

Turquoise Claims: Medicaid Claim Process Flow



Provider Prepares Claim

Under **Turquoise Claims**, the New Mexico Health Care Authority (HCA) and their partner Conduent validate provider enrollment and eligibility before “crossing” the claim over to the payor (i.e., a Turquoise Care Managed Care Organization).

To ensure that claims are routed correctly and not denied, providers must ensure that the correct information is included on claims as seen in the next step.



Claim Submission

ISA08 (Interchange Receiver ID) 77048

Tells the clearinghouse where to send the claim (to HCA/Conduent).

Critical: Ensure the Submitter ID (assigned by the New Mexico Medicaid Portal) is also included in the ISA08 segment. Without a valid Submitter ID linked to the 77048 receiver ID, HCA will refuse to open the file.

GS03 (Application Receiver Code): 77048

Identifies HCA/Conduent as the application receiver.

Loop 2010BB, NM109 (Payer ID) NMPHP

Tells HCA/Conduent to route the specific claim to Presbyterian Health Plan.



Receipt and Validation

The claim file arrives at the HCA/Conduent gateway **because of ID 77048**.



Routing

Once validated, HCA's system identifies **Loop 2010BB (NMPHP)**.

This ID identifies the claim as a Presbyterian managed care claim and forwards the data to Presbyterian's internal system.



Payment

Presbyterian (not HCA) issues the final payment (or denial when necessary) to providers.



Adjudication (Presbyterian)

Presbyterian receives the forwarded data from HCA, applies any specific clinical edits and determines final claim payment.

Presbyterian's system checks if the provider is enrolled in Medicaid and if the member is eligible for Turquoise Care.