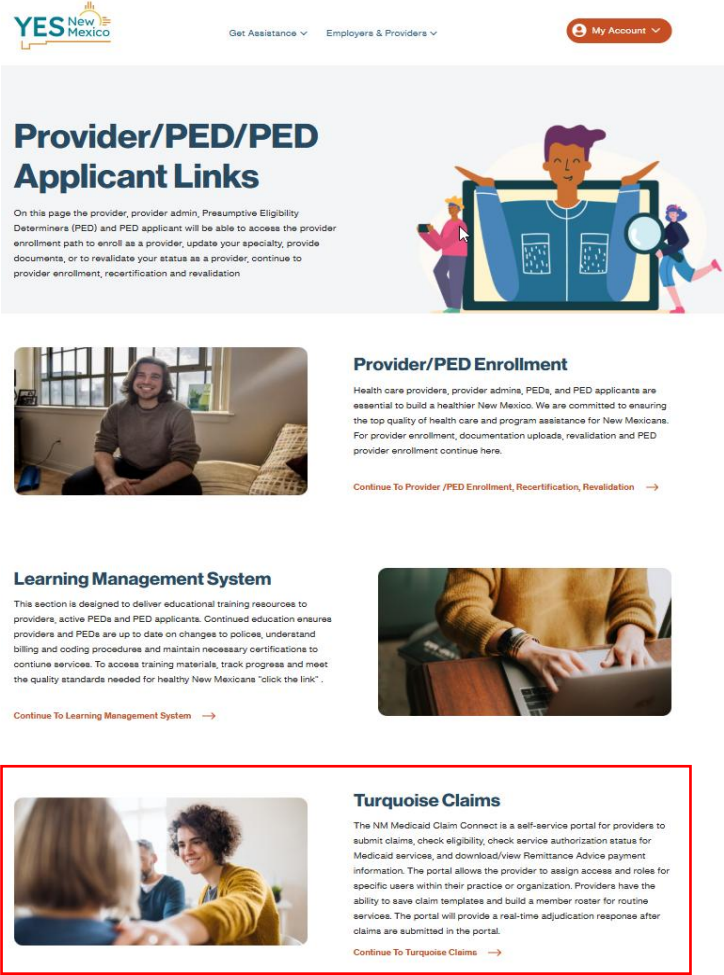
You do not need to be a provider to verify eligibility in the Turquoise Claims system, but you do need to create an account and access Turquoise Claims via YES.NM.GOV, as follows:

Note: You can also verify eligibility by contacting our Automated Voice Recognition System (AVRS) system at 800-820-6901.

