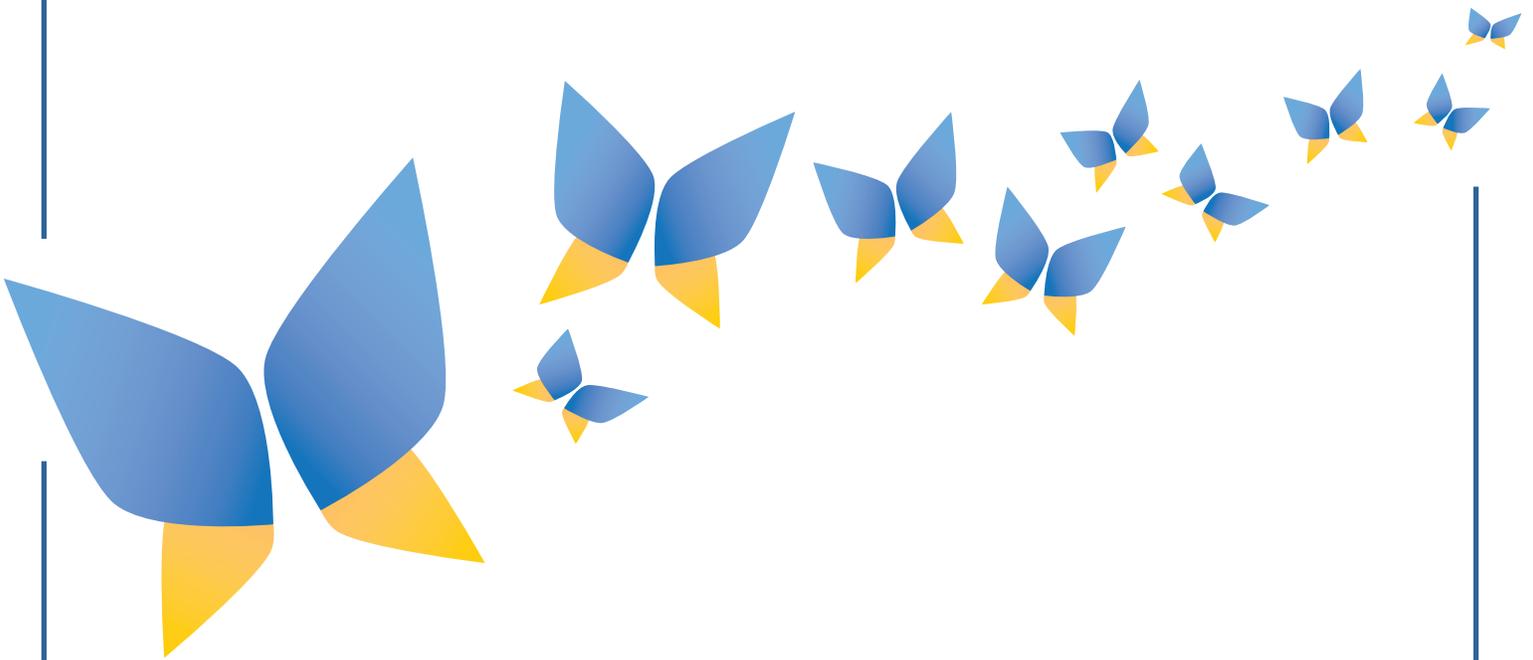




**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity



Enterprise Transformation Project

**i-Transact Provider Portal**  
**User Guide**

**2021**

## **i-Transact Provider Portal User Guide**

### **Purpose:**

The purpose of this document is to provide information on how to register for the new i-Transact Provider Portal (Portal) for the first time. It includes step-by-step instructions for creating a user account and information on how to navigate the functions of the new Portal.

### **Background Information:**

On May 3, 2021, Gold Coast Health Plan (GCHP) will implement a new provider portal system to better serve our providers. The new portal is called i-Transact. This new Portal will offer providers immediate access to member eligibility information, the ability to enter authorization requests, pull membership lists for PCP providers, along with new features such as the ability to submit claims and attach documents to authorization requests and claims.

### **Definitions:**

**Access Code:** A unique, one-time use, number that is assigned to an entity which grants access to the Superuser to create a Portal account for the first time.

**Office / Provider / Vendor Number:** A unique number assigned to each entity, that will vary based on location. This number will distinguish the type of account you will create, which each vary in function.

**Primary Web Account:** A portal role that functions as the Superuser / Administrator who can create and manage additional staff accounts.

**Superuser:** An identified person that has been designated the access to create an initial Portal account for your office or entity. Superusers can create and manage accounts.

**Web Role:** A portal role that functions as a child account, does not have ability to create or manage accounts. This role still has ability to perform all other Portal activities within their account type. Depending on account type you may see WebProvider, WebOffice or WebVendor.

### **Accessing the Portal:**

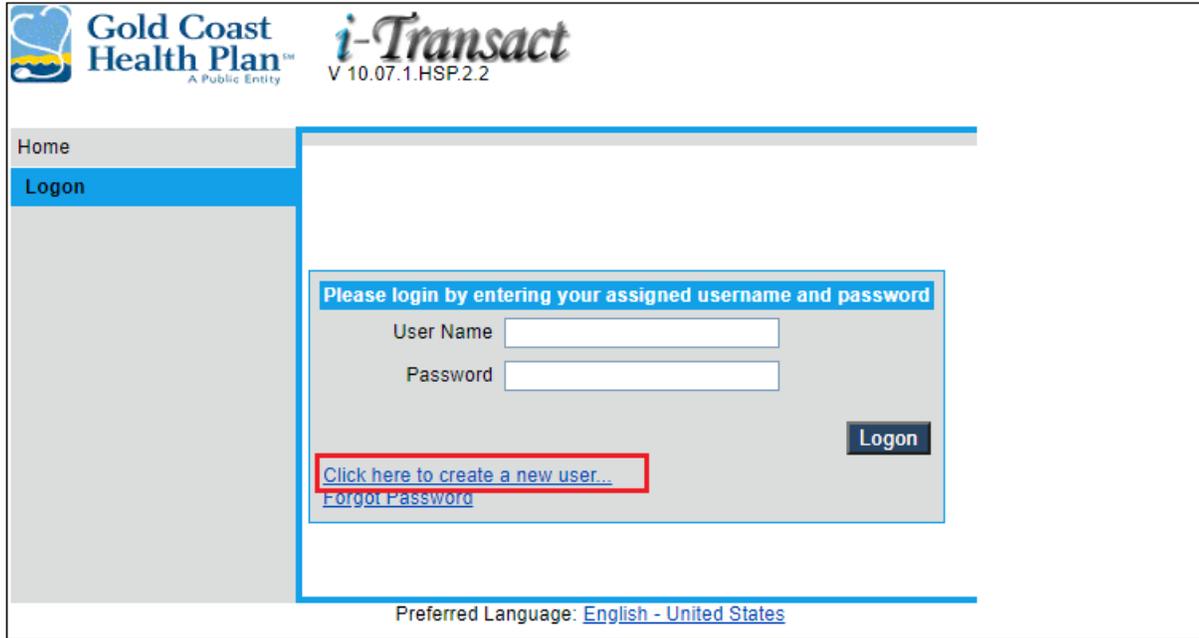
For initial Portal access, users will need to visit the [website](#) for i-Transact and create a profile. Access to the Portal is restricted to authorized users only.

