Turquoise Claims Frequently Asked Questions (FAQs)

General Information

1. **What is Turquoise Claims?**
   Turquoise Claims is New Mexico Medicaid's new Medicaid claims management system that has replaced the Medicaid Provider Web Portal and Omnicaid.

2. **Where do I access Turquoise Claims?**
   Turquoise Claims is accessed through YES.NM.GOV. With just one login, you can access Turquoise Claims, the Provider/PED Enrollment system, and the Learning Management System (LMS). This portal serves as a one-stop location for all your provider tools.

3. **Why is a new claims management system needed?**
   Turquoise Claims is part of a broader effort to update all the pieces of the New Mexico Medicaid system. It will improve efficiency, accuracy in billing and payments, and ensure compliance with federal regulations.

4. **What new features are available in Turquoise Claims?**
   Key new features include:
   - Custom billing templates for routine services managed by your organization
   - A user-friendly portal with configurable user security levels
   - Real-time claim status and member eligibility inquiries

5. **Where can I go if I need help?**
   For questions, call the CCSC Provider Line: 800-299-7304 (7:00 a.m. – 7:00 p.m. MT) or email: NM.Providers@hca.nm.gov.

Login and Account Creation

1. **I submit claims for my office. What type of account should I create in YESNM?**
   If you are responsible for managing users and access for your organization, create a **Provider Admin** account. If you only need to submit claims or perform inquiries, create a **Provider** account.

2. **Can I change my login role from Provider to Provider Admin in YESNM?**
   You don't need to. Turquoise Claims can be accessed with either a **Provider** or **Provider Admin** role. If you're already registered as a **Provider**, you can become your organization's **Admin** by being the first person to log into the new system.

1. **I am a Presumptive Eligibility Determiner (PED) and also handle billing. Should I have two YESNM logins?**
   No. Your PED login will give you access to Turquoise Claims.

2. **How are administrator roles established in Turquoise Claims?**
   The organization's Administrator will need to be the first person who enters the Turquoise Claims system and create an account for their organization. Once the account is established, the Admin is responsible for adding users and assigning roles and access levels within the organization.

3. **I'm the Admin for my office. How do I set up my organization?**
   Detailed step-by-step guidance on logging in and setting up your account is available in the Turquoise Claims System Login and Account Set Up User Guide,

4. **Can batches of users and access roles be set up in Turquoise Claims?**
   No. Batch user registration and batch role assignments are not available in either YESNM or Turquoise Claims. Users and organizations must be registered and configured individually.

5. **I have two Provider IDs. Can I set up two organizations in Turquoise Claims?**
   Yes. Turquoise Claims allows you to create and manage multiple organizations.

Training

1. **Is training available for providers?**
   Yes. We offer two flexible training options:
   - Self-Paced Training: Complete online modules at your own pace, covering all major functions of the new system.
   - Instructor-Led Virtual Training: Participate in live, instructor-led sessions featuring real-time walkthroughs with Q&A

2. **What topics does the training cover?**
   Whether you choose self-paced or instructor-led training, you'll learn:
   - How to log in and navigate the new system
   - Step-by-step instructions for submitting claims
   - How to use workflow tools and features efficiently
   - Troubleshooting tips and where to get help

3. **Is training required?**
   While not mandatory, we strongly recommend that all providers and staff complete training to ensure a smooth transition to the new system.

4. **How do I sign up for training?**
   Registration is now open and is required to attend. Detailed instructions on how to register are available here: Turquoise Claims Training

   To view the full training schedule, click here: Provider Training Schedule March-April 2026

Claim Submission and Inquiry

1. **Has the process for submitting Fee-For-Service (FFS) claims changed?**
   Yes and no:
   - Portal Submissions: The process is similar, but instead of submitting claims through the Medicaid Provider Web Portal, you'll now submit them in the new Turquoise Claims system at YES.NM.GOV.
   - Electronic Data Interchange (EDI): If you submit a file through a clearinghouse nothing will change for fee-for-service claims.