Step	Screenshot
<p>1. Navigate to the Yes New Mexico website.</p>	

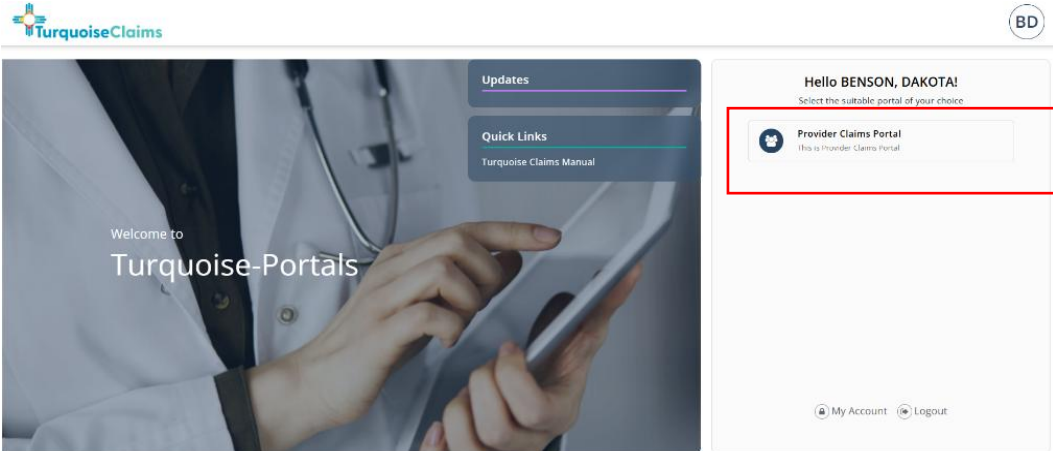
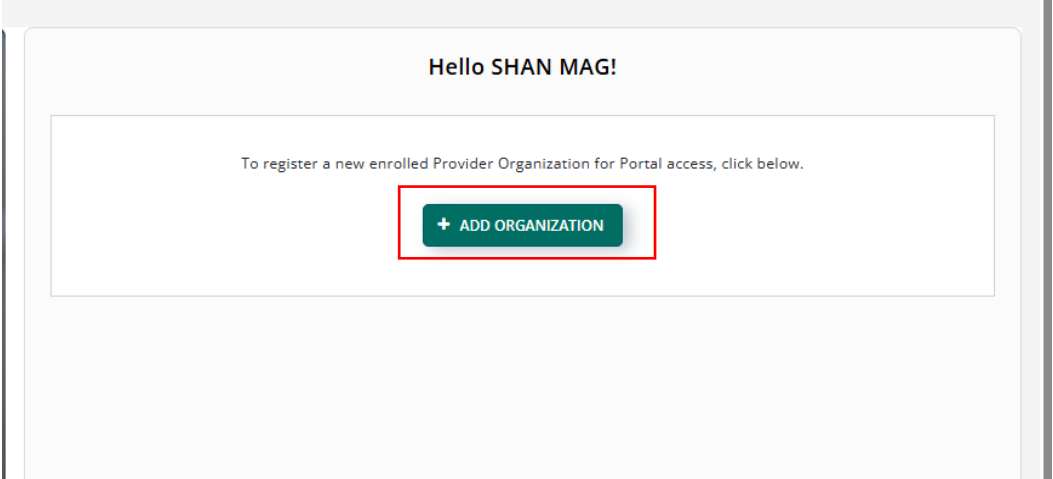
Step	Screenshot
<p>2. If you are a new user, select Create An Account, select either Medicaid Provider or Medicaid Provider Admin for the role, and then enter the applicable account creation information.</p> <p>*If you are not a provider, no problem, you can view eligibility, just choose the Medicaid Provider role when creating your account*</p>	 <p>The screenshot shows the YES.NM.GOV homepage with a 'Create An Account' button highlighted in red. Below it, a dropdown menu for 'Role' is open, with 'Medicaid Provider' highlighted in red. The 'Create an Account' form includes fields for Role (Medicaid Provider), First Name (e.g. John), Last Name (e.g. Smith), Email Address (e.g. john@netcom.com), Password, and Confirm Password.</p>