GCHP has identified initial Portal access to “Superusers.” Only superusers will be provided with their entity’s unique Number and Access Code, a set of information required for initial account set-up. Superusers must obtain this information by contacting GCHP’s Customer Service Department at 1-888-301-1228.

Superusers will have the ability to create and manage accounts within the Portal and may also designate an Administrative user with role permissions to create and manage accounts for their office.

**How to create an account:**

On the i-Transact Portal login screen, the Superuser or Administrative user will click on the “Click here to create a new user” link. This will move the user to the “Create an Account” screen.



On the “Create an Account” screen, the user will have to choose the type of account they would like to create.

**Vendor registration (GCHP recommended):**

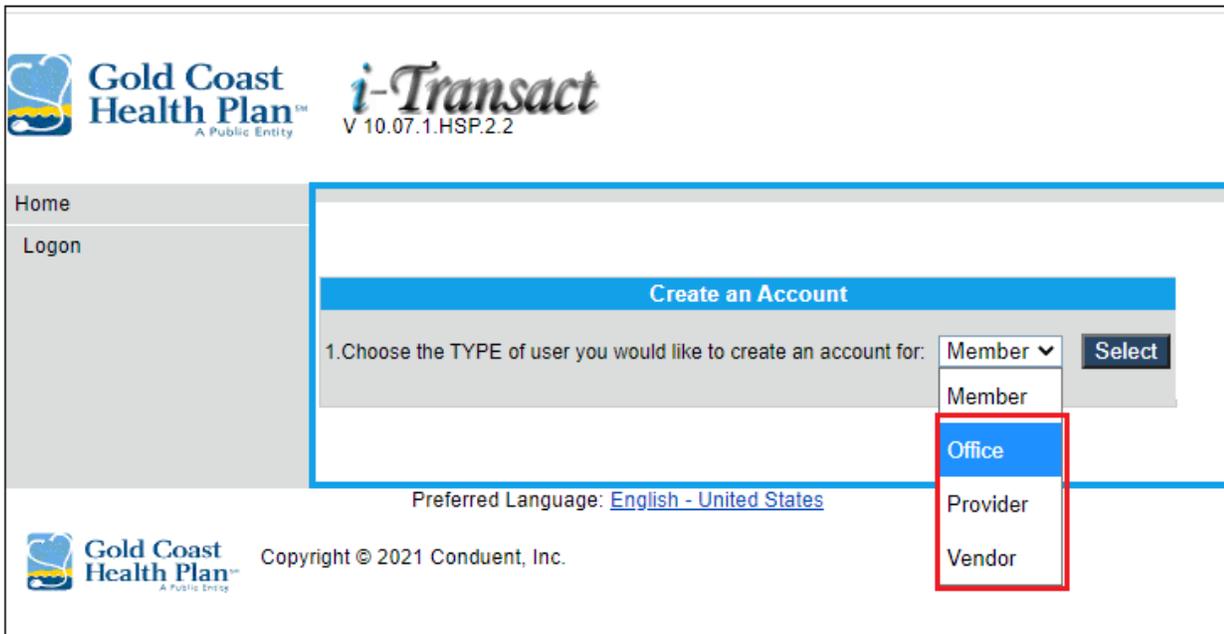
The Vendor account allows the user to submit claims on behalf of the vendor (entity). The function of submitting an authorization differs from the Office and Provider account type, with still having ability to check member eligibility, check claim status, and print remittance advice. For entities with multiple offices, a separate account is required for each office.

**Office registration:**

For offices with multiple practitioners, the user can submit authorizations and claims on behalf of each of the practitioners at that office and distinguish who is the ordering practitioner on the submission. For entities with multiple offices, a separate account is required for each office.

**Provider registration:**

For Facility or Ancillary providers and solo practitioner-practices, the “Provider” user account type is recommended. The user can submit authorizations and claims for their entity. For entities with multiple offices, a separate account is required for each office.



The login credentials vary for each user account type. Each entity will have their unique fields and Access Code that will need to be filled out to complete the set-up process.

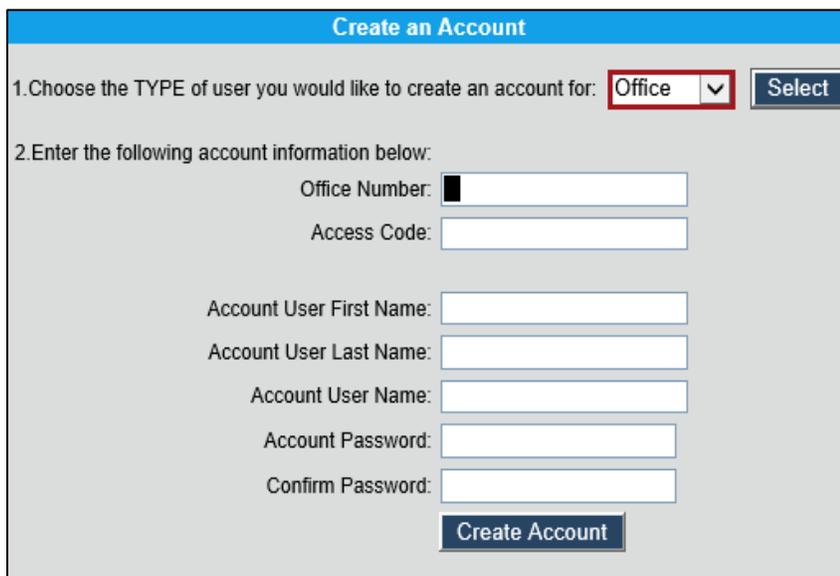
**Account Username:**

- Cannot be duplicated
- Has no upper / lowercase letter or character requirements

**Password:**

- Minimum of 10 characters
- 1 Uppercase letter
- 1 Lowercase letter
- 1 Special character (e.g., @!#\$)
- Minimum of 1-digit number

The example below reflects an **Office's** login criteria:



The screenshot shows a web form titled "Create an Account". The first step is to choose the user type, with "Office" selected in a dropdown menu and a "Select" button. The second step is to enter account information, including Office Number, Access Code, Account User First Name, Account User Last Name, Account User Name, Account Password, and Confirm Password. A "Create Account" button is at the bottom.

**Create an Account**

1. Choose the TYPE of user you would like to create an account for: **Office**

2. Enter the following account information below:

Office Number:

Access Code:

Account User First Name:

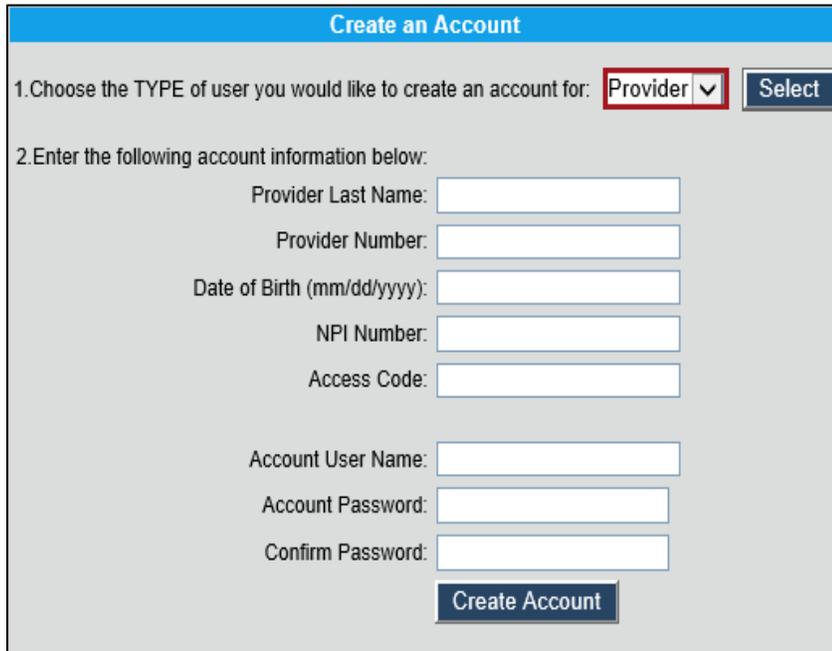
Account User Last Name:

Account User Name:

Account Password:

Confirm Password:

The example below reflects a **Provider's** login criteria:



**Create an Account**

1. Choose the TYPE of user you would like to create an account for: **Provider**

2. Enter the following account information below:

Provider Last Name:

Provider Number:

Date of Birth (mm/dd/yyyy):

NPI Number:

Access Code:

Account User Name:

Account Password:

Confirm Password:

**Provider Last Name:** The name must match exactly as it is listed for GCHP (including spelling, hyphens and abbreviations).

**Date of Birth:** Can be any set of random numbers for a Facility or Ancillary provider.

The example below reflects a **Vendor's** login criteria:

**Create an Account**

1. Choose the TYPE of user you would like to create an account for: Vendor

2. Enter the following account information below:

Vendor Number:

Access Code:

Tax ID:

Account User First Name:

Account User Last Name:

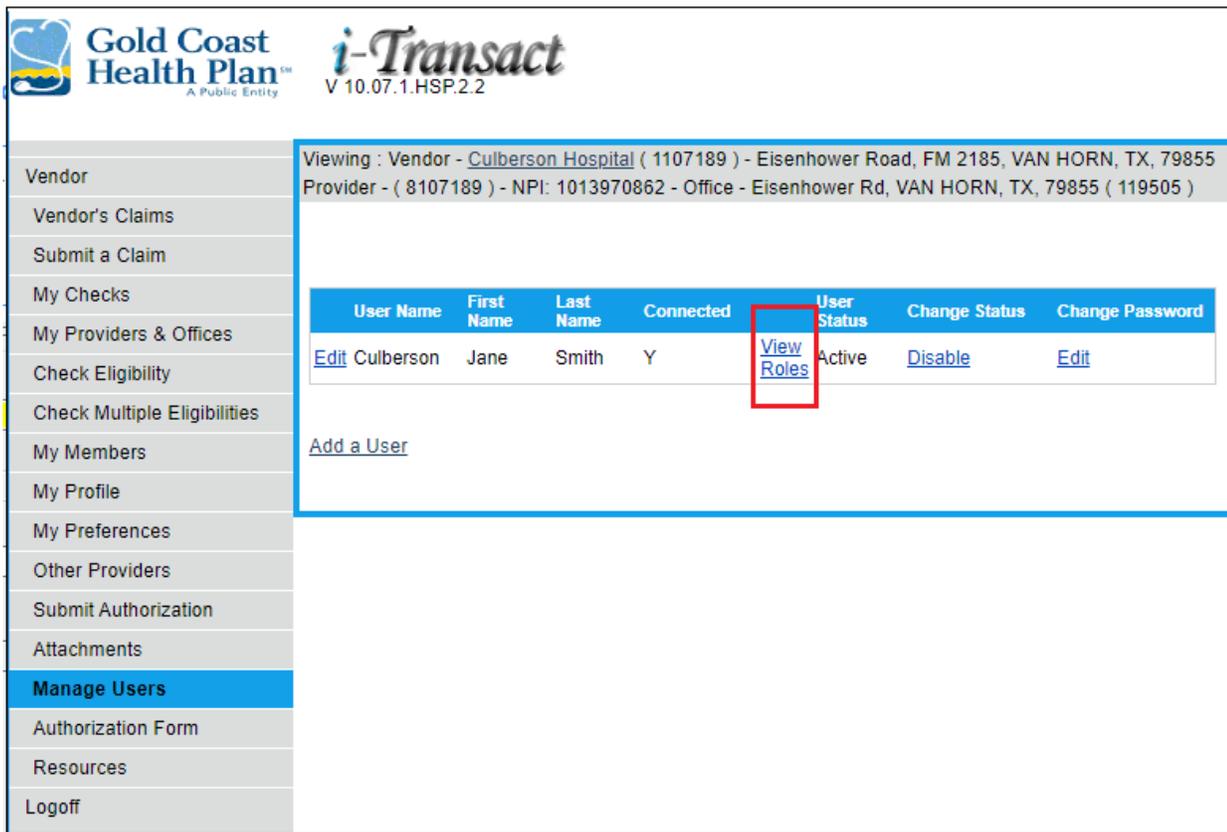
Account User Name:

Account Password:

Confirm Password:

Email Address:

Once the Superuser or Administrative user is successfully logged in, their role as **Primary Web Account** will be selected. This is reflected in the “Manage Users” tab by clicking on **View Roles**.



The screenshot shows the i-Transact web application interface. At the top left is the Gold Coast Health Plan logo. To its right is the i-Transact logo and version number V 10.07.1.HSP.2.2. Below the logos is a navigation menu on the left with items like Vendor, My Checks, My Providers & Offices, and Manage Users (which is highlighted in blue). The main content area shows a breadcrumb trail: Viewing : Vendor - [Culberson Hospital](#) ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 ). Below this is a table with columns: User Name, First Name, Last Name, Connected, User Status, Change Status, and Change Password. A single row is visible with User Name [Edit](#) Culberson, First Name Jane, Last Name Smith, Connected Y, User Status Active, Change Status [Disable](#), and Change Password [Edit](#). The [View Roles](#) link in the User Status column is highlighted with a red box.

User Name	First Name	Last Name	Connected	User Status	Change Status	Change Password
<a href="#">Edit</a> Culberson	Jane	Smith	Y	Active	<a href="#">Disable</a>	<a href="#">Edit</a>

Superusers or Administrative users will be responsible for adding new users, setting roles, managing all added accounts, as well as resetting passwords and disabling accounts that are no longer active.

To create a new staff account, click **“Add a User”** in the “Manage Users” tab.



