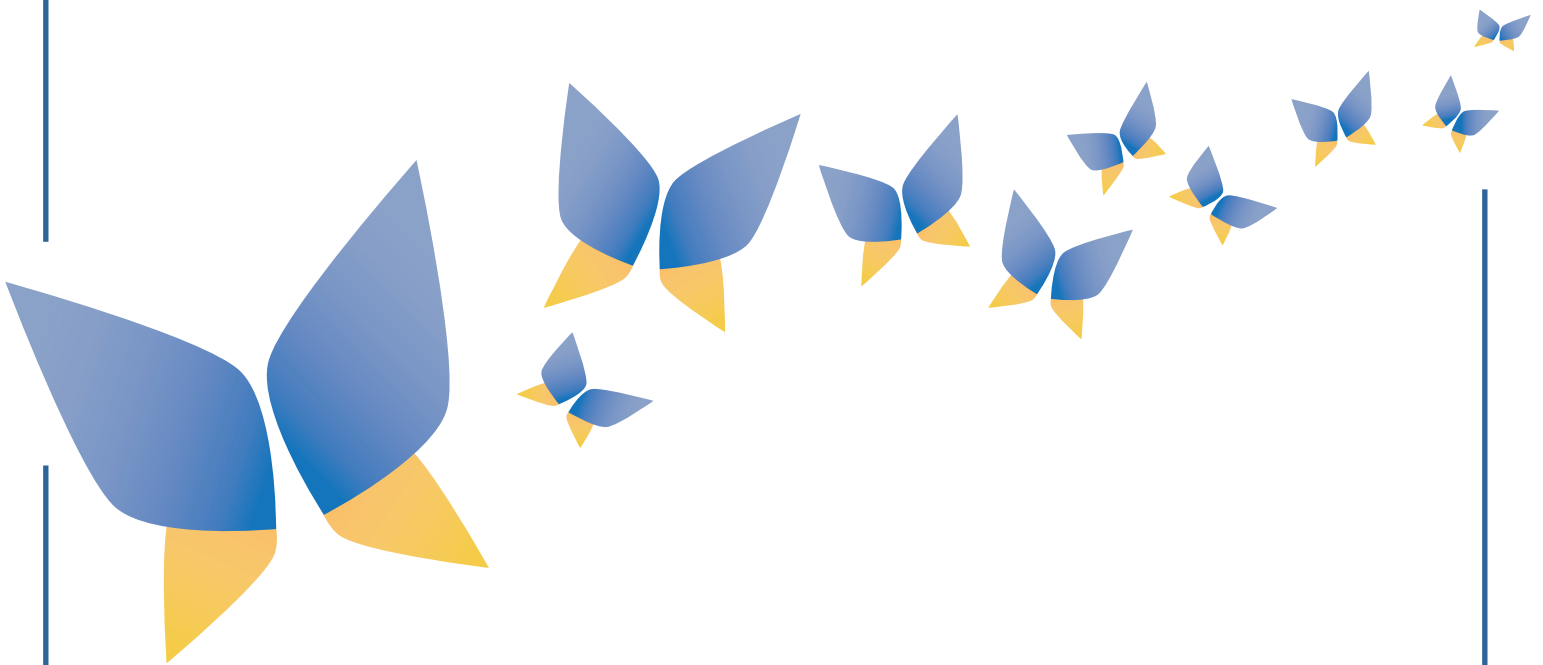




**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity



## Enterprise Transformation Initiatives **Provider Resource Guide 2020**

This multi-part guide will inform providers about the changes prompted by Gold Coast Health Plan's Enterprise Transformation initiatives.

## Introduction

Gold Coast Health Plan (GCHP) is transitioning two health care information systems enabling health plan operations:

- Claims administration system
- Provider credentialing and contracting management system

These transitions will be effective December 14, 2020.

