

# Turquoise Claims System

## Verifying Member Eligibility

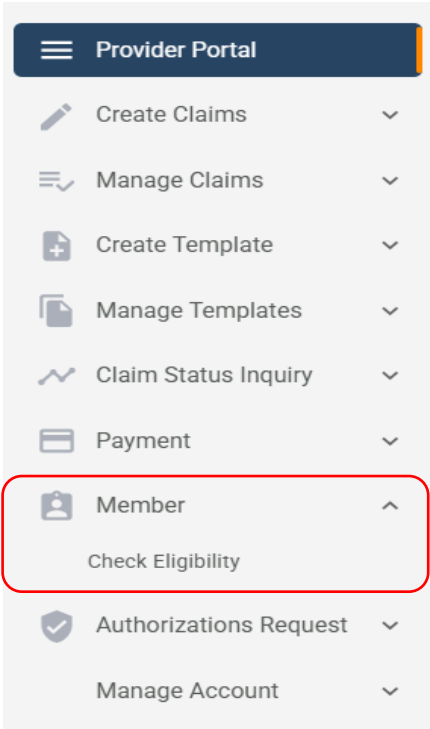
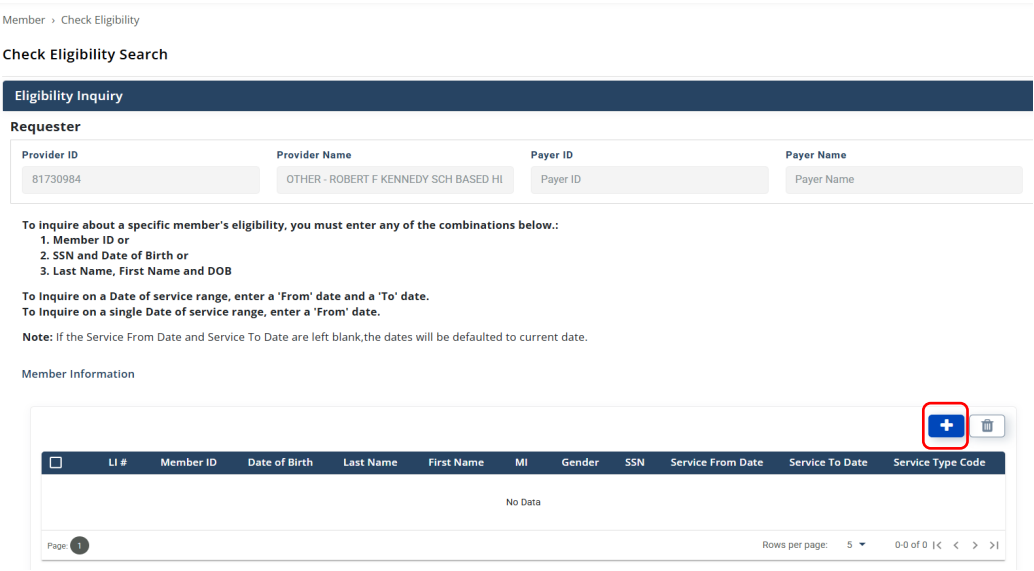
### Participant User Guide