Viewing : Vendor - Culberson Hospital ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855  
Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )

User Name	First Name	Last Name	Connected	User Status	Change Status	Change Password
<a href="#">Edit</a> Culberson	Jane	Smith	Y	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>

[Add a User](#)



Viewing : Vendor - Culberson Hospital ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855  
Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )

**Adding additional user to Culberson Hospital( 1107189 )**

\*User Name:

\*Password:

\*Confirm Password:

\*First Name:

\*Last Name :

Middle Initial:

\*Email Address:

**Add User**

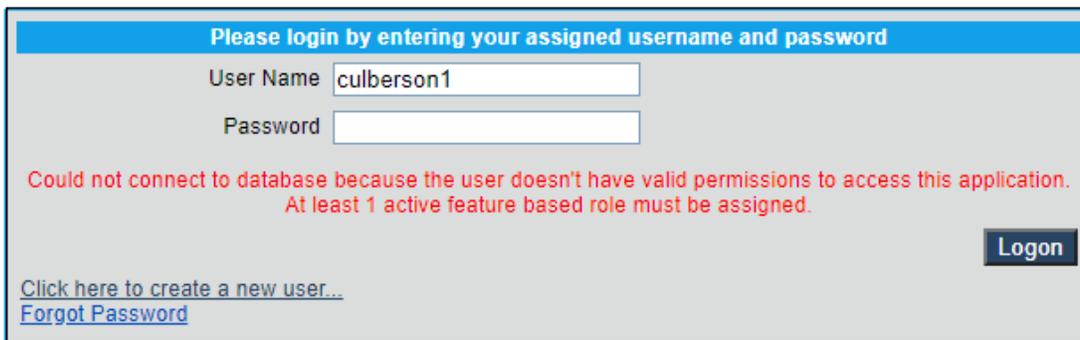
The Superuser or Administrator user will complete all required fields in the “Add User” screen.

They will then provide the newly created username and password to their staff member. Upon the staff member's initial log-in to the Portal, they will be prompted to create their own password. The username is specific to individual users and should not be shared with anyone. The username cannot be duplicated, and the initial password only works as a temporary password.

For users that need access for multiple office locations, a separate user account is required for each location.

*Please note: A Role must be selected for the newly created staff account.*

If no role is selected for a new account, the user will receive the following error message:



The screenshot shows a login interface with a blue header bar containing the text "Please login by entering your assigned username and password". Below the header, there are two input fields: "User Name" with the value "culberson1" and "Password" which is empty. A red error message is displayed below the fields: "Could not connect to database because the user doesn't have valid permissions to access this application. At least 1 active feature based role must be assigned." To the right of the error message is a dark blue "Logon" button. At the bottom left, there are two links: "Click here to create a new user..." and "Forgot Password".

## Navigating the Portal:

Upon initial login, all users will land on the “My Preferences” tab. This is a required step before moving on to the remainder of the portal functions. You must click “Save” to save your preferences and proceed. Preferences can be changed at any time thereafter.

## My Preferences

Viewing : Vendor - [Culberson Hospital](#) ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855  
 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )

- Vendor
- Vendor's Claims
- Submit a Claim
- My Checks
- My Providers & Offices
- Check Eligibility
- Check Multiple Eligibilities
- My Members
- My Profile
- My Preferences**
- Other Providers
- Submit Authorization
- Attachments
- Manage Users
- Authorization Form
- Resources
- Logoff

1. How many checks to display per page:
2. How many days back for checks lookup:
3. How many claims to display per page:
4. How many days back for claims lookup:
5. Select provider type:  Dental  Medical
6. Show EOP after submitting a claim:  Yes  No
7. Show details after submitting a referral:  Yes  No
8. Default to Assignment of Benefits:  Yes  No
9. Default to Place of Service on Claim Submission page:
10. Member Number Search Option ( Member Number / Policy Number ) :
11. Submit a claim default options:
12. Default billing currency:
13. To select an office and provider, first select the desired office then the desired provider. Once the selection is made please select Continue or Save to apply these changes.

Select an Office:

Select a Provider:

	Office Name	Office Number	Office Address	City	State	Zip	Contact Phone
<a href="#">Select</a>	All	All	All	All	All	All	All
Selected	Eisenhower Rd FM 2185	119505	Eisenhower Rd	VAN HORN	TX	79855	

	Provider NPI	Provider Number	Provider Name
<a href="#">Select</a>	All	All	All
Selected	1013970862	8107189	Culberson Hospital,

Save

## Provider's (Vendor's) Claims

Providers Viewing : Provider - Taviloglu, Gurkan ( 2790291 ) - NPI: 1811919889 - Office - 31 Main Street, STONY BROOK, NY, 11790 ( 70418 )

**Provider's Claims**

Submit a Claim  
My Authorizations  
Submit Authorization  
Provider's Referrals  
Submit a Referral  
Check Eligibility  
Check Multiple Eligibilities  
My Members  
My Offices  
My Profile  
My Preferences  
Other Providers

Search by Date  
  Search by Claim Number  
  Search by Patient Account Number

Claim Type: Claims   Claim Status: ALL  
 Date Criteria: Date Received   Date From: 7/25/2020   Date To: 8/25/2020  
 Member:  \*optional, last name or member #   Policy #:   

**3 Claim(s) found**

Claim #	Member #	Policy #	Member LastName	Member FirstName	Patient Acct #	Ext. CLM #	Claim Status	Service Date From	Service Date To	Billed Currency	Charges	Date Received	Form Type	Claim Type	Referring Entity
0000003915	HSP00175-01	N/A	Green	Rachel			Completed	7/1/2019	7/1/2019	U.S. dollar	120.00	8/11/2020	HCF	CLM	N
0000003916	HSP00175-01	N/A	Green	Rachel			Completed	6/30/2020	6/30/2020	U.S. dollar	120.00	8/11/2020	HCF	CLM	N
0000003913	HSP00174-01	N/A	Walsh	Brenda			Pending	6/22/2019	6/23/2020	U.S. dollar	740.00	7/27/2020	HCF	CLM	N

The Provider's (Vendor's) Claims tab allows you to view claims submitted by the Provider for the currently selected office. To view other claims or search for a specific claim, use the fields at the top of the screen. The user can search by any combination of criteria.

To search for a claim:

- Search by Date: Claim Type, Claim Status, Date Criteria (Date of Service or Date Received), or Member's last name
- Search by Claim Number
- Search by Patient Account Number

## Submit a Claim

Vendor	Viewing : Vendor - <u>Culberson Hospital</u> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Vendor's Claims	
<b>Submit a Claim</b>	
My Checks	
My Providers & Offices	
Check Eligibility	
Check Multiple Eligibilities	
My Members	
My Profile	
My Preferences	
Other Providers	
Submit Authorization	
Attachments	
Manage Users	
Authorization Form	
Resources	
Logoff	

**\* Patient: (Please select a patient)**

Member #:  Policy #:

Last Name:  First Name:  DOB:

\* Please search by number or any 2 combinations of last name, first name, and date of birth

---

Patient Acct #:  Referral #:  Authorization #:

\* Billed Currency:

**Apply default values to lines**

Serv. Date From:  POS:

\*Note - default values applied can still be edited on each line

**Diagnosis Codes**

A.  B.  C.  D.  E.  F.   
 G.  H.  I.  J.  K.  L.  \*At least one Diagnosis Code is required

Remove	Line	* Serv. Date From	* Serv. Date To	* Procedure Code	Modifier	* Diag Ptr	POS	Units	Amount	Description
<a href="#">Remove</a>	1	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	2	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				

The “Submit a Claim” tab allows a provider to submit a claim and attach documents (e.g., clinical notes) to the claim.

At this time, only Professional Claims (HCFA) are being accepted through the Portal. UBs must continue to be submitted via paper claims or electronically through EDI Direct.

Additional lines can be added or removed by clicking the “Remove” function or the “Add service line(s)” option.

Remove	Line	* Serv. Date From	* Serv. Date To	* Procedure Code	Modifier	* Diag Ptr	POS	Units	Amount	Description
<a href="#">Remove</a>	1	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	2	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	3	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	4	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	5	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	6	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	7	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	8	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	9	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				
<a href="#">Remove</a>	10	<input type="text"/>	11	1	<input type="text"/>	<input type="text"/>				

\* Add service line(s) # of lines:  Total Charge:

[Hide Procedure Description](#)

Modifiers: Multiple modifiers can be populated but must be separated with a coma.