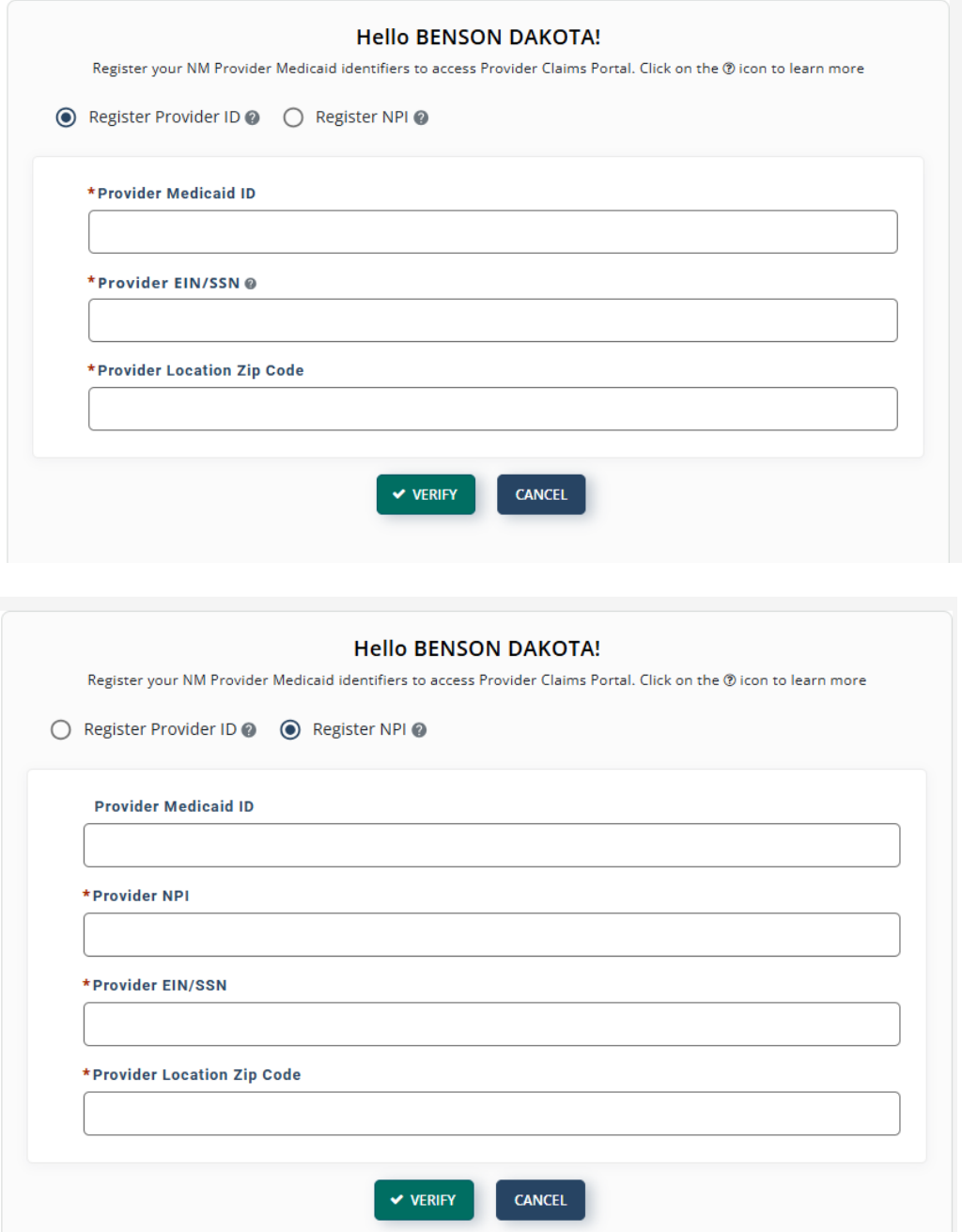
Step	Screenshot
<p>3. If you already have an account, select the Sign In button and enter your credentials.</p>	 <p>The screenshot shows the YES New Mexico website header with a search bar, language options, and a 'Sign In' button highlighted with a red box. Below the header is a modal window titled 'Sign In' with a close button (X). The modal contains the following text: 'Welcome back! Sign in here. Enter your username and password carefully. You have five attempts to login.' It features two input fields: '*Email' and '*Password', both labeled 'Input Text'. Below the fields is a link for 'Terms & Conditions' and a large orange 'Sign In' button. At the bottom of the modal are links for 'Forgot Password?' and 'New user? Create an Account'.</p>