We developed this guide to inform you of changes that will be visible to you as a provider who is contracted with GCHP and to help you navigate these changes. In each section, we have recommended action steps that you will want to consider when preparing for these changes. We will notify you of any additional updates and will provide new content for this Resource Guide as appropriate.

In addition to this Resource Guide, the latest information regarding GCHP's systems' transitions can be found on our [website](#).

We understand that there are many changes and hope this Resource Guide enables you to take necessary action to embrace them. We appreciate the value you provide and your commitment as we work together. If you have questions about any of the information provided in this guide, please contact us at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

Thank you!  
Gold Coast Health Plan  
Provider Relations Team

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## Changes to GCHP Contact Information

Effective December 14, 2020

### Updated Web URLs:

GCHP Website	<a href="http://www.goldcoasthealthplan.org">www.goldcoasthealthplan.org</a>
GCHP 2020 Claims System Change Website	<a href="https://www.goldcoasthealthplan.org/for-providers/provider-updates/2020-claims-system-change/">https://www.goldcoasthealthplan.org/for-providers/provider-updates/2020-claims-system-change/</a>
Provider Portal	< url tbd >
Forms	< url tbd >

### Updated Claims Mailing Addresses:

Medical Claims	Gold Coast HealthPlan ATTN: Claims P.O. Box 9152 Oxnard, CA 93031	
Pharmacy Claims	<b>Optum Rx (through 2020)</b> BIN 610011 PCN GCHP Group GCHP	<b>Medi-Cal Rx (effective 2021)</b> BIN 022659 PCN 6334225 Group N/A

### Updated Email Addresses:

Provider Relations	<a href="mailto:ProviderRelations@goldchp.org">ProviderRelations@goldchp.org</a>
Provider Contracting	<a href="mailto:ProviderContracting@goldchp.org">ProviderContracting@goldchp.org</a>
Provider demographic updates	< email tbd >
Encounter data operations team	<a href="mailto:EncounterData@goldchp.org">EncounterData@goldchp.org</a>
Electronic Funds Transfer (EFT) or ERA enrollment questions	< email tbd >
Appeals and Grievances	< email tbd >

### Updated Phone Numbers:

Dedicated Provider Line	(888) 301-1228
Advice Nurse Line	(805) 437-5001 or (877) 431-1700 (toll free) Those who use a TTY should call 711.

## Changes to GCHP Provider Identification Numbers

### Effective December 14, 2020

We will issue new Provider Identification Numbers to all providers. Providers will be sent an email informing them of their new Provider ID and providing them with instructions to create a new user account enabling access to GCHP's new Provider Portal. See the "[Changes to Provider Portal](#)" section for more information. Effective December 14, 2020, all providers will have one valid Provider ID. Provider IDs are used to access the new GCHP Provider Portal. On or after December 7, 2020, providers may contact GCHP Customer Service to obtain their new Provider ID.

---

#### Provider ID Distribution:

Change	Action Required
<b>A new provider ID will be issued to all providers.</b>	Use the new Provider ID to access the new GCHP Provider Portal.

## Changes to GCHP Member Identification Numbers and Cards

### Effective January 1, 2021

GCHP Member Identification Numbers will not be changing. However, the GCHP Member Identification Cards will be changing.

Effective January 1, 2021, new members and members requesting a new member ID card will receive the newly formatted member ID card. In late December 2020, all GCHP members will be sent newly formatted member ID cards.

