Gold Coast Health Plan℠
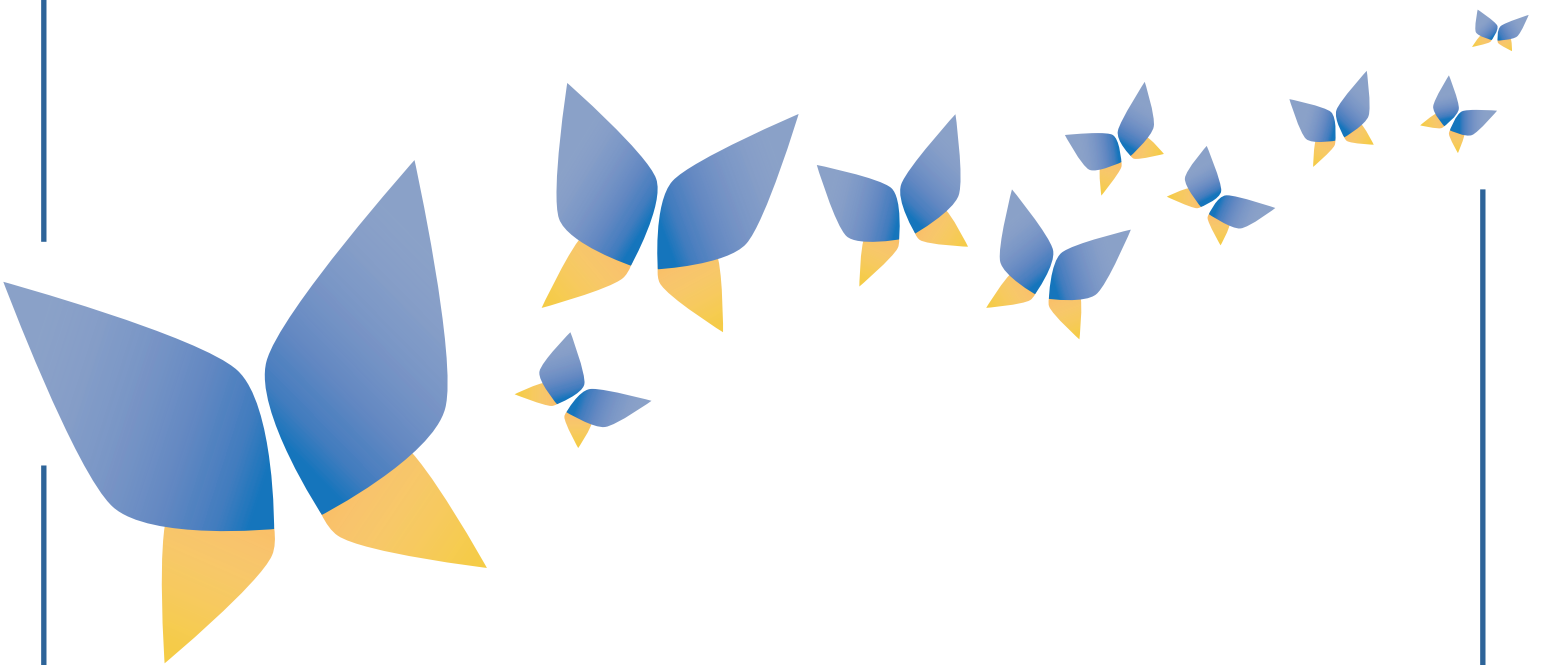A Public Entity

NTT Data

2024
Provider Portal User Guide

This guide provides an overview of the key features and functionality offered by the Gold Coast Health Plan Provider Portal.

REVISION HISTORY

Version	Date	Prepared By	Summary of Changes
V1.0	May 2024	Kai OBrien	Draft 5/24/2024 – Added section 10 - Claims

Table of Contents

1 Purpose of this Guide

This guide provides an overview of the key features and functionality offered by the GCHP Provider Portal. The guide also provides tips to help users navigate the portal.