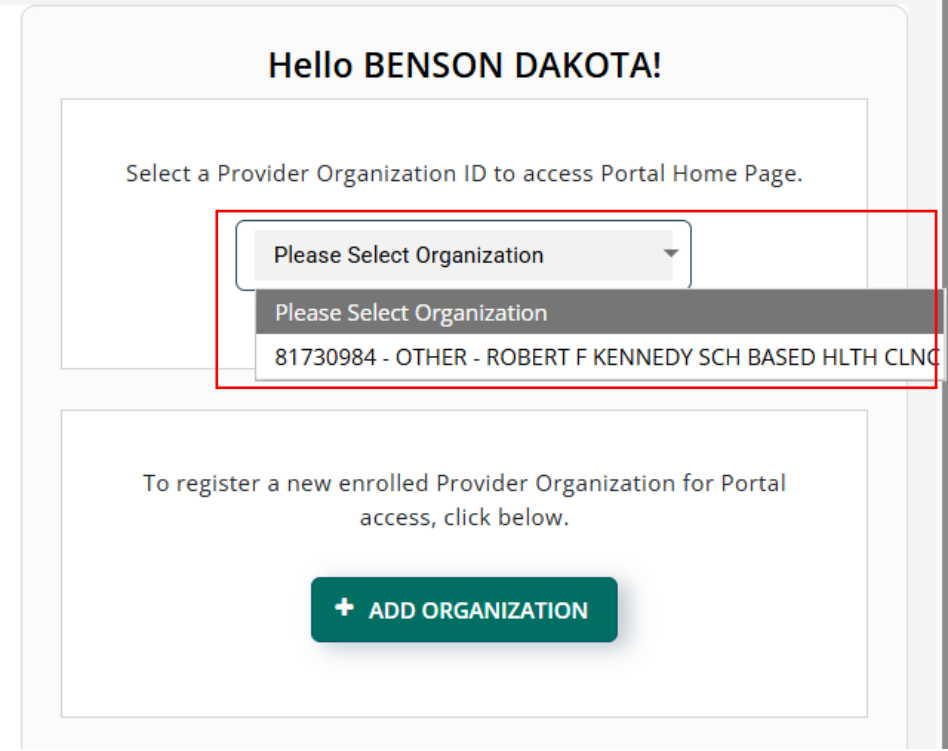
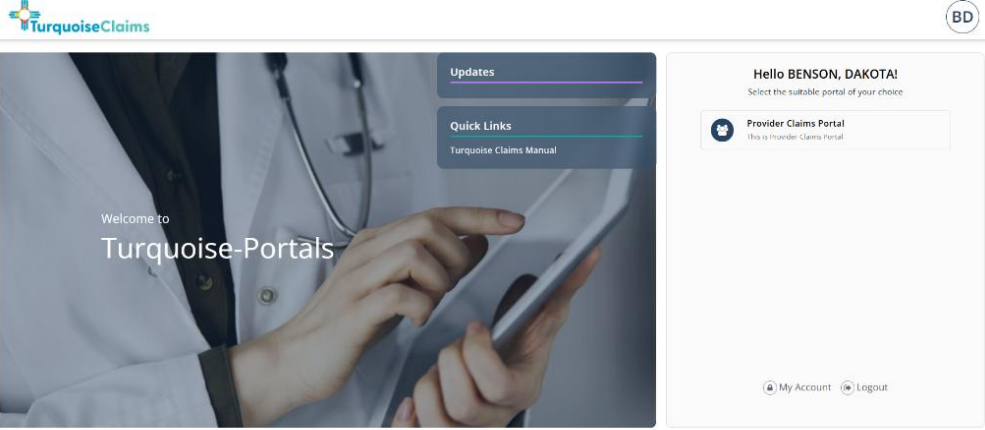
Step	Screenshot
<p>4. Select the Turquoise Claims link.</p>	 <p>The screenshot shows the YES New Mexico website. At the top, there is a navigation bar with 'Get Assistance', 'Employers & Providers', and 'My Account' buttons. The main heading is 'Provider/PED/PED Applicant Links'. Below this, there are three sections: 'Provider/PED Enrollment', 'Learning Management System', and 'Turquoise Claims'. The 'Turquoise Claims' section is highlighted with a red border. Each section includes a brief description and a 'Continue To' link with a right-pointing arrow.</p>

