

CORE CHANNEL ENROLLMENT/CHANGE FORM

This form is to be completed by providers who wish to enroll in the CORE Channel services with Gold Coast Health Plan for:

- 270-Eligibility Inquiries
- 276-Claims Inquiries
- 835- Health Care Claim Payment Advice

| | |
|--|--|
| Request Date | |
| Partner Name | |
| NPI | |
| Phone | |
| Address | |
| City/State/Zip | |
| Email | |
| Request submitted by | |
| Role | |
| Email | |
| Contact information | |
| Partner IP Address ¹ | |
| EDI Interchange Sender ID ² | |
| EDI Interchange Receiver ID ² | |
| User Name ³ | |
| Password ³ | |

Notes:

- 1 Provide the IP address from which requests will be sent
- 2 Provide the EDI Interchange Sender ID. If the provider does not have one enter "None"
- 3 Select a user name and password to be used exclusively for these transactions.

TRANSACTION TYPE(S)

| Transaction type | Real-time | Batch |
|---------------------------------------|-----------|-------|
| 270-Eligibility | | |
| 276-Claims | | |
| 835- Health Care Claim Payment Advice | | |

Note to Providers: Per CAQH requirements, the Health Care Claim Payment Advice (835, aka Electronic Remittance Advice) files are not allowed to contain non-standard procedure codes. Any 835 files containing such codes will be rejected in their entirety. This directly affects providers who submit claims using "Local Codes" specific to Medi-Cal. Therefore, it is recommended that providers who use Local Codes do not enroll in this program.

Note: Please allow up to five (5) business days for onboarding to be completed.