Some administrative tasks that registered users can do include:

• Verify patient eligibility

• View benefit details including other health insurance and cost share amounts for medical services

• View demographic information for the providers associated with the registered TIN such as office location, office hours and associated practitioners

• View and export patient panel (primary care providers). This patient list will indicate:

> o Member's name,
>
> o Member ID number,
>
> o Date of Birth, and
>
> o PCP Effective date

• View and export provider data. The provider listing will indicate:

> o Physicians GCHP ID,
> o Physicians name,
> o NPI,
> o Accepting New patients

• View claim details and claim status

• Submit institutional and professional claims via an 837 file

System Requirements

The GCHP Provider Portal is a secure web-based platform to be accessed using Edge, Safari, Firefox, or Google Chrome. Each browser should be updated to the most recent version available for optimal performance.

2   Accessing the Portal

You will need to start by creating a GCHP Provider Portal account which will allow you to come back to the portal at any time to view eligibility, benefits coverage, and claim information for GCHP members.

Provider Portal User Roles

The first provider to register for a GCHP Provider Portal account who is associated with a specific Tax ID, is automatically assigned the Provider Administrator role. The Provider Administrator role has access to additional functionality within the GCHP Provider Portal. For more information about the Provider Administrator role, see chapter 13 *Account Management* in this guide.

All subsequent providers who create GCHP Provider Portal accounts and share the same Tax ID, will be able to select one of the below user roles:

- **Provider Administrator**: Users with access to all portal features including the portal account management feature. There can be one or more portal accounts with a Provider Admin role for a specific Tax ID and/or Location.
- **Office Manager**: Users: Users with access to all portal features excluding the account management feature.
- **Office Staff – Authorizations:** Users with access to all portal features excluding claims and the account management feature.
- **Office Staff- Claims:** Users with access to all portal features excluding the account management feature.

If your provider needs to change the assigned user role of one of your providers, please contact GCHP Administrator.

How to create a GCHP Provider Portal Account

You will need to complete an online Provider Portal Registration form. If you already have a provider portal account, you can skip to the "How to Log In" section of this user guide.

Follow these step-by-step instructions to register for a provider portal account.

Before You Begin

- ✓ You must be a GCHP participating or nonparticipating provider to be able to create a provider portal account.
- ✓ To create a portal account at the vendor level, you will need to know your Vendor Billing Tax ID (TIN) number.
- ✓ However, to create an account at the location level you will need to know your Vendor Billing Tax ID Number and your Billing Location address.

Screens

Login Page – Register Here
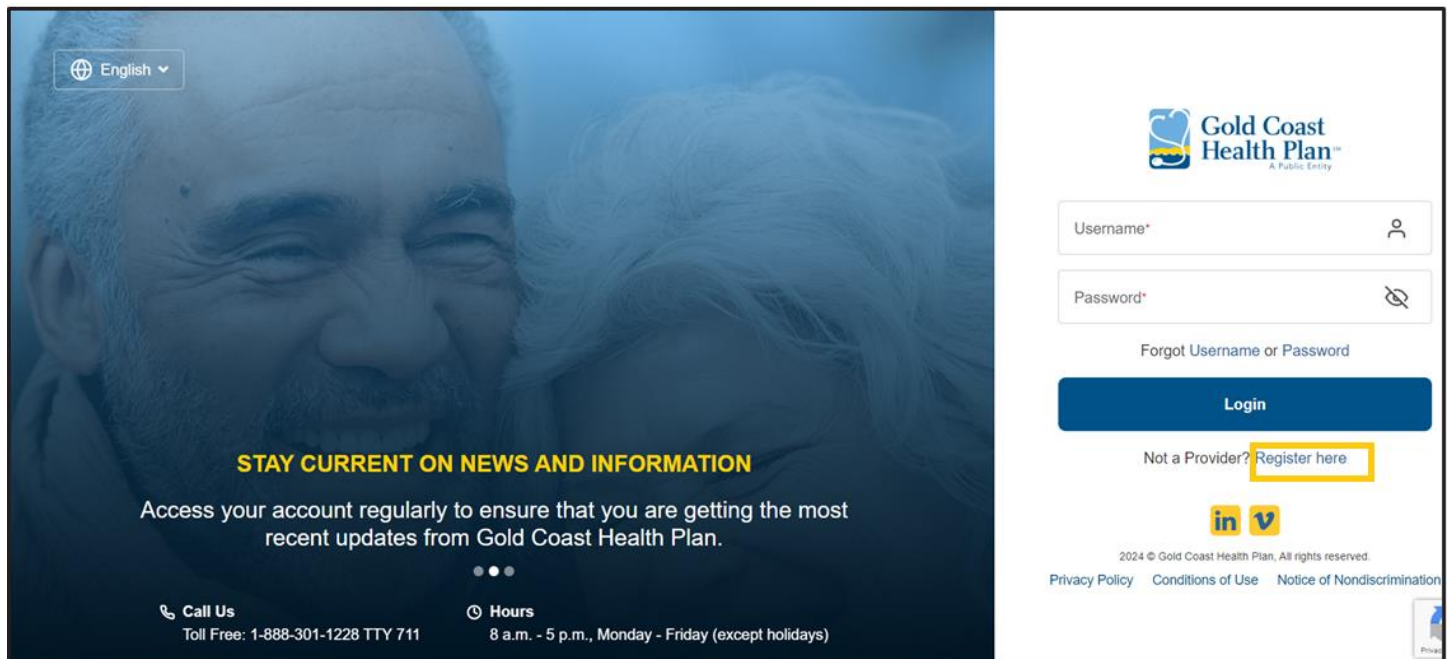
Portal Registration – Portal Account Page