2 Initial Account Set-Up

To register an account in the Turquoise Claims system, complete the following steps:

Step	Screenshot
<p>1. After selecting the Turquoise Claims link at the YesNM Home page, select the Provider Claims Portal button.</p>	 <p>The screenshot shows the Turquoise Claims portal interface. At the top left is the 'TurquoiseClaims' logo. The main content area features a 'Welcome to Turquoise-Portals' message over a background image of a doctor. To the right, there's a 'Hello BENSON, DAKOTA!' greeting with the instruction 'Select the suitable portal of your choice'. A red box highlights the 'Provider Claims Portal' button, which is labeled 'This is Provider Claims Portal'. Below this are 'My Account' and 'Logout' links. A small copyright notice is visible at the bottom of the page.</p>
<p>2. After selecting the Turquoise Claims link at the YesNM Home page, select the green +Add Organization button.</p>	 <p>The screenshot shows a page with the heading 'Hello SHAN MAG!'. Below the heading, it says 'To register a new enrolled Provider Organization for Portal access, click below.' A red box highlights a green button with a plus sign and the text '+ ADD ORGANIZATION'.</p>

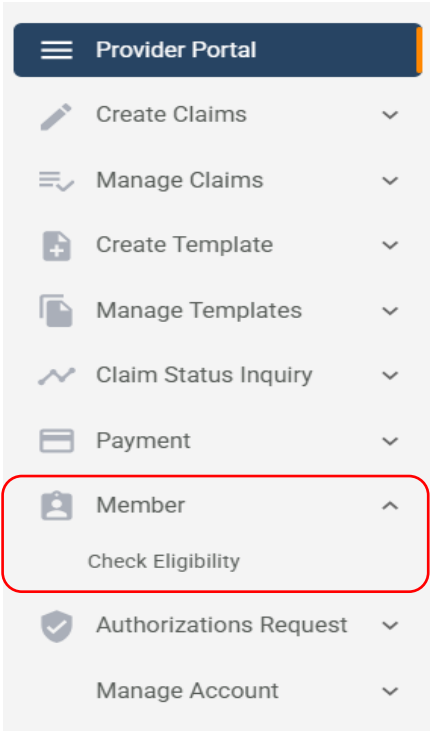
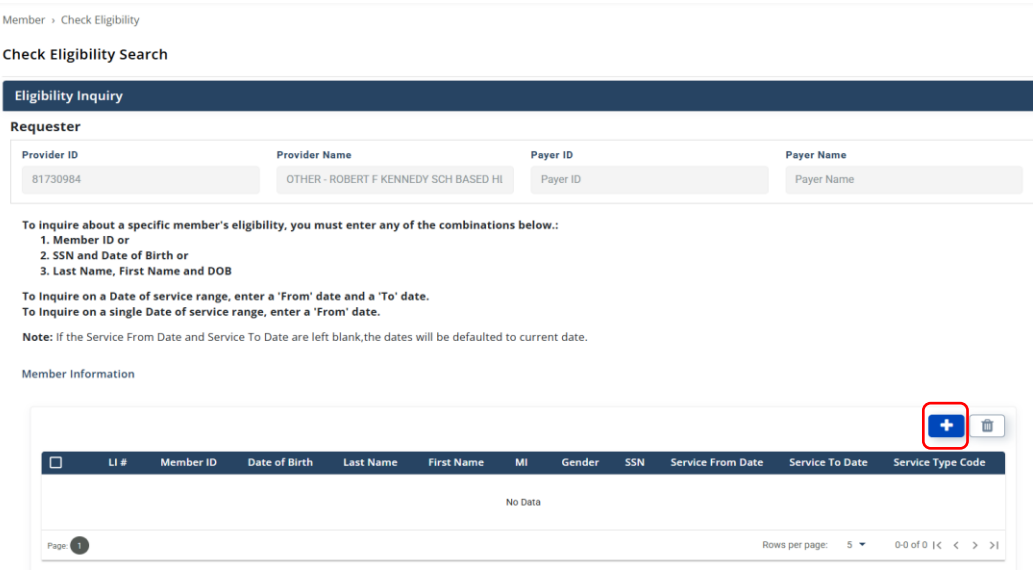
Step	Screenshot
<p>3. Fill out either the Register NPI section or the Register Provider ID section. Then select the Verify button.</p> <p>Notes: <i>If the information is entered incorrectly or does not match the information in the Turquoise Claims system, the user will receive an error message.</i></p> <p><i>If the information is entered correctly, the system will respond by saying that the details have been verified successfully. If an administrator tries to register an existing organization, the system will inform the user that the organization already exists and to contact the organization administrator.</i></p>	 <p>The screenshot displays a registration form titled "Hello BENSON DAKOTA!". The form instructs users to register their NM Provider Medicaid identifiers to access the Provider Claims Portal. It offers two options: "Register Provider ID" (selected in the top screenshot) and "Register NPI" (selected in the bottom screenshot). The form includes input fields for "Provider Medicaid ID", "Provider EIN/SSN", and "Provider Location Zip Code". In the NPI registration version, there is an additional field for "Provider NPI". Both versions feature "VERIFY" and "CANCEL" buttons at the bottom.</p>