2. **Have paper claim submissions changed?**
   The process hasn't changed, but FFS claims must be sent to the new P.O. Box below and cannot be dropped off.

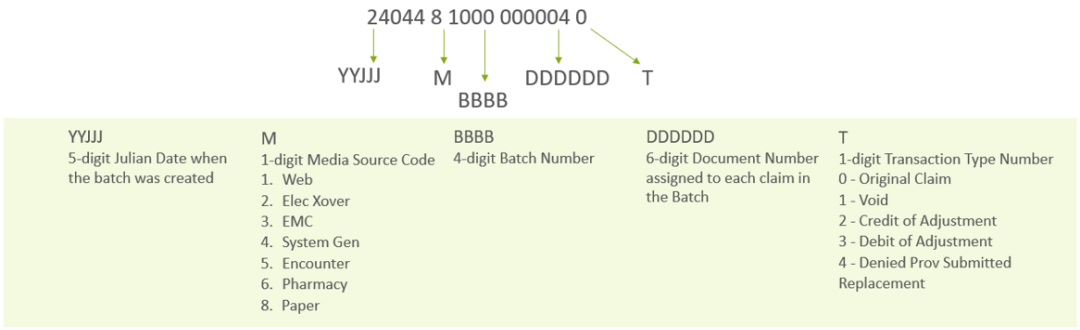
   Please mail claims to:

   Turquoise Claims
   P.O. Box 930
   Bernalillo, NM 87004

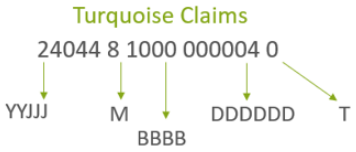
3. **Can multiple claims be submitted through the Turquoise Claims Portal at the same time?**
   No, only single claims can be submitted through the portal. However, the following features will make it easier for you:
   - You can generate a new claim using details from a previously processed claim. This saves time by reusing existing data while allowing necessary updates.
   - You can submit a claim using a pre-built template tailored for recurring or standardized claims. Templates streamline the process by pre-filling commonly used information.

4. **What is a Transaction Control Number (TCN)?**
   A Transaction Control Number (TCN) is a unique number assigned to each claim in a batch.

5. **Are there any changes to the TCN?**
   The 17-digit TCN follows a new format that differs from the TCN used in the legacy system (Omnicaid) and is defined as follows:

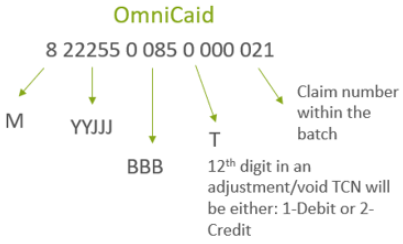


   Below is a comparison between the TCN in Turquoise Claims and Omnicaid:



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

6. **How far back will providers be able to view claims data?**
   The new Turquoise Claims system will include the transfer of seven (7) years of data from the legacy claims system (OmniCaid).

7. **Do I need to enter taxonomy codes in Turquoise Claims?**
   If have entered taxonomy codes when submitting claims in the past, you should continue to do so in Turquoise Claims. If your organization has multiple service locations, entering the appropriate taxonomy code helps ensure payment is associated with the correct location.

8. **How do the claim forms in the Medicaid Web Portal map to claim types in Turquoise Claims?**

Medicaid Provider Web Portal	Turquoise Claims
UB04	Institutional claim
CMS-1500	Professional claim
ADA Dental Claim Form	Dental claim

9. **Can secondary claims be submitted through the Turquoise Claims portal?**
   Yes, secondary claims can be submitted through the Turquoise Claims portal.

10. **Why does it take so long to complete TPL recoupments, and will the timeline change with Turquoise Claims?**
    The timeline will remain the same under Turquoise Claims because the length of the process is driven by required review and provider response periods—not the claims system itself.

    The TPL recoupment process occurs on a quarterly basis. The full process—from notification to the start of recoupment—takes approximately 120 days. Most of this timeframe is intentionally provided to allow providers to bill the appropriate third-party insurance carrier, or submit documentation to dispute or rebut the audit findings.