REGISTRATION

Step 1 of 3

Choose the type of user

⦿ Vendor ❓   ◯ Office Location ❓

Billing Tax ID*
SIT_GCHP

Third party vendors should not register as a "Provider Admin" without required approval from the contracted provider.

[Cancel]   [Validate]

Need Help

Call Us
Toll Free: 1-888-301-1228 TTY 711

Hours
8 a.m. - 5 p.m., Monday - Friday (except holidays)

Portal Registration - User Details page

REGISTRATION

Step 2 of 3

User Details

First Name*
Linda

Last Name*
Smith

Email ID*
provider@gchp.org

☑ Username same as Email address

Username*
provider@gchp.org

New Password*
••••••••••

Confirm Password*
••••••••••

- Username should be alphanumerical and allowed special character and only underscore_ or a period.
- Minimum of 6 characters and Maximum of 40 characters.

Password must meet the following requirements:

✓ Minimum of 8 characters & maximum of 30 characters
✓ At least 1 letter in uppercase (A-Z)
✓ At least 1 letter in lowercase (a-z)
✓ At least 1 number (0-9)
✓ At least 1 special character (- , $, # , & , _ ,%)
✓ Must not contain spaces
✓ Must not contain dictionary names or words (Dictionary names are considered English words, Proper Names and or abbreviations such as Admin). Sample Acceptable Passwords: Jh#646790, R$a428267

[Back]   [Cancel]   [Continue]

Portal Registration - Provider & Claim Information page

REGISTRATION

Step 3 of 3

Provider Information

Provider Type*		User Role* ❓	
Hospital	⌄	Provider Admin	⌄

What are these User Role?

Office Phone Number*	Mobile Number
890-099-9889	

Claims Information

Please enter the Claim number, the EFT/Check/Payment ID with leading zeros, the Remittance Date and Amount of the Remittance from two remittances from the past 120 days. EFT/Check/Payment ID amount should not include applicable fees.

Claims 1

Claim Number*	Remittance Date* 📅
Dollar amount of EFT/Check/Payment ID*	EFT/Check Number/Payment ID*

Claims 2

Claim Number*	Remittance Date* 📅
Dollar amount of EFT/Check/Payment ID*	EFT/Check Number/Payment ID*

☐ I agree of Terms of Use

Back	Cancel	Continue

Portal Registration - Provider & Claim Information page – User Role Defaulted to Provider Administrator

REGISTRATION

Step 3 of 3

Provider Information

Provider Type*		User Role* ❓	
Select	⌄	Provider Admin	⌄

What are these User Role?