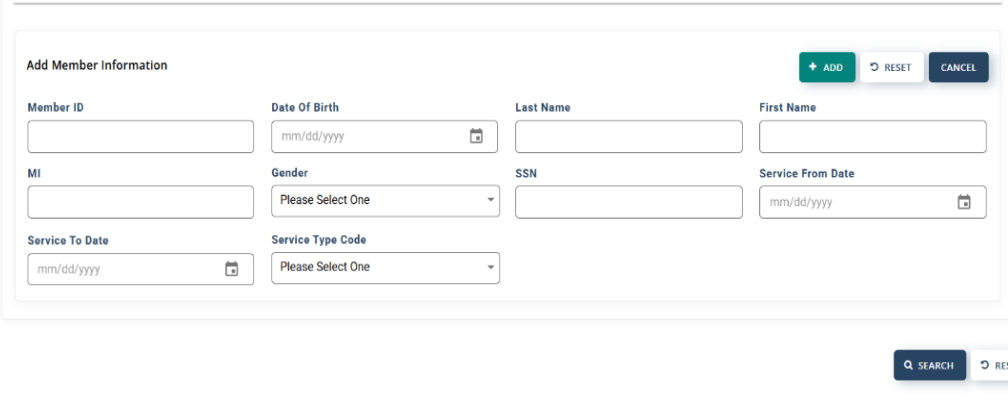
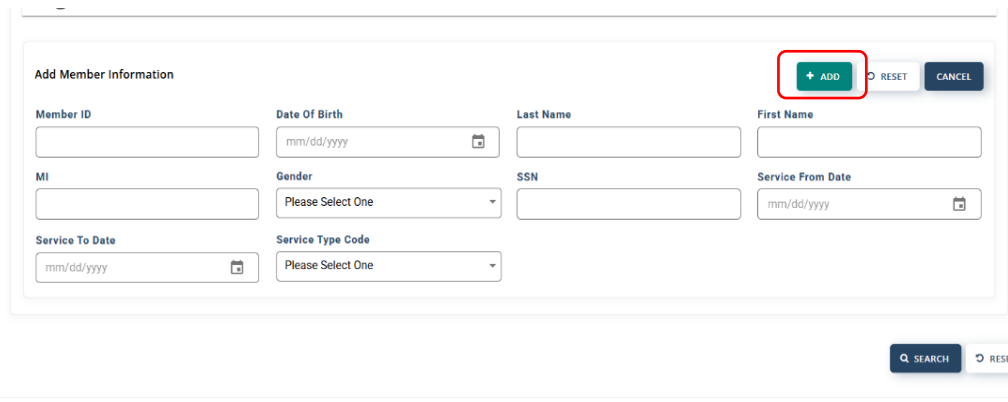
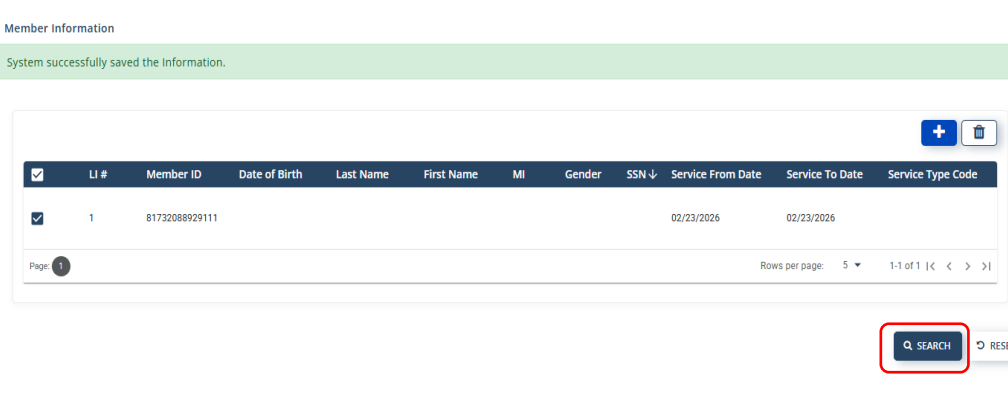
Step	Screenshot
<p>4. Once the account has been registered, select the Organization from the drop-down list to log into the portal.</p>	
<p>5. You will need to close out of the system and log back in for your account to process.</p>	