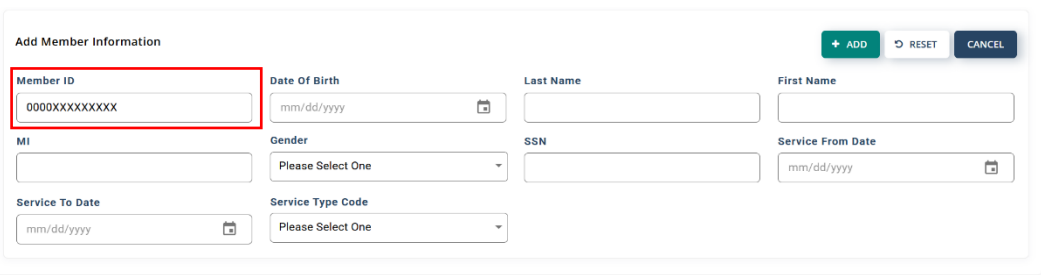
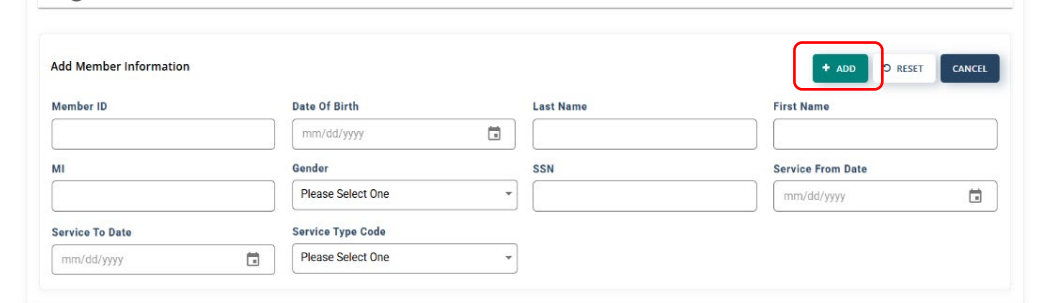
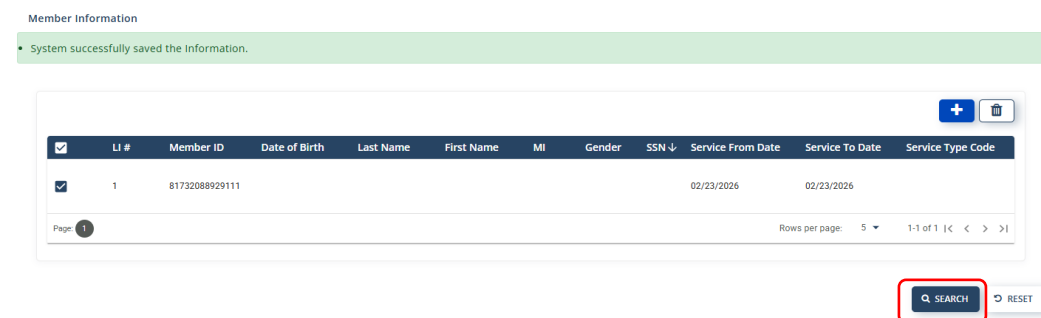
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## 1 Verifying Member Eligibility

The system allows users to verify member eligibility.

To verify member eligibility, complete the following steps:

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

Step	Screenshot
<p>3. Enter the applicable member information.</p> <p><b>Note:</b> You must enter <b>one</b> of the following combinations:</p> <ul style="list-style-type: none"> <li>• Member ID (you must add the four leading zeros in the member ID field) or</li> <li>• Social Security Number (SSN) and Date of Birth (DOB) or</li> <li>• Last Name, First Name, and DOB</li> </ul>	 <p>The screenshot shows the 'Add Member Information' form with the following fields: Member ID (0000XXXXXXXX), Date Of Birth (mm/dd/yyyy), Last Name, First Name, MI, Gender (Please Select One), SSN, Service From Date (mm/dd/yyyy), Service To Date (mm/dd/yyyy), and Service Type Code (Please Select One). Buttons for '+ ADD', 'RESET', and 'CANCEL' are in the top right.</p>
<p>4. Select the <b>+Add</b> button.</p>	 <p>The screenshot shows the same 'Add Member Information' form, but the '+ ADD' button is highlighted with a red box. The 'SEARCH' and 'RESET' buttons are visible at the bottom right.</p>
<p>5. Once the system populates the member information, select the <b>Search</b> button.</p>	 <p>The screenshot shows the 'Member Information' table with a green success message: 'System successfully saved the information.' The table has columns: LI #, Member ID, Date of Birth, Last Name, First Name, MI, Gender, SSN, Service From Date, Service To Date, and Service Type Code. A single row is displayed with values: 1, 81732088929111, 02/23/2026, and 02/23/2026. The 'SEARCH' button is highlighted with a red box.</p>

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<p>6. Review the eligibility information.</p>	<div data-bbox="477 348 1511 512"> <p><b>Eligibility Status</b></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   &lt; &gt; &gt; </p> </div> <div data-bbox="477 533 1511 684"> <p><b>Benefit Plan</b></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   &lt; &gt; &gt; </p> </div> <div data-bbox="477 709 1511 842"> <p><b>Eligibility Confirmation</b></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><b>Confirmation</b></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><b>Member Information</b></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 1135 1157"> <p><b>Residential Address</b></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>AREEL</td> <td>CA</td> </tr> <tr> <th>Zip</th> <td colspan="3"></td> </tr> <tr> <td>90250-846</td> <td colspan="3"></td> </tr> </tbody> </table> </div> <div data-bbox="477 1178 1135 1293"> <p><b>Mailing Address</b></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 &gt;</li> <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Copay &gt;</li> <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">TPL/Medicare Spans &gt;</li> <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Health Home Information &gt;</li> <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Long Term Care Information &gt;</li> <li style="background-color: #2c4e64; color: white; padding: 5px; margin-bottom: 5px;">Lock-In Spans &gt;</li> </ul> </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	AREEL	CA	Zip				90250-846				Street Address	P.O.Box	City	State	2864 W 1500 S		Pittsburg	CA	Zip				90010-910			
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