HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Kathy Slater-Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

Nov. 3, 2026

Dear Medicaid Providers:

The New Mexico Health Care Authority (HCA) announces recent fixes in the Turquoise Claims system that may that have affected providers.

Incorrect Budgets Prevented Payment
Claims Posting Exception 5052 caused providers to see incorrect budgets and prevented impacted claims from being paid. This fix addresses the billing provider and PA servicing provider matching issue associated with this exception. The impacted claims have been mass-adjusted and should appear on the November 2 remittance advice.

Remittance Advice Suspension
The Remittance Advice (RA) which suppressed the suspended claims was changed in September to add the suspended claims back to the RA while also addressing the member sort. Waiver entities and other providers now have the RA in alphabetical order regardless of the claim status.

School-Based Alternate IDs
School Based Service providers reported that alternate IDs tied to the same member were populating the 835. The 835 will now report the Member ID in the hierarchy logic if an alternate ID is available.
The remittance processing now provides the claims adjustment reason codes and remark codes for denied services. Remittance processing was updated so claim status, adjustment reason information, and explanation details are applied consistently across 835 files and paper Remittance Advices.

PACE
The PACE benefit plan for services and configured categories of eligibility that are covered in Turquoise Claims are now added and claims are released from suspense. Additional review of any claims that denied for FFS and MCOs tied to the PACE benefit plan will be conducted and a mass adjustment will be scheduled.

EVV Confirmations Corrected
Waiver member eligibility dates were not covering a member's entire eligibility span and Electronic Visit Verification (EVV) visits were not loading to AuthentiCare. Workers were able to check in and out of their EVV visits but providers were unable to confirm the visits for 837 claim submission. Eligibility span now align with Fiserv/AuthentiCare, and Conduent is reviewing members and authorizations to determine which need to trigger an update be sent to Fiserv to load to AuthentiCare.

Rates & Reference Data Fixes

ICF/IID rebased rates were updated effective 09/01/2026. Prior rate records were end-dated, new rebased per diem rates were loaded for the applicable provider types, and impacted claims were scheduled for mass adjustment.

OMB Tribal FQHCs established new federal price pay spans for the designated tribal providers and adjusted impacted claims with dates of service from January 1, 2026, forward. Mass adjustment will be scheduled.

ICD-10 update for October 2026 were loaded which activated new, revised, and deleted ICD-10-CM and ICD-10-PCS codes, order addenda, and Present on Admission mappings.

The DRG V44 grouper, effective October 1, 2026, has been implemented. Mass adjustments will be scheduled for claims with dates of service from October 1, 2026, through October 25, 2026.

If you have questions, please contact the Consolidated Customer Service Center Provider Line at 1-800-299-7304.

Regards,
Turquoise Claims Team
The Health Care Authority