3 Verifying Eligibility

The system allows users to verify member eligibility.

To verify member eligibility, complete the following steps:

Step	Screenshot
<p>1. From the Menu, select Member and then select Check Eligibility.</p>	
<p>2. On the Check Eligibility Search page, select the blue add icon.</p>	

Step	Screenshot
<p>3. Enter the applicable member information.</p> <p>Note: You must enter one of the following combinations:</p> <ul style="list-style-type: none"> • Member ID or • Social Security Number (SSN) and Date of Birth (DOB) or • Last Name, First Name, and DOB 	
<p>4. Select the +Add button.</p>	
<p>5. Once the system populates the member information, select the Search button.</p>	

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<p>6. Review the eligibility information.</p>	<div data-bbox="477 348 1511 512"> <p>Eligibility Status</p> <table border="1"> <thead> <tr> <th>COE Code</th> <th>Benefit Description</th> <th>Eligibility From Date</th> <th>Eligibility To Date</th> <th>COE Add Date</th> </tr> </thead> <tbody> <tr> <td>100-Other Adults (133% FPL)</td> <td>Alternative Benefit Package limitations on some services.</td> <td>07/01/2025</td> <td>12/31/9999</td> <td>08/20/2024</td> </tr> <tr> <td>100-Other Adults (133% FPL)</td> <td>Alternative Benefit Package limitations on some services.</td> <td>07/21/2025</td> <td>08/31/2025</td> <td>07/22/2025</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-2 of 2 < > >></p> </div> <div data-bbox="477 533 1511 684"> <p>Benefit Plan</p> <table border="1"> <thead> <tr> <th>Plan Description</th> <th>Plan From</th> <th>Plan To</th> <th>MCO</th> <th>Phone</th> <th>CoPayment</th> <th>Coinsurance</th> <th>BaseDeductible</th> <th>Remaining Deductible</th> </tr> </thead> <tbody> <tr> <td>Alternative Benefit Plan FFS</td> <td>07/21/2025</td> <td>08/31/2025</td> <td></td> <td></td> <td>0</td> <td>0.0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Alternative Benefit Plan FFS</td> <td>07/01/2025</td> <td>12/31/9999</td> <td></td> <td></td> <td>0</td> <td>0.0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-2 of 2 < > >></p> </div> <div data-bbox="477 709 1511 842"> <p>Eligibility Confirmation</p> <p>Please note that end dates greater than today's date, such as 12/31/9999, do not indicate eligibility beyond the date and time of this inquiry.</p> <p>Confirmation</p> <table border="1"> <thead> <tr> <th>Service From Date</th> <th>Service To Date</th> <th>Confirmation Number</th> </tr> </thead> <tbody> <tr> <td>07/01/2025</td> <td>09/30/2025</td> <td>1031085749</td> </tr> </tbody> </table> </div> <div data-bbox="477 863 1511 1020"> <p>Member Information</p> <table border="1"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Middle