- **Changes to Member ID Cards:**

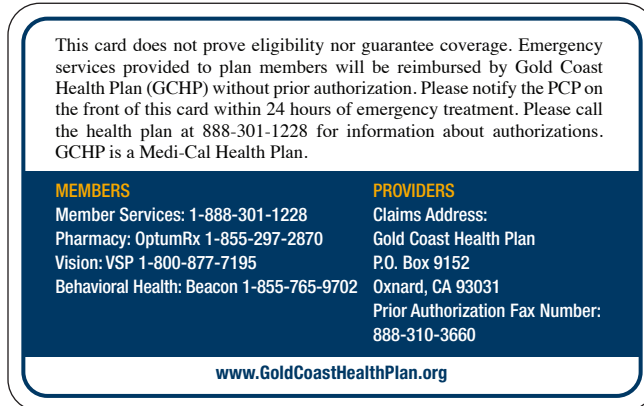
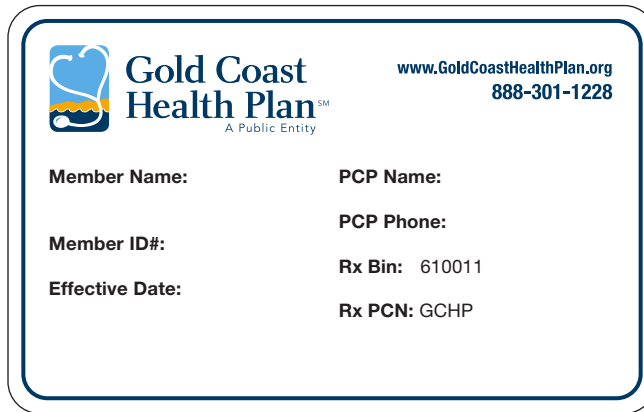
- » Removal of PBM / Pharmacy information
  - Prompted by the state Department of Health Care Services (DHCS) Medi-Cal Rx initiative, OptumRx's information has been removed from the member ID card since GCHP will no longer be responsible for pharmacy benefits as of January 1, 2021. See <https://medi-calrx.dhcs.ca.gov/home/> for more information regarding Medi-Cal Rx.
- » Updated phone numbers
  - The phone number for the 24/7 Advice Nurse Line has been added to the card.
  - TTY numbers for Member Services and GCHP's partners, such as Beacon Health Options and Vision Service Plan (VSP), have been added to the card.

- **Changes to cover letter accompanying Member ID cards:**

- » The cover letter accompanying the Member ID Cards will change slightly when all members are provided newly formatted member ID cards.

Please note that the design of the final ID cards may vary slightly from the mockups on the following pages.

Current GCHP Member ID Card – Front and Back



## New GCHP Member ID Card – Front and Back




**Gold Coast Health Plan**  
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www.GoldCoastHealthPlan.org

Member Name:                      Member ID#:

Primary Care Provider (PCP):      Effective Date:

Member Services / Servicios para Miembros 1-888-301-1228  
If you use a TTY, call 1-888-310-7347.

Gold Coast Health Plan (GCHP) is a Medi-Cal health plan. This card is for identification only and does not guarantee eligibility or payment for services. Emergency services that are provided to eligible members will be reimbursed by GCHP without prior authorization. For information about benefits, eligibility and authorizations, call GCHP at 1-888-301-1228.

#### MEMBERS

24/7 Advice Nurse Line: 1-877-431-1700 / TTY 711  
 Pharmacy: Medi-Cal Rx 1-800-977-2273 / TTY 711  
 Vision: VSP 1-800-877-7195 / TTY 1-800-428-4833  
 Behavioral Health: Beacon 1-855-765-9702 / TTY 711

#### PROVIDERS

Claims Address: Gold Coast Health Plan, P.O. Box 9152, Oxnard, CA 93031  
 Prior Authorization Fax Number: 1-888-310-3660

### Required Actions:

Action	How	When
Inform all staff about the new Member ID Card.	Use the information cited above to train staff.	As soon as possible.



# Changes to Provider Contracting

**Effective December 14, 2020**

There are some changes to the contracting of providers administered by GCHP.