**Additional Information**

Does the Member have another health plan?

Remarks

Treatment Resulting From  
 Occupational illness/injury    Auto Accident    Other Accident

Date Of Accident:        Auto Accident State:

Add File

I Agree      PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment above.

---

I Agree      INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
I authorize payment of medical benefits to the undersigned physician or supplier for services described above.

Submit Claim

Clicking “Add File” allows you to attach documents to the claim. Any type of image is acceptable.

Select “**Submit Claim**” to complete the process.

## My Checks

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital</a> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Vendor's Claims	
Submit a Claim	
<b>My Checks</b>	<input checked="" type="radio"/> Search by Date <input type="radio"/> Search by Check Number
My Providers & Offices	Check Type: <input type="text" value="Claim"/> From: <input type="text" value="3/27/2021"/> To: <input type="text" value="4/27/2021"/>
Check Eligibility	<input type="button" value="Refresh"/>
Check Multiple Eligibilities	No checks found.
My Members	
My Profile	
My Preferences	
Other Providers	
Submit Authorization	

## My Providers & Offices

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital</a> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )																																	
Vendor's Claims																																		
Submit a Claim																																		
My Checks																																		
<b>My Providers &amp; Offices</b>	<p style="text-align: center;"><b>Optional Filters</b></p> <div style="display: flex; justify-content: space-between;"> <div> Office Name: <input type="text"/>  Office City: <input type="text"/> * Complete city name required </div> <div> <input type="button" value="Refresh"/> </div> <div> Office Name: Eisenhower Rd FM 2185  Providers Last Name: <input type="text"/> </div> <div> <input type="button" value="Refresh"/> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Office Name</th> <th>Office Number</th> <th>Office Address</th> <th>City</th> <th>State</th> <th>Zip</th> <th>Contact Phone</th> <th>NPI</th> <th>Provider #</th> <th>Provider Name</th> </tr> </thead> <tbody> <tr> <td><input type="button" value="Select"/></td> <td>All</td> <td>All</td> <td>All</td> <td>All</td> <td>All</td> <td>All</td> <td>All</td> <td><input type="button" value="Select"/></td> <td>All</td> <td>All</td> </tr> <tr> <td><input checked="" type="button" value="Selected"/></td> <td>Eisenhower Rd FM 2185</td> <td>119505</td> <td>Eisenhower Rd</td> <td>VAN HORN TX</td> <td></td> <td>79855</td> <td></td> <td><input checked="" type="button" value="Selected"/></td> <td>1013970862</td> <td>8107189 Culberson Hospital</td> </tr> </tbody> </table>		Office Name	Office Number	Office Address	City	State	Zip	Contact Phone	NPI	Provider #	Provider Name	<input type="button" value="Select"/>	All	<input type="button" value="Select"/>	All	All	<input checked="" type="button" value="Selected"/>	Eisenhower Rd FM 2185	119505	Eisenhower Rd	VAN HORN TX		79855		<input checked="" type="button" value="Selected"/>	1013970862	8107189 Culberson Hospital						
	Office Name	Office Number	Office Address	City	State	Zip	Contact Phone	NPI	Provider #	Provider Name																								
<input type="button" value="Select"/>	All	All	All	All	All	All	All	<input type="button" value="Select"/>	All	All																								
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Check Eligibility																																		
Check Multiple Eligibilities																																		
My Members																																		
My Profile																																		
My Preferences																																		
Other Providers																																		
Submit Authorization																																		
Attachments																																		



### My Members

The “My Members” tab allows the user to view all the members assigned to the Primary Care Clinic for a specific month. The provider can also access and utilize the functions listed below:

- View Utilization Benefits (members utilization of liabilities)
- View Benefits (Summary of Benefits)
- View Member Facesheet (member’s medical history)
- Add a Claim

Providers	Viewing : Provider - <a href="#">Taviloglu, Gurkan</a> ( 2790291 ) - NPI: 1811919889 - Office - 31 Main Street, STONY BROOK, NY, 11790 ( 70418 )																			
Provider's Claims																				
Submit a Claim																				
My Authorizations	<b>Member Roster for Month:</b>																			
Submit Authorization	Effective Date: August   2020																			
Provider's Referrals	<input type="button" value="Find"/> <input type="button" value="Print"/>																			
Submit a Referral	View members by last name initial:																			
Check Eligibility	<a href="#">ALL</a>   <a href="#">A</a> * <a href="#">B</a> * <a href="#">C</a> * <a href="#">D</a> * <a href="#">E</a> * <a href="#">F</a> * <a href="#">G</a> * <a href="#">H</a> * <a href="#">I</a> * <a href="#">J</a> * <a href="#">K</a> * <a href="#">L</a> * <a href="#">M</a> * <a href="#">N</a> * <a href="#">O</a> * <a href="#">P</a> * <a href="#">Q</a> * <a href="#">R</a> * <a href="#">S</a> * <a href="#">T</a> * <a href="#">U</a> * <a href="#">V</a> * <a href="#">W</a> * <a href="#">X</a> * <a href="#">Y</a> * <a href="#">Z</a>																			
Check Multiple Eligibilities	17 Member(s) Found																			
<b>My Members</b>	<a href="#">Utilizations</a>	<a href="#">Benefits</a>	<a href="#">Member Facesheet</a>	<a href="#">Member Add</a>	<a href="#">Provider Claim</a>	<a href="#">Last Name</a>	<a href="#">Provider #</a>	<a href="#">NPI</a>	<a href="#">Member Number</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">DOB</a>	<a href="#">Gender</a>	<a href="#">Address</a>	<a href="#">City</a>	<a href="#">State</a>	<a href="#">Zip</a>	<a href="#">Home Phone</a>	<a href="#">Effective</a>	<a href="#">Expiration</a>
My Offices	<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>	Taviloglu	2790291	1811919889	M2398831	Harper Lee		9/1/1981	M	10990 Treeline Terrace	SAYVILLE	NY	11782		1/1/2011	12/31/9999
My Profile	<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>	Taviloglu	2790291	1811919889	M2398831-01	Harper Marilyn		7/11/1993	F	10990 Treeline Terrace	SAYVILLE	NY	11782		1/1/2011	12/31/9999
My Preferences	<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>	Taviloglu	2790291	1811919889	M2398831-03	Harper Rita		3/3/2000	F	10990 Treeline Terrace	SAYVILLE	NY	11782		1/1/2011	12/31/9999
Other Providers	<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>	Taviloglu	2790291	1811919889	M2398831-03	Harper Rita		3/3/2000	F	10990 Treeline Terrace	SAYVILLE	NY	11782		1/1/2011	12/31/9999

## My Profile

The “My Profile” tab allows the user to view their information as it exists in the GCHP system, including Personal Information, Identification Numbers, Office Addresses, Contact Information, Office Hours, and Languages.