Select
CS
ECM
Facility
Hospital
Medical Group
Vendor

Mobile Number

Portal Registration - Provider & Claim Information page – 3rd Party Vendor Warning
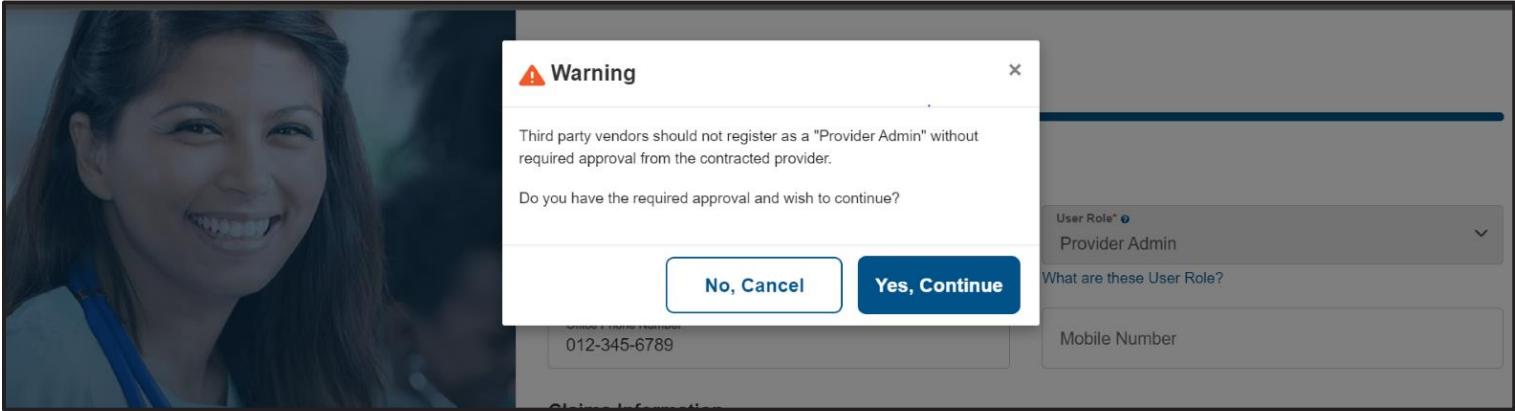
Send One Time Passcode Page