- **What changed:**
  - » DHCS / Medi-Cal converted Local Codes may no longer be billed.
    - Provider contracts containing the affected Local Codes have been updated to contain the acceptable codes.
    - Valid DHCS / Medi-Cal Local Codes can be accessed at:
      - [https://files.medi-cal.ca.gov/pubsdoco/hipaacorrelations\\_home.aspx](https://files.medi-cal.ca.gov/pubsdoco/hipaacorrelations_home.aspx)
  - » Pharmacies no longer need to contract with GCHP’s Pharmacy Benefit Manager, OptumRx.
    - Any pharmacy wishing to fill prescriptions for GCHP members must enroll with DHCS. See [< url tbd >](#) for more information.
  - » GCHP is using a new information system, eVIPS, for provider credentialing (Effective Quarter 1, 2021).
    - Providers may view and update their demographics via a new system called eApply, which may be accessed via <https://gchpeapply.evips.com/Prod>.
    - Providers may view the status of their credentialing application via a new system called eStatus, which may be accessed via <https://gchpestatus.evips.com/Prod>.
- **What did not change:**
  - » The way you communicate with GCHP will remain the same, which is through [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org) or the dedicated Provider Line: (888) 301-1228.

**Required Actions:**

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document and updated provider contract(s) to train staff.	As soon as possible.
Discontinue billing for DHCS converted Local Codes.	Review updated contract(s) for affected Local Codes.	As soon as possible.

## Changes to Provider Directory

**Effective December 14, 2020**

GCHP's online Provider Directory will not be changing.

- **What changed:**
  - » GCHP's online provider search capability is being updated to provide enhanced search capabilities.
- **What did not change:**
  - » GCHP's online Provider Directory will continue to be updated monthly.

---

### Required Actions:

Action	How	When
Inform staff of the changes outlined above.	Use this document to train staff.	As soon as possible.

## Changes to Enrollment and Eligibility Verification

**Effective December 14, 2020**

GCHP is introducing a new Provider Portal through which member enrollment and eligibility may be verified. Providers will need to establish new user accounts in order to access the new Provider Portal. Instructions are provided below.

- **What changed:**
  - » GCHP is introducing a new Provider Portal through which providers can perform many functions including member enrollment and eligibility verification. See the [“Changes to Provider Portal”](#) section for more information.
- **What did not change:**
  - » Providers may continue verifying member enrollment and eligibility via the dedicated Provider Line: (888) 301-1228.

---

### Required Actions:

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document to train staff.	As soon as possible.
Participate in upcoming online training sessions to be scheduled and conducted by GCHP.	Keep an eye out for future notices of online training sessions.	Per dates cited in future notices.
Register to create a new user account to gain access to the new Provider Portal.	See <a href="#">&lt; url tbd &gt;</a>	Beginning in early December 2020.

## Changes to Provider Portal

### Effective December 14, 2020

GCHP is introducing a new Provider Portal through which providers can perform many functions, including member enrollment and eligibility verification, claims status verification, and the submission of prior authorizations and referrals. Effective December 14, 2020, access to the existing GCHP Provider Portal will no longer be permitted. **Providers will need to establish new user accounts in order to access the new Provider Portal.** Instructions are provided below.

- **What changed:**

- » GCHP is introducing a new Provider Portal.
  - Detailed information regarding the new Provider Portal, including instructions on how to access it and create a new user account will be available on GCHP's website – see [< url tbd >](#).
  - Providers must establish a new user account(s) in order to access the new Provider Portal as follows:
    - All providers will be issued a new, single Provider ID to be used to access the new Provider Portal. See the [“Changes to GCHP Provider Identification Numbers”](#) section for more information.
    - In early December 2020, providers will be sent emails with their new Provider ID and an Access Code, along with instructions to create a new user account for the new Provider Portal.
    - After establishing a new user account, providers may log into the new Provider Portal via [< url tbd >](#)
  - » The new Provider Portal online user experience will be different than the experience providers have been accustomed to. However, similar capabilities are available within the new Provider Portal – e.g.,
    - Member enrollment and eligibility verification
    - Claims status verification
      - Note: Historical claims with dates of service from July 1, 2018 onward may be viewed within the new Provider Portal.
    - Submission of prior authorizations and referrals and related status verification
      - Note: The ability to enter five or more procedure codes when submitting an authorization and the ability to add associated attachments to an authorization in PDF format persist.
  - » Provider communications can be viewed in the Provider Portal.