Initial</th> <th>Suffix</th> </tr> </thead> <tbody> <tr> <td>PASH</td> <td>JOVAN</td> <td>G</td> <td></td> </tr> <tr> <th>Date Of Birth</th> <th>Member ID</th> <th>Gender</th> <th>Recertification Date</th> </tr> <tr> <td>05/17/2002</td> <td>81739684202349</td> <td>M-Male</td> <td>08/31/2025</td> </tr> <tr> <th>Date Of Death</th> <th>Race</th> <td colspan="2"></td> </tr> <tr> <td>11/30/9998</td> <td>1-Caucasian</td> <td colspan="2"></td> </tr> </tbody> </table> </div> <div data-bbox="477 1031 1133 1157"> <p>Residential Address</p> <table border="1"> <thead> <tr> <th>Street Address</th> <th>P.O.Box</th> <th>City</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>2572 MOUNTAIN VIEW RD</td> <td>10348 E 1ST ST</td> <td>ARIEL</td> <td>CA</td> </tr> <tr> <th>Zip</th> <td colspan="3"></td> </tr> <tr> <td>90230-846</td> <td colspan="3"></td> </tr> </tbody> </table> </div> <div data-bbox="477 1178 1133 1293"> <p>Mailing Address</p> <table border="1"> <thead> <tr> <th>Street Address</th> <th>P.O.Box</th> <th>City</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>2864 W 1500 S</td> <td></td> <td>Pittsburg</td> <td>CA</td> </tr> <tr> <th>Zip</th> <td colspan="3"></td> </tr> <tr> <td>90010-910</td> <td colspan="3"></td> </tr> </tbody> </table> </div> <div data-bbox="477 1339 1511 1629"> <ul style="list-style-type: none"> <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Covered Services ▼ <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Copay ▼ <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">TPL/Medicare Spans ▼ <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Health Home Information ▼ <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Long Term Care Information ▼ <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Lock-In Spans ▼ </div>	COE Code	Benefit Description	Eligibility From Date	Eligibility To Date	COE Add Date	100-Other Adults (133% FPL)	Alternative Benefit Package limitations on some services.	07/01/2025	12/31/9999	08/20/2024	100-Other Adults (133% FPL)	Alternative Benefit Package limitations on some services.	07/21/2025	08/31/2025	07/22/2025	Plan Description	Plan From	Plan To	MCO	Phone	CoPayment	Coinsurance	BaseDeductible	Remaining Deductible	Alternative Benefit Plan FFS	07/21/2025	08/31/2025			0	0.0	0	0	Alternative Benefit Plan FFS	07/01/2025	12/31/9999			0	0.0	0	0	Service From Date	Service To Date	Confirmation Number	07/01/2025	09/30/2025	1031085749	Last Name	First Name	Middle Initial	Suffix	PASH	JOVAN	G		Date Of Birth	Member ID	Gender	Recertification Date	05/17/2002	81739684202349	M-Male	08/31/2025	Date Of Death	Race			11/30/9998	1-Caucasian			Street Address	P.O.Box	City	State	2572 MOUNTAIN VIEW RD	10348 E 1ST ST	ARIEL	CA	Zip				90230-846				Street Address	P.O.Box	City	State	2864 W 1500 S		Pittsburg	CA	Zip				90010-910			
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