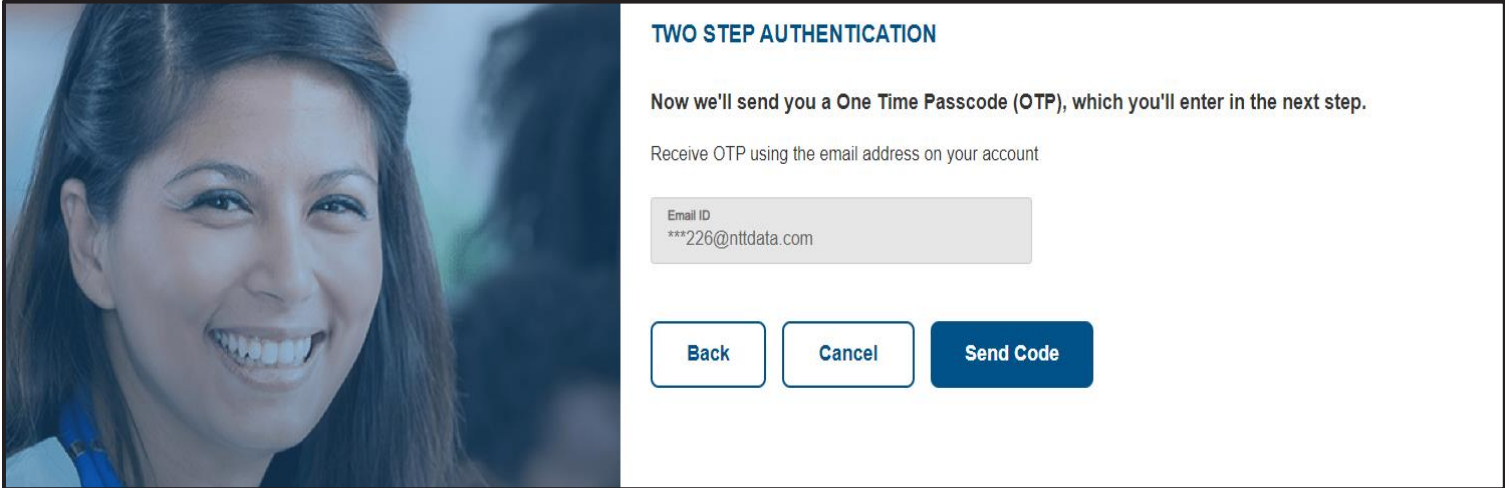
Enter One Time Passcode Page. The resend code hyperlink will become enabled after one minute.
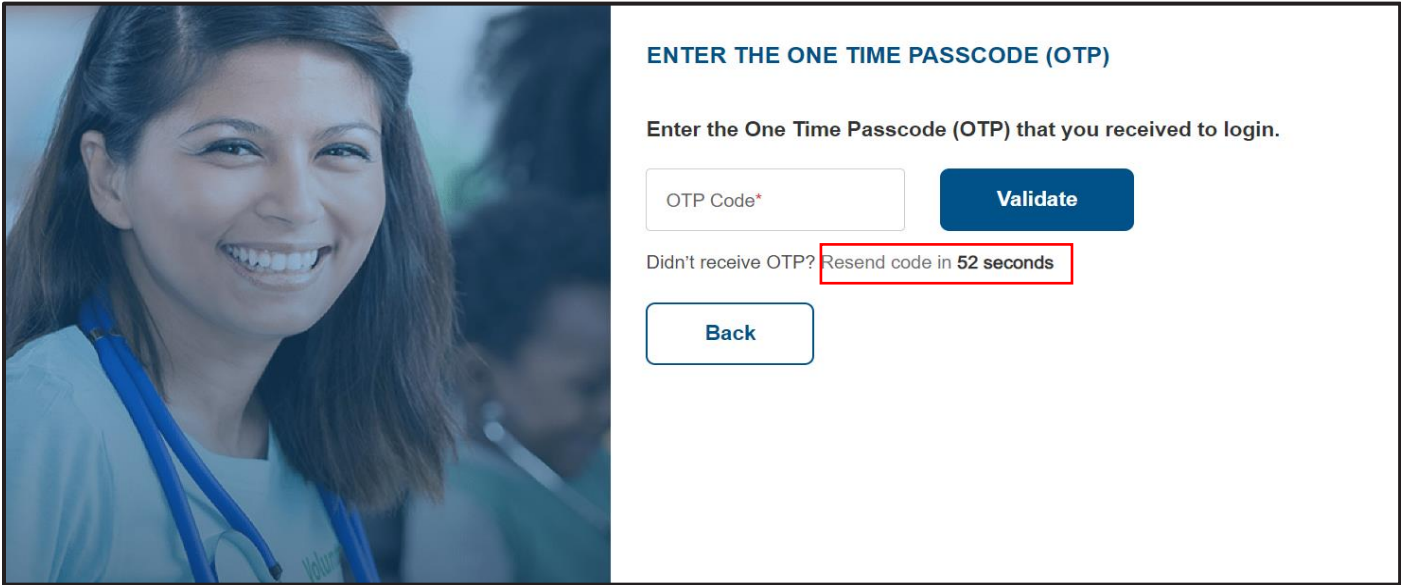
Enter an invalid OTP Error Message