- **What did not change:**

- » Current services and functions available in the Provider Portal (e.g., eligibility verification, claims status).
- » Provider Login Assignment Form is available for new providers to request access – see [< url tbd >](#).

**Required Actions:**

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document to train staff.	As soon as possible.
Participate in forthcoming online training sessions to be scheduled and conducted by GCHP.	Keep an eye out for future notices of online training sessions.	Per dates cited in future notices.
Register to create a new user account to gain access to the new Provider Portal.	See <a href="#">&lt; url tbd &gt;</a>	Beginning in early December 2020.

## Changes to Claims Submission

### Effective December 14, 2020

There are some changes regarding the submission of claims to GCHP as summarized below.

- **What changed:**
  - » The 25-1 Long-Term Care (LTC) claim form will no longer be accepted effective December 14, 2020. All LTC services must be billed on the UB-04 claim form or via a HIPAA 5010 837i.
  - » Converted DHCS / Medi-Cal Local Codes will no longer be accepted after December 14, 2020 regardless of the date of service.
    - Provider contracts containing the affected Local Codes have been updated to contain the acceptable codes.
- **What did not change:**
  - » The [clearinghouses](#) through which electronic claims may be submitted to GCHP.
  - » Claims mailing address:
    - Gold Coast Health Plan
    - ATTN: Claims
    - P.O. Box 9152
    - Oxnard, CA 93031

**Note:** GCHP has informed the clearinghouses used by our contracted providers of necessary changes and related implications.

### Required Actions:

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document and updated provider contract(s) to train staff.	As soon as possible.
Discontinue billing for affected Local Codes.	Review updated contract(s) for affected Local Codes.	As soon as possible.

## Changes to Claims Processing

### Effective December 14, 2020

There are some changes regarding the processing (adjudication) of claims.

- **What changed:**
  - » Share of Cost
    - Member Share of Cost validation will be applied during claims adjudication.
    - If the Share of Cost has not been met per the Medi-Cal eligibility validation, the claim will be denied.
  - » Explanation of Benefits Timely Filing Requirements
    - Payment reduction penalties will be applied if a claim is submitted 7-12 months from the date of service or discharge date on an inpatient claim (UB-04).
      - Months 7-9 will reimburse 75% of allowable covered charges.
      - Months 10-12 will reimburse 50% of allowable covered charges.
      - Claims submitted more than one year from the date of service or discharge date on an inpatient claim (on the 366<sup>th</sup> day) will not be paid.
  - » DHCS / Medi-Cal Local Codes
    - Converted DHCS / Medi-Cal Local Codes will no longer be accepted after December 14, 2020 regardless of the date of service.
      - Provider contracts containing the affected Local Codes have been updated to contain the acceptable codes.
  - » Denial Reason Codes
    - Denial verbiage has been updated to provide a more detailed description of the denial reason(s).
    - Explanation of Benefit codes have changed
  - » Provider Identification Number
    - Medicare Crossover Claims will no longer appear on a separate explanation of benefits / check / EFT.
  - » Claim Number
    - The claim number will change format from a 12-digit number to a shorter number.
  - » Claim Rejection Letter
    - The claim rejection letter has been updated to further describe the reason for the rejection
  - » National Correct Coding Initiative (NCCI) Edits Update
    - Our claim editing system has been updated to reflect the most current Medi-Cal specific NCCI edits. These edits include, but are not limited to, the following:
      - Procedure-to-procedure edits that define pairs of Healthcare Common Procedure Coding System (HCPCS) / Current Procedure Terminology (CPT) codes that should not be reported together for a variety of reasons; and
      - Medically Unlikely Edits (MUE), which are units of service edits that define for each HCPCS / CPT code identified the allowable number of units of service; units of service in excess of this value are not feasible for the procedure under normal conditions (e.g., claims for excision of more than one gall bladder or more than one appendix).
- **What did not change:**
  - » Share of Cost billing requirements for CMS1500 and UB04 claims and EDI equivalent

**Note:** GCHP has informed the clearinghouses used by our contracted providers of necessary changes and related implications.