Vendor	Viewing - Vendor - Culberson Hospital ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )																																	
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Other Providers																																		
Submit Authorization																																		
Attachments																																		
Manage Users																																		
Authorization Form																																		
Resources																																		
Logoff																																		
<b>Vendor Properties</b>																																		
Name:		Culberson Hospital <a href="#">view map</a>																																
Address:		Eisenhower Road FM 2185 VAN HORN, TX 79855 US																																
Contact Name:																																		
Contact Email:																																		
Phone #:																																		
<b>Corporation Properties</b>																																		
Name:		Culberson Hospital <a href="#">view map</a>																																
Address:		PO Box 609 VAN HORN, TX 79855 US																																
Contact Name:																																		
Contact Email:																																		
Phone #:		4322832760																																
EIN:		201355256																																
<b>Pay To Addresses</b>																																		
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Culberson Hospital		8107189	1013970862	Eisenhower Rd FM 2185	119505	Eisenhower Rd	VAN HORN	TX	79855	US																								

### Other Providers

The “Other Providers” tab will open a search form through which the user is able to search for other providers in the system.

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital</a> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855
Vendor's Claims	Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Submit a Claim	
My Checks	
My Providers & Offices	
Check Eligibility	
Check Multiple Eligibilities	
My Members	
My Profile	
My Preferences	
<b>Other Providers</b>	
Submit Authorization	
Attachments	
Manage Users	
Authorization Form	
Resources	
Logoff	

#### Find a Provider

1. Where do you want to find a provider?

Country:

City, State or County:  ,

Or Zip:

within:

---

2. Which network are you interested in?

Network:

---

3. What type of provider are you looking for?

Provider Type:

Sub-type:

Specialty:

Panel Status:

Selected Specialty:

---

4. Would you like to refine your search for provider?  Yes  No

Last Name:  \*If you know the provider's last name

Gender:  Male  Female  Any

Language spoken:

### ***Authorization Form***

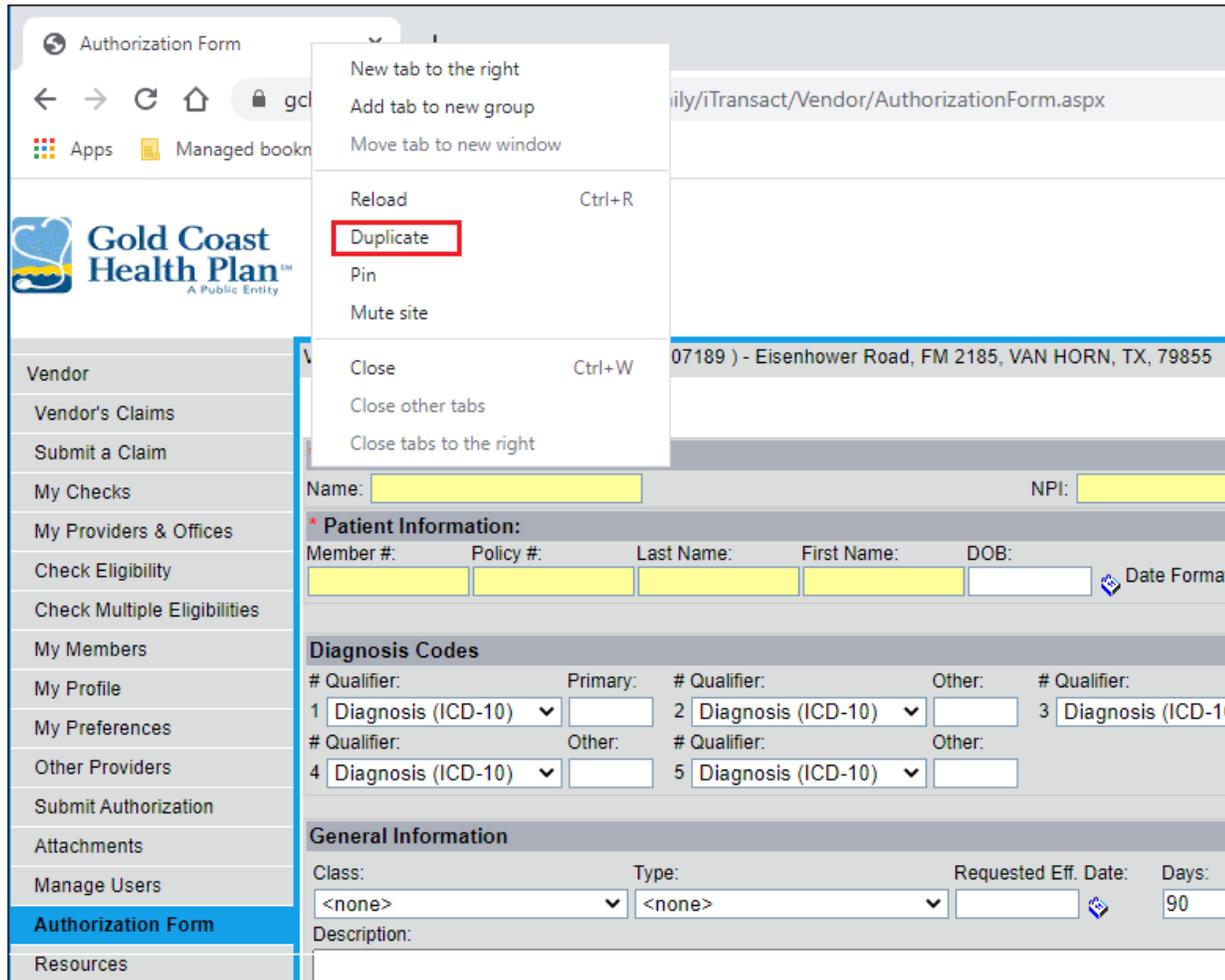
To submit an authorization, start at the “Authorization Form” tab. This is considered the first step of the authorization submission process.

- At this time, only outpatient authorization requests are being accepted in the Portal.
- Inpatient authorization requests must continue to be submitted via fax.

In the “Authorization Form” tab, you will be required to complete all applicable fields. Please note that these fields are free text and are not linked to the system. It is vital that the information entered manually is accurate to avoid delays in processing.