ENTER THE ONE TIME PASSWORD (OTP)

Enter the One Time Passcode (OTP) that you received to finish registering.

OTP Code*
999999

Validate

The temporary code you have entered is invalid. Please try again.

Didn't receive OTP? Resend Code

Back   **Cancel**

Enter an expired OTP Error Message

ENTER THE ONE TIME PASSWORD (OTP)

Enter the One Time Passcode (OTP) that you received to finish registering.

OTP Code*
264719

Validate

Your temporary login code has expired. Please request a new code and try again.

Didn't receive OTP? Resend Code

Back   **Cancel**

Enter an OTP 3 times incorrectly

✅ **Information**   ✕

You have exceeded the OTP validation limits and will be redirected to login screen.

Go to Login Page

Registration Completed
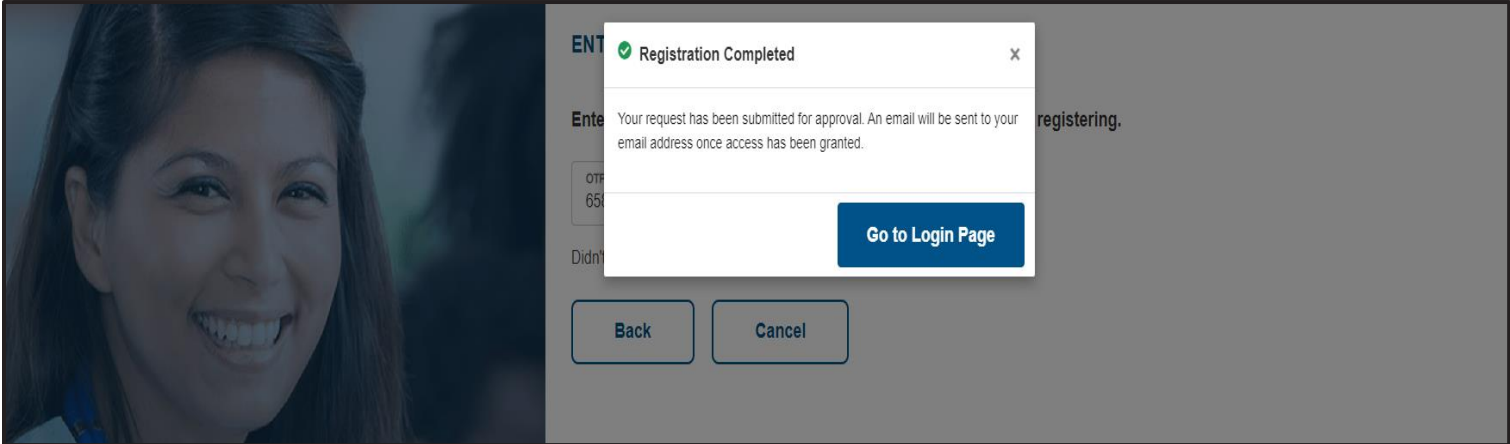
ENT

Ente

✅ **Registration Completed**   ✕

Your request has been submitted for approval. An email will be sent to your email address once access has been granted.

OTP
658

registering.

Go to Login Page

Didn't

Back   **Cancel**

Step-by-Step Instructions

Steps	**More Information**

Start on the GCHP Provider Portal Login Page

1. **Click the *Register Here* link.**
   The **Provider Portal registration** page will display.

Portal Registration Step 1 – Portal account Page

2. **Choose the type of portal account you wish to create.**
   If registering at the Vendor level, select the Vendor option and enter the Vendor Billing Tax ID.

   If registering at the Office Location level, then select the Office Location option then enter the Vendor Billing Tax ID and select the Office Location from the drop-down list.

3. **Click the *Cancel* button.**
   The **Login** page is displayed.

4. **Click the *Validate* button.**
   If the Vendor Billing Tax ID and Location address(if selected) cannot be validated against the GCHP contracted/non-contracted provider list, then you cannot proceed with the portal registration and an error message will display.

   If the Vendor Billing Tax ID and Location address(if selected) is validated against the GCHP provider listing, then the **User Details** page will display.

   IMPORTANT!

   ! Non-contracted providers can only register if they are within the GCHP provider listing.

Portal Registration Step 2 - User Details Page

5. **Enter the required fields on the user details page.**
   The first name and last name fields may contain only an apostrophe and a hyphen as special characters.

   You will be required to create a username and password. The username and password requirements are listed on the page.

   The email address and username will be validated for uniqueness. This means that no other provider portal user can use the same email address or username.

   TIP!

   ! If a portal account is deactivated, the username/email cannot be used to create a new portal account.

6. **Click the *Back* button.**
   The **Portal Account** page is displayed.