**Required Actions:**

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document and updated provider contract(s) to train staff.	As soon as possible.
Discontinue billing for affected Local Codes.	Review updated contract(s) for affected Local Codes.	As soon as possible.
Ensure that claims are submitted within six months after the date of service or discharge.	Use this document and updated provider contract(s) to train staff.	As soon as possible.



## Changes to Provider Customer Service / Relations

**Effective December 14, 2020**

There are no changes regarding Provider Customer Service administered by GCHP.

- **What changed:**
  - » N/A
- **What did not change:**
  - » You may contact us at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org) or via the dedicated Provider Line: (888) 301-1228.

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### Required Actions:

Action	How	When
No action required.	N/A	N/A

## Changes to Encounter Data Submission

### Effective December 14, 2020

There are several changes to encounter data and encounter data submission prompted by the systems transition.

- **What changed:**
  - » Encounter data may only be submitted through the following clearinghouses:
    - Office Ally: Encounter Payer ID - EC1CA
    - Conduent EDI Gateway
  - » Converted Local Codes will no longer be accepted after December 14, 2020
    - This applies to any encounters submitted after December 14, 2020 regardless of date of service or date of discharge.
- **What did not change:**
  - » Contact information for our Encounter Data Team: [EncounterData@goldchp.org](mailto:EncounterData@goldchp.org).
  - » Encounter data submission timeliness requirements.

---

### Required Actions:

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document and updated provider contract(s) to train staff.	As soon as possible.
Discontinue submitting DHCS / Medi-Cal converted Local Codes.	Review updated contract(s) for affected Local Codes.	As soon as possible.

## Changes to Delegation Oversight Documents

**Effective December 14, 2020**

There are changes to delegation oversight compliance documents that must be submitted to GCHP.

- **What changed:**
  - » TBD
- **What did not change:**
  - » Contact information and primary points of contact. GCHP will continue to have a dedicated delegation oversight team.
  - » Delegation oversight requirements remain unchanged based on your contract.

Audit requests and other forms will be posted on our website at: [< url tbd >](#)

---

### Required Actions:

Action	How	When
Review these forms with staff responsible for submitting compliance forms.	Use these forms as a resource and distribute accordingly.	As soon as possible.

## Changes to Utilization Management: Authorization Letters, Processing and Reporting

**Effective December 14, 2020**

There are no changes to the Utilization Management process.

- **What changed:**
  - » GCHP is introducing a new Provider Portal through which providers can perform many functions, including the submission of outpatient prior authorizations. See the "[Changes to Provider Portal](#)" section for more information.
- **What did not change:**
  - » Only outpatient authorizations may be submitted via the Provider Portal. All requests for inpatient services must be submitted via fax.
  - » Requests for any type of authorization may still be submitted via fax using our prior authorization form available [here](#).

### Required Actions:

Action	How	When
No action required.	N/A	N/A
Participate in forthcoming online training sessions to be scheduled and conducted by GCHP.	Keep an eye out for future notices of online training sessions.	Per dates cited in future notices.
Register to create a new user account to gain access to the new Provider Portal.	See <a href="#">&lt; url tbd &gt;</a>	Beginning in early December 2020.

## Changes to Authorization Request Forms

### Effective December 14, 2020

There are no changes to GCHP's authorization request forms.

The authorization request forms remain accessible on our website [here](#).