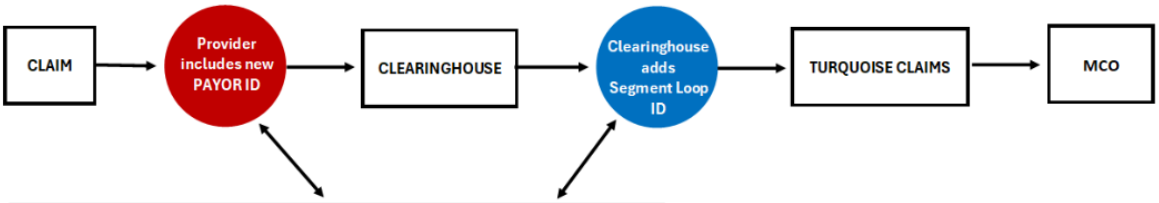
11. **Has the process for Electronic Visit Verification (EVV) changed with the new system?**
    No. There are no changes to how providers enter visits. Providers will continue using AuthentiCare as they do today.

Managed Care Claims Submission

1. **Have MCO portal submissions changed?**
   There are no process changes to claims submitted directly through a Managed Care Organization's (MCO's) portal. Any other changes will be communicated directly from the MCOs.

2. **Are there new requirements for MCO Electronic Data Interchange (EDI) submissions?**
   Yes, some Payor ID codes are changing, as shown below. Please contact your MCO for details regarding Payor ID changes.

3. **Why Are New Payor IDs Needed?**
   With the launch of Turquoise Claims, all Medicaid claims will first be sent to the Turquoise Claims system before being routed to the Managed Care Organizations (MCOs). Because of this new routing process, new Payor IDs are required when submitting claims. Please see the changes represented in the business process below.



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

Payor ID: The Payor ID tells the Turquoise Claims system which MCO the claim should be sent to.

- New Payor IDs can be used beginning Monday, March 23 at 7:00 p.m.
- A grace period will be in place until June, during which the old Payor IDs will still be accepted.
- However, providers are encouraged to begin using the new Payor IDs as soon as possible.

Segment Loop ID: The Segment Loop ID is used by your clearinghouse to route the claim to Turquoise Claims.

- MCOs have shared the new Segment Loop IDs with their contracted clearinghouses.
- However, not all clearinghouses may have this information yet.

What You Should Do: To help avoid claim delays, please contact your clearinghouse(s) to confirm they have the new Payor IDs and Segment Loop IDs needed to route your claims correctly. Additionally, please contact your MCOs for more details or if you have questions.

For technical reference:

MCO		Segment GS03 Medicaid Receiver ID *Routes claim to Conduent*	CURRENT Loop 2010 BB Segment NM109	NEW Loop 2010 BB Segment NM109 *Routes claim to appropriate MCO*	Member last name and DOB
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. Please see table below.					
BlueCross BlueShield of New Mexico	**Blue Cross and Blue Shield of New Mexico**	No change	MC721	No change	Must match Turquoise Claims portal
MOLINA HEALTHCARE	**Molina Healthcare**	77048	09824	MLNNM	
PRESBYTERIAN	**Presbyterian Health Plan**	77048	ClaimMD – PRESB Availity – PRESA Change HC – 05003 Nthrive – Z0077	NMPHP	
UnitedHealthcare	**United Healthcare**	77048	87726	87748	

4. **What is staying the same for MCO EDI submissions?**
    - Clearinghouse submission process remains unchanged.
    - You'll continue receiving status notifications via your clearinghouse.
    - MCOs will adjudicate claims as they currently do.

5. **For managed care claims, what happens once the MCO confirms receipt of my EDI file?**
   Once the MCO confirms receipt, you should resume working directly with the MCO for any claim-related issues—just like you do today.

Communication

1. **Where can I go for more information or questions?**
   Watch your email inbox or go to the Turquoise Claims page on the HCA website to see all prior emails to providers. For questions, call the CCSC Provider Line: 800-299-7304.