7. **Click the *Cancel* button.**
   The **Login** page is displayed.
8. **Click the *Continue* button.**
   The Send One Time Passcode page is displayed.

Portal Registration Step 3 - Provider & Claim Information Page

9. **Enter the required fields in the provider information section.**
   You will be required to select a user role, however if an active administrator does not exist for your registering Tax ID/Location, then the account will automatically be assigned the Provider Admin role.

10. **Enter the required fields in the claim information section.**
    You will be required to enter payment information for two claims within the past 120 days from today's date, for the registering Billing Tax ID/Location. If the enter claims does not match for the entered Tax ID and/or location an error message will display.

11. **Agree to the GCHP Terms of Use.**
    You must select the "I agree to the Terms of Use" checkbox to continue.

12. **Click the *Back* button.**
    The **User Details** page is displayed.

13. **Click the *Cancel* button.**
    The **Login** page is displayed.

14. **Click the *Continue* button.**
    The **Send One Time Passcode** page is displayed.

IMPORTANT!

! There can be one or more user accounts with a Provider Admin role for a specific Tax ID and/or Location. For more information refer to *Section 2 Provider User Roles* in this guide.

! Claims with zero-dollar amount will not be accepted

Third Party Vendor Warning Message

15. **If the Provider Admin role is selected, then the Third-Party Vendor Warning message will display.**

16. **Click the *Cancel* button.**
    The **Login** page is displayed.

17. **Click the *Continue* button**
    The **Send One Time Passcode** page is displayed.

Send One Time Passcode Page

18. **Receive OTP using your email address.**
    The email address entered on the User Details page will display by default however if you need to change your email address then select the **Change Email ID** quick link.

19. **Click the *Change Email ID* link.**
    The **User Details** page displays.

20. **Click the *Back* button.**
    The **Provider and Claim Information** page is displayed.

21. Click the *Cancel* button.

The **Login** page is displayed.

22. Click the *Send Code* button.

The One Time Passcode will be sent to your email address.

Enter One Time Passcode Page

23. Enter One Time Passcode.

The temporary code is only valid for 20 minutes. After 20 minutes the code will expire, and you will need to request a new code by clicking the **Resend Code** link.

24. Click the *Resend Code* link.

The **Resend Code link** will become enabled one minute after the initial OTP was sent. Once selected, you will receive a new One Time Passcode and the previous code will expire.

25. Click the *Back* button.

The previous page is displayed.

26. Click the *Cancel* button.

The **Login** page is displayed.

27. Click *the Validate* button.

If the OTP does not match with the code sent to your email address or if the OTP is expired, then you will not be able to proceed with the portal registration. You will have three attempts to enter the OTP incorrectly, on the fourth attempt you will be redirected to the **Login** page.

If the OTP matches the code sent to your email address, then the **Registration Confirmation Message** will display.

Registration Confirmation Message

28. Click the *Go to Login Page* button.

The **Login** page is displayed.

Tip! Check your email for a Portal Registration Confirmation email.
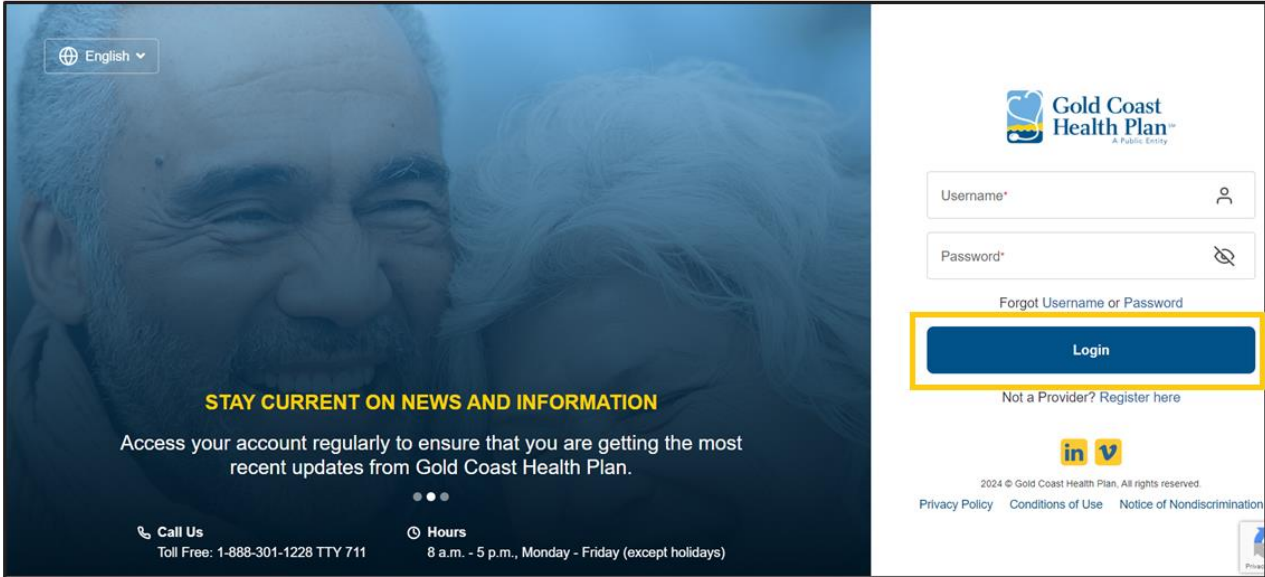
How to log in to the Provider Portal

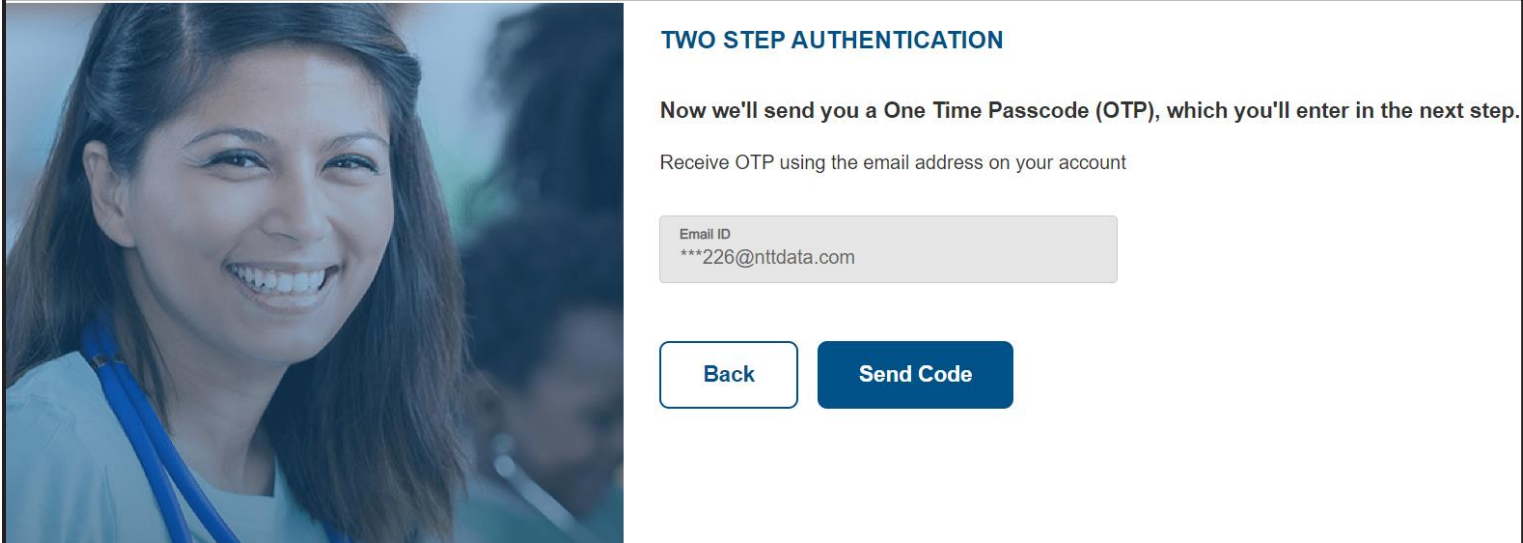Follow these