PRESBYTERIAN
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Turquoise Claims Frequently Asked Questions

General Information

1. **What is Turquoise Claims?**
   Turquoise Claims is New Mexico Medicaid's new single-point-of-entry management system for Medicaid claims. Turquoise Claims will replace the current Medicaid claims management system (Omnicaid) and the New Mexico Medicaid Provider Web Portal.

2. **When will the new Turquoise Claims system go live?**
   Turquoise Claims launched on March 23, 2026, via the Turquoise Claims portal at yes.nm.gov. To give providers time to transition, legacy payor IDs have continued to be accepted.

   Effective **June 15, 2026**, this **transition period will end** and **only** Medicaid claims with new Turquoise Claims information will be accepted. Providers should ensure they are registered **before** this date. For more information, view this HCA Turquoise Claims FAQ.

3. **What are taxonomy code requirements for Medicaid claims?**
   If you have more than one HCA taxonomy, include the one matching the service in Form 837 Box 33. **Taxonomy code is not required if you have only one registered type with HCA**.

   Ensure that the primary taxonomy code submitted is in the New Mexico Medicaid Provider Enrollment Matrix and matches the provider's registered type. Billed services must also match the taxonomy code and provider type submitted on the claim.

   Taxonomy Rules: For multiple taxonomies, submit/match primary taxonomy on file with HCA. For multiple provider types, submit taxonomy matching the claim type (BH = Behavioral Health; PH = Physical Health). Learn more here.

4. **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.

5. **What provider types are affected by these changes?**
   The transition to Turquoise Claims affects all provider types, including physical health, behavioral health and long-term care. Providers should note that taxonomy codes will now be required as part of claims submission.

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6. **Are managed care Medicaid claims affected by this change?**
   Yes. Both fee-for-service and managed care Medicaid claims are included in the change to Turquoise Claims.

Claim Submission: Preventing Delays and Denials

1. **Are there changes to Electronic Data Interchange (EDI) Medicaid claims submission to Presbyterian?**
   To ensure that claims are not delayed or denied, ensure that the following is included on all Medicaid claims, whether submitting through a clearinghouse or directly to Presbyterian (Fast Claim):

   - **Presbyterian Payor ID (Segment GS03): 77048** (for PROVIDERConnect/Fast Claim or approved clearinghouses)
   - **Loop 2010BB (Segment NM109): NMPHP** (for approved clearinghouses)
   - **Member Information:** Verify that last name/date of birth match the HCA member portal

   Once systems are changed to utilize Turquoise Claim payor IDs, **do not include legacy payor IDs thereafter**. Utilizing legacy Medicaid payor IDs after transitioning to Turquoise Claims payor IDs may result in delays or denials.

   For a visual of how Medicaid claims will be processed under Turquoise Care, view this Medicaid claim process flow.

   Note: If you use an alternative clearinghouse, it is important that you contact them to provide the information above and ensure they have established a connection with Conduent and are ready to route your Medicaid claims appropriately.

2. **Is there a change to Medicare or Commercial claims?**
   No. Continue submitting Medicare and Commercial claims as you have previously by using the payor IDs listed below. For more information, see the Presbyterian provider manuals.

Clearinghouse	Payor ID
Availity	PREHP (Commercial) PRESA (Medicare) 01260^
Change Healthcare	05003 (Commercial/Medicare) 01260^
Claim.MD	PRESB (Commercial/Medicare)
Nthrive	Z0003 (Commercial)
Office Ally	01260^
RelayHealth	01260^
Trizetto Provider Solutions	01260^
Veradigm/ AllScripts	01260^

^ Indicates behavioral health 837I institutional and 837P professional claims.

3. **Which clearinghouses are approved by Presbyterian?**
   If you use a clearinghouse not listed below, additional steps are required before submitting Medicaid claims and additional charges may be incurred:
   - ClaimMD
   - Availity
   - Varadigm/AllScripts
   - Trizetto Provider Solutions
   - Office Ally
   - Change Healthcare
   - Nthrive
   - Waystar

4. **Will the way I submit claims directly to the State change (i.e., fee-for-service)?**
   In certain cases, yes. For more information on specific processes for fee-for-service, please view the New Mexico Healthcare Authority (HCA) Turquoise Claims resources.

Understanding Claim Denials

1. **What will cause my Medicaid claim to be denied?**
   If claims are missing the Payor ID, Loop information, and/or accurate member information/ taxonomy code as outlined above, the claim will be denied.

2. **What denial codes will I see if my Medicaid claim is denied?**
   You may see one of several denial codes as listed below:
   - **UMD0291** - NM Medicaid claim received; non-NMHCA trading partner (Presbyterian only)
   - **R0** - Medicaid Claim received from non-NMHCA trading partner (Magellan Behavioral Health only)
   - **CARC 109** - Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor
   - **RARC N418** - Misrouted claim. See the payer's claim submission instructions

   Note that the official claim receipt date is the day Presbyterian receives the claim from Turquoise Claims.

3. **Will adding additional characters to a member ID impact claim payment?**
   Yes. **Only** use the member ID **exactly as it appears** on the member ID card, and **only in applicable fields** when submitting a claim.

   When Presbyterian processes claims, a prefix is sometimes added to member IDs and shows on claims reports (i.e., "CPN" for behavioral health claims). These prefixes are **for internal use only** and **should not be added** to member IDs when a claim is submitted for payment. Adding additional characters will result in claims rejections.

Questions and Additional Resources

1. **Who can I call if I have questions?**
   HCA: Call the CCSC Provider Line at 1-800-299-7304

   Presbyterian: Call the Provider Line at (505) 923-5757 or 1-888-923-5757

2. **What additional resources are available?**
   - HCA Turquoise Claims Website
   - Turquoise Claims Submission Guide
   - Turquoise Claims Portal
   - Presbyterian News & Communications
   - Presbyterian Provider Manuals
   - Presbyterian Provider Services Contact Guide
   - Behavioral Health Billing & Taxonomy Code Updates