---

#### Required Actions:

Action	How	When
No action required.	N/A	N/A

## Changes to Pharmacy Services

### Effective January 1, 2021

There are changes to the administration of pharmacy benefits prompted by DHCS' Medi-Cal Rx initiative. DHCS and GCHP will begin informing stakeholders of this change as follows:

Date	Audience	Topic
August 2020	Providers and Pharmacies	Training announcements and instructions
September 2020	Providers and Pharmacies	120-day pharmacy transition
October 2020	Pharmacies and Members	90-day notice letter
November 2020	Pharmacies and Members	60-day notice letter
December 2020	Pharmacies and Members	30-day notice letter
Early 2021	Members	New Member ID Cards

Visit <https://medi-calrx.dhcs.ca.gov/home/> for more information regarding DHCS' Medi-Cal Rx initiative, including details regarding the transition policy, prior authorizations, and appeals.

- **What changed:**

- » Effective January 1, 2021, responsibilities regarding the administration of Pharmacy benefits will change as follows:

Responsibility	State	GCHP	Medi-Cal Rx
Maintain Medi-Cal Pharmacy Policy	X		
Make Final Determination on PAs Denials and SFH	X		
Negotiation of Rebates	X		
Pharmacy Reimbursement Methodology	X		
Pharmacy Network	X		
Care Coordination		X	
Oversee pharmacy adherence and disease / medication management programs		X	
Pharmacy Services billed on medical / institutional claims		X	
Participate in the DUR Board		X	
Pharmacy claim administration, processing and payment			X
Coordination of Benefits with OHI			X
Utilization Management (including all PAs with 24 hours)			X
Prospective and Retrospective DUR			X
Drug Rebate Administration			X

<b>Line of business / network and claims processing information</b>	<b>Medi-Cal Rx</b> BIN 022659 PCN 6334225 Group N/A
Retail Pharmacy Network	Medi-Cal Rx Network
Mail Service Pharmacy	Medi-Cal Rx Network
Specialty Pharmacy	Medi-Cal Rx Network

- New phone number for prescription eligibility and prior authorization issues: (800) 977-2273.
- New pharmacy portal for eligibility verification and/or prior authorization submission and status: [www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov).
- Pharmaceuticals billed on medical claims are not affected by this change; this change only affects pharmacy claims.

**Required Actions:**

Action	How	When
Review this information with staff responsible for pharmacy services.	Use this information as a resource and distribute accordingly.	As soon as possible.

## Updated Provider Manual

### Effective Quarter 1, 2021

We continually update GCHP's Provider Manual when warranted. The purpose of the Provider Manual is to provide guidance for the provision of covered health care services to GCHP Members.

GCHP's Provider Manual contains policies, procedures, information on quality and utilization management, encounter reporting, health education, member and provider grievances, and other administrative guidelines to comply with state and federal regulations, which have been updated.

- **What changed:**

- » The GCHP Provider Manual will be updated with the information cited herein in Quarter 1, 2021.

GCHP's Provider Manual can be accessed and downloaded on our website [here](#) and within the new Provider Portal.

---

### Required Actions:

Action	How	When
Download updated provider manual(s) and review for any changes that may impact you.	Access the link above to download updated provider manuals.	In Quarter 1, 2021



## Managed Care Accountability Set (MCAS) / Healthcare Effectiveness Data and Information Set (HEDIS)

There are no changes to the processes for measuring and reporting performance measures, called the Managed Care Accountability Set (MCAS). MCAS measures are derived from select Centers for Medicare and Medicaid Services (CMS) Adult and Child Health Care Quality Measures for Medicaid, as well as the Healthcare Effectiveness Data and Information Set (HEDIS) performance measures.

### MCAS Resources

Providers can find MCAS resources on the GCHP website. Materials include MCAS Frequently Asked Questions, MCAS Measures Quick Reference Guide, and tip-sheets for MCAS measure specifications. Providers can download these materials [here](#).

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### Required Actions:

Action	How	When
Continue with MCAS / HEDIS reporting processes.	See above.	N/A

Notes:



**Notes:**



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