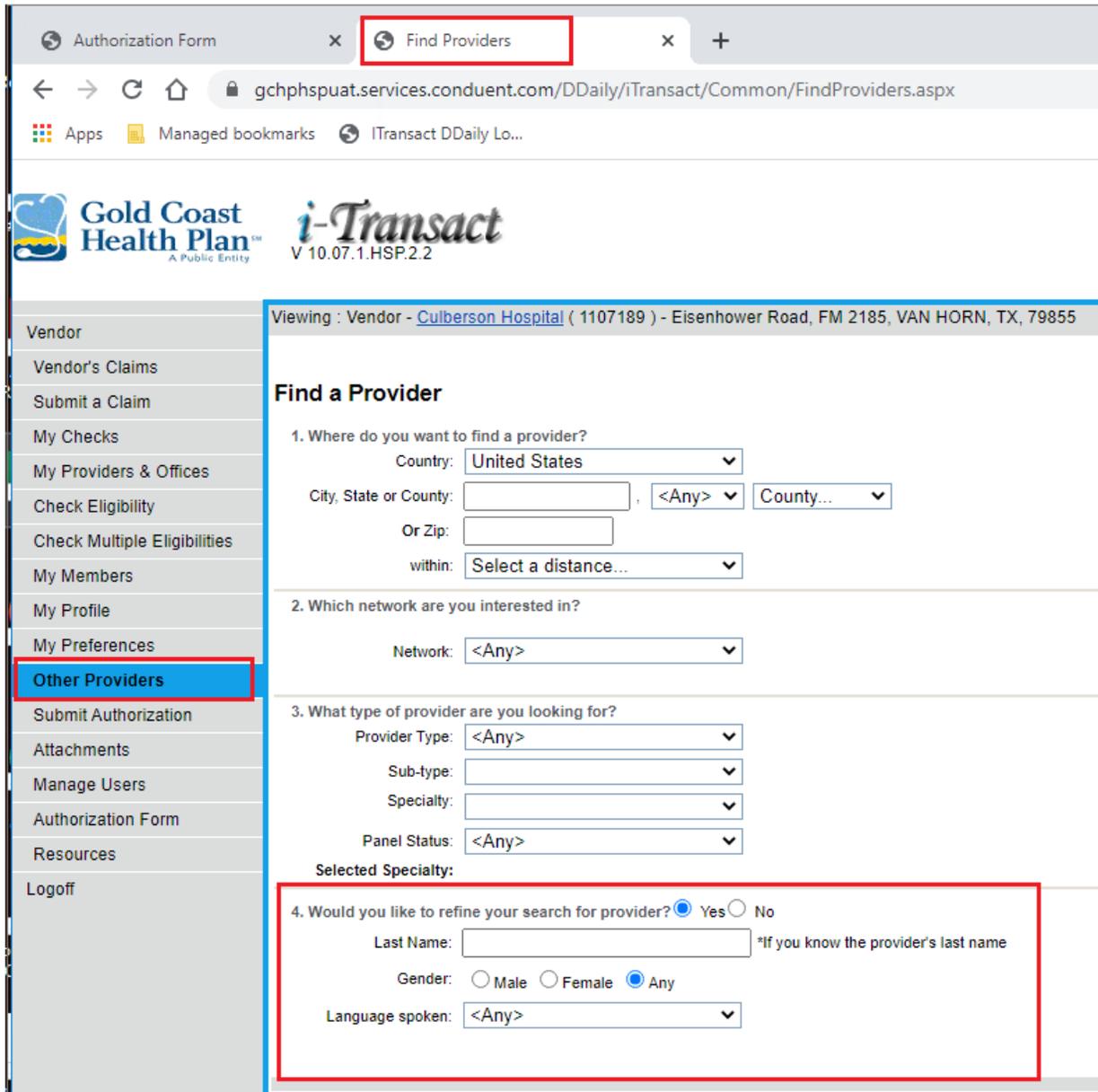
When entering a Facility or Servicing provider, an NPI is required. To assist you in locating the correct NPI, you will need to open a second tab on your web browser, which will allow you to have two sessions open to search for an NPI in the “Other Providers” tab.

**Right click** on your portal session tab, then select Duplicate.



The screenshot shows a web browser window with the URL `.../iTransact/Vendor/AuthorizationForm.aspx`. A context menu is open over the page, with the 'Duplicate' option highlighted by a red box. The menu options include: 'New tab to the right', 'Add tab to new group', 'Move tab to new window', 'Reload (Ctrl+R)', 'Duplicate', 'Pin', 'Mute site', 'Close (Ctrl+W)', 'Close other tabs', and 'Close tabs to the right'. The background shows the 'Authorization Form' page with a sidebar on the left containing navigation links like 'Vendor', 'My Checks', and 'Authorization Form'. The main content area includes fields for 'Name' and 'NPI', a section for '\* Patient Information' with fields for Member #, Policy #, Last Name, First Name, and DOB, a section for 'Diagnosis Codes' with five numbered fields, and a section for 'General Information' with fields for Class, Type, Requested Eff. Date, and Days.

This will open a second tab where you will navigate to the **Other Provider's** tab. In Section 4, enter the name of the Facility or the Provider's last name. From the search results, you may select the appropriate facility / provider to obtain their NPI.



Authorization Form x Find Providers x +

gchphspuat.services.conduent.com/DDaily/iTransact/Common/FindProviders.aspx

Apps Managed bookmarks ITransact DDaily Lo...

 **Gold Coast Health Plan**  
A Public Entity

*i-Transact*  
V 10.07.1.HSP.2.2

Vendor  
Vendor's Claims  
Submit a Claim  
My Checks  
My Providers & Offices  
Check Eligibility  
Check Multiple Eligibilities  
My Members  
My Profile  
My Preferences  
**Other Providers**  
Submit Authorization  
Attachments  
Manage Users  
Authorization Form  
Resources  
Logoff

Viewing : Vendor - [Culberson Hospital \(1107189\)](#) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855

### Find a Provider

1. Where do you want to find a provider?

Country:

City, State or County:  ,

Or Zip:

within:

2. Which network are you interested in?

Network:

3. What type of provider are you looking for?

Provider Type:

Sub-type:

Specialty:

Panel Status:

Selected Specialty:

4. Would you like to refine your search for provider?  Yes  No

Last Name:  \*If you know the provider's last name

Gender:  Male  Female  Any

Language spoken:

The NPI must then be entered into the Authorization Form in your first portal session tab. If you are certain no additional authorization submissions will be submitted, you may close the tab with the second portal session.

Vendor	Viewing : Vendor - <b>Culberson Hospital</b> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Vendor's Claims	
Submit a Claim	
My Checks	<b>* Referring Provider</b> Name: <input type="text"/> NPI: <input type="text"/>
My Providers & Offices	<b>* Patient Information:</b> Member #: <input type="text"/> Policy #: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/> DOB: <input type="text"/> Date Format: MM/dd/yyyy
Check Eligibility	
Check Multiple Eligibilities	
My Members	<b>Diagnosis Codes</b> # Qualifier: Primary: # Qualifier: Other: # Qualifier: Other: 1 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 3 <input type="text"/> <input type="text"/> # Qualifier: Other: # Qualifier: Other: 4 <input type="text"/> <input type="text"/> 5 <input type="text"/> <input type="text"/>
My Profile	
My Preferences	
Other Providers	
Submit Authorization	
Attachments	<b>General Information</b> Class: <input type="text"/> Type: <input type="text"/> Requested Eff. Date: <input type="text"/> Days: <input type="text"/> Requested Exp. Date: <input type="text"/> Description: <input type="text"/>
Manage Users	
<b>Authorization Form</b>	
Resources	
Logoff	
	<b>Additional Information(Show)</b>
	<b>Facility</b> ProviderNPI: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/> OfficeAddress: <input type="text"/> OfficeZip: <input type="text"/> Remove: # From: To: Procedure Code: Units: Unit Type: Mod: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> <b>Add</b> 1 additional service rows.
	<b>Servicing Provider</b> ProviderNPI: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/> OfficeAddress: <input type="text"/> OfficeZip: <input type="text"/> Remove: # From: To: Procedure Code: Units: Unit Type: Mod: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> <b>Add</b> 1 additional service rows.
	<b>Clinical Note</b> <input type="text"/>
	Click on 'Print Form' and select 'save as PDF' to save this Authorization Form. Then go to the Submit Authorization page to enter the Authorization into the system. If there are any other documents to be sent, they can also be attach on the Submit Authorization Page.
	<b>Print Form</b>

After completion of the authorization form, click “Print Form” and select “Save as PDF”. Then go the **Submit Authorization** tab to upload your Authorization Form into the system. If there are any other documents to be sent, they can also be attached on the *Submit Authorization* tab.

- The description field accommodates a maximum of 250 characters.

### Submit Authorization

This is step two of the authorization submission process. After you save your Authorization Form as a PDF, you will upload your form in the “Submit Authorization” tab, by clicking on “Submit Authorization”.

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital</a> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Vendor's Claims	
Submit a Claim	
My Checks	
My Providers & Offices	
Check Eligibility	
Check Multiple Eligibilities	
My Members	
My Profile	
My Preferences	
Other Providers	
<b>Submit Authorization</b>	<p>Please select a contact reason:</p> <ul style="list-style-type: none"> <li>▪ <a href="#">Submit Authorization</a></li> <li>◦ <a href="#">Submit Authorization</a></li> </ul>
Attachments	If you have any questions or need assistance, call GCHP Member Services at 1-888-301-1228, if you use a TTY, call 1-888-310-7347, Monday through Friday, from 8:00 a.m. to 5:00 p.m.
Manage Users	
Authorization Form	
Resources	
Logoff	

In the final step, you will complete the “**Contact Reason: Submit Authorization**” page. This works as a cover letter accompanied with your Authorization Form submission.

Please note that contact information is required as it will assist with any communication that may be required for the handling of your Authorization Form.

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital</a> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Vendor's Claims	
Submit a Claim	
My Checks	
My Providers & Offices	
Check Eligibility	
Check Multiple Eligibilities	
My Members	
My Profile	
My Preferences	
Other Providers	
Submit Authorization	
Attachments	
Manage Users	
Authorization Form	
Resources	
Logoff	

**Talk To Us:** (Please be sure to fill out all required fields)

**Contact Reason: Submit Authorization**

Description: Go to the Authorization Form Option and complete the form, then submit to save as a PDF. Then use that PDF as an attachment to submit the Authorization on this page.

\*Subject:

Details:

\*Authorization Priority:

\*Contact Name:

\*Contact Phone Number:

GCHP Internal Use Only:

---

Attachment(s):  No file chosen

---

To check the status of your authorization submission, you must contact GCHP’s Customer Service Department at 1-888-301-1228. Currently, authorization view status is not a function of the portal.

**Attachments: Currently, the “Attachments” tab is not a functioning feature.**

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital</a> ( 1107189 ) - Eisenhower Road, FM 2185, VAN HORN, TX, 79855
Vendor's Claims	You do not have access to add or view any attachments
Submit a Claim	
My Checks	
My Providers & Offices	
Check Eligibility	
Check Multiple Eligibilities	
My Members	
My Profile	
My Preferences	
Other Providers	
Submit Authorization	
<b>Attachments</b>	
Manage Users	

### Manage Users

The Manage Users tab allows the user to change their password and create additional user logins to allow others to access their account online.

The edit and disable hyperlinks allow the user to update the following:

- First or last name
- Status
- Change password

*Administrative users are responsible for deactivating the accounts of staff who no longer work within your organization.*

There are two Account Roles available:

**Primary Web Account:** This role functions as the Superuser / Administrator; can create and manage accounts.

**Web Role:** This role functions as a child account; does not have ability to create or manage accounts. The user still can use all other Portal features within their account type.

Depending on the account type, you may see this role title as WebProvider, WebOffice or WebVendor.

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital ( 1107189 )</a> - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )																																			
Vendor's Claims																																				
Submit a Claim																																				
My Checks																																				
My Providers & Offices	<table border="1"> <thead> <tr> <th>User Name</th> <th>First Name</th> <th>Last Name</th> <th>Connected</th> <th>User Status</th> <th>Change Status</th> <th>Change Password</th> </tr> </thead> <tbody> <tr> <td><a href="#">Edit</a> Culberson</td> <td>Jane</td> <td>Smith</td> <td>Y</td> <td><a href="#">View Roles</a> Active</td> <td><a href="#">Disable</a></td> <td><a href="#">Edit</a></td> </tr> <tr> <td><a href="#">Edit</a> culberson1</td> <td>John</td> <td>Smith</td> <td>N</td> <td><a href="#">View Roles</a> Active</td> <td><a href="#">Disable</a></td> <td><a href="#">Edit</a></td> </tr> <tr> <td><a href="#">Edit</a> culberson2</td> <td>Mary</td> <td>Smith</td> <td>N</td> <td><a href="#">View Roles</a> Active</td> <td><a href="#">Disable</a></td> <td><a href="#">Edit</a></td> </tr> </tbody> </table>								User Name	First Name	Last Name	Connected	User Status	Change Status	Change Password	<a href="#">Edit</a> Culberson	Jane	Smith	Y	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>	<a href="#">Edit</a> culberson1	John	Smith	N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>	<a href="#">Edit</a> culberson2	Mary	Smith	N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
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<a href="#">Edit</a> culberson2	Mary	Smith	N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>																														
Check Eligibility																																				
Check Multiple Eligibilities																																				
My Members																																				
My Profile																																				
My Preferences	<a href="#">Add a User</a>																																			
Other Providers																																				
Submit Authorization																																				
Attachments																																				
<b>Manage Users</b>																																				
Authorization Form																																				
Resources																																				
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Vendor	Viewing : Vendor - <a href="#">Culberson Hospital ( 1107189 )</a> - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Vendor's Claims	
Submit a Claim	
My Checks	Be careful! User(s) are logged in. Removing roles will log out a user from their session.
My Providers & Offices	
Check Eligibility	<b>Current User Role(s)</b>
Check Multiple Eligibilities	<input type="checkbox"/> WebVendor
My Members	<b>Remove</b> <span style="float: right;"><b>Return</b></span>
My Profile	
My Preferences	<b>Current User Role(s) Available (Click on Role Name to Add)</b>
Other Providers	<a href="#">PrimaryWebAccount</a>
Submit Authorization	<a href="#">WebVendor</a>
Attachments	
Manage Users	

## Resources

The “Resources” tab is an area that contains important news and information which pertains to our providers.

Vendor	Viewing : Vendor - <a href="#">Culberson Hospital ( 1107189 )</a> - Eisenhower Road, FM 2185, VAN HORN, TX, 79855 Provider - ( 8107189 ) - NPI: 1013970862 - Office - Eisenhower Rd, VAN HORN, TX, 79855 ( 119505 )
Vendor's Claims	
Submit a Claim	Currently, there is no resource found. Please check back in the future for updates
My Checks	
My Providers & Offices	
Check Eligibility	
Check Multiple Eligibilities	
My Members	
My Profile	
My Preferences	
Other Providers	
Submit Authorization	
Attachments	
Manage Users	
Authorization Form	
<b>Resources</b>	
Logoff	

## Change / Forgot Password

The Superuser or Administrative user will have the ability to change passwords in the “Manage Users” tab. This new password acts as a temporary password. The staff user will then be prompted to create their own individual password upon their log in attempt.

- Active users will be prompted to reset their password every 90 days.
- Portal sessions are logged out after the portal detects inactivity for 10 minutes.

## Troubleshooting:

If you encounter technical issues, please follow these steps:

1. Assure that you are using the latest version of Google Chrome. Internet Explorer is not compatible.
2. Clear the cache in your web browser, which can be found in the Tools Options.
3. Contact your tech support to ensure you’re not running into screen blocker issues.
4. Contact GCHP at 1-888-301-1228 and be prepared with a screenshot of your issue.

If you need help with the Portal, please contact GCHP’s Customer Service Department at 1-888-301-1228.



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

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Camarillo, CA 93010-6082

[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)