PRESBYTERIAN

New Mexico Turquoise Care Claims Submission

How to submit accurate New Mexico Medicaid claims to Presbyterian, including:

- Payor ID
- Clearinghouse routing
- Taxonomy
- Corrected claims

Applies to Medicaid Managed Care Organization claims only.

AGENDA

What we'll cover today

1. **Claim Submission Essentials**

   Payor ID, clearinghouse routing, taxonomy

2. **Taxonomy Spotlight**

   When it's required and which code(s) to send

3. **Corrected Claims**

   Sequencing XX1 and XX7 without denials

4. **Portal Option**

   Fast Claim manual entry for low-volume claims

Before we begin

This guidance applies only to Medicaid Managed Care Organization (MCO) claims

Commercial, Medicare Advantage and other product lines follow different submission rules. Use this presentation for New Mexico Turquoise Care Medicaid claims submitted to Presbyterian.

Claim Submission Essentials

Four criteria that drive clean claim acceptance

Action	Required Process
Payor ID	Use Payor ID **NMPHP** in Electronic Data Interchange (EDI) Loop 2010BB, Segment NM109.
Clearinghouse	Use a Presbyterian contracted clearinghouse. If not contracted, the clearinghouse must route Medicaid claims to the New Mexico Health Care Authority (HCA) with Receiver ID **77048** in EDI Segment GS03.
Taxonomy *Applicable when registered with more than one taxonomy with HCA*	If you have more than one HCA taxonomy, include the one matching the service in Form 837 Box 33. **See more taxonomy details on the next slide.**
Member ID	**Only** use the member ID **exactly as it appears** on the member ID card, and **only in applicable fields**. Do not add **internal-only prefixes** (i.e., "CPN" for behavioral health claims) as they will result in rejections.

Taxonomy Spotlight

Getting the code right

Only one type registered?

A taxonomy code is not required if you have just one provider type registered with HCA.

Use an enrolled code

The primary taxonomy code you submit must appear in the New Mexico Medicaid Provider Enrollment Matrix.

Match your state record

The primary taxonomy code must match your provider type as registered with the state (HCA).

Only one type registered?

Billed services must align with the taxonomy code and provider type submitted on the claim.

Multiple Taxonomies? Submit the primary taxonomy on file with HCA. If registered as more than one provider type, submit the taxonomy that fits the claim type (i.e., behavioral health for BH, physical health for PH).

Corrected Claims

Sequence matters. Submit one corrected claim at a time.

Important Denial Risk

Every corrected claim must tie back to the original (XX1) claim number. Any other claim number will cause a denial.

Wait for the Original

Let the original (XX1) claim finish processing (paid or denied) before submitting a correction.

Wait Again Before Resubmitting

Before sending another XX7, wait until the prior corrected claim is paid or denied.

Reference XX1 on the Correction

On the corrected claim (XX7), include the original (XX1) claim number.

Portal Option

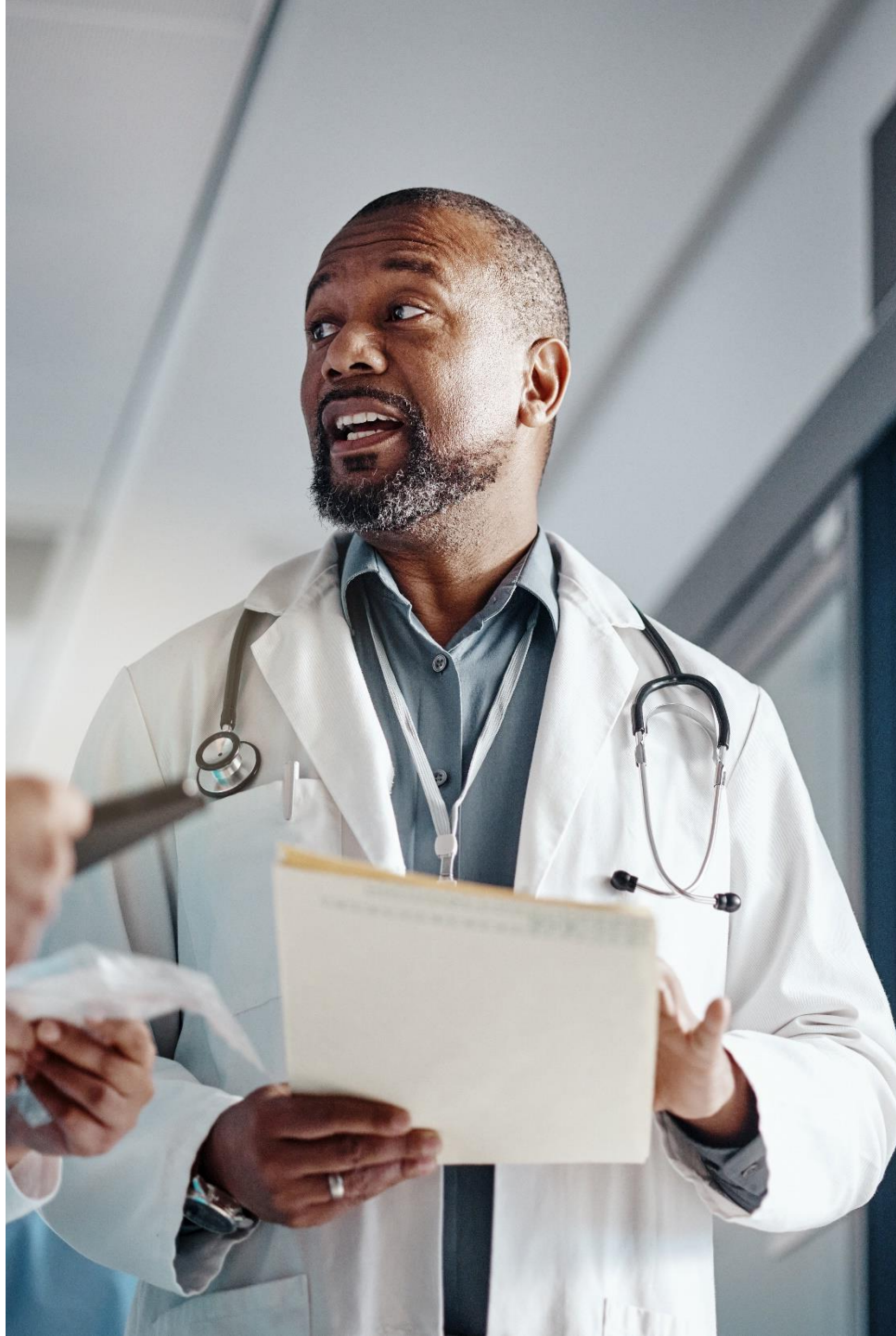
Fast Claim manual entry

Register for and use the Presbyterian PROVIDERConnect Provider Portal (mypres.phs.org) to enter claims directly.

Direct entry via Fast Claim is a good fit for low-volume claim submissions.

claim.md/portal/phs.org

- Best for low-volume claims
- Free to providers



Questions?

Reach out to your Provider Network Operations relationship team or visit the Presbyterian Turquoise Claims website for the latest submission guidance.

- **phs.org/turquoiseclaims**

- **phs.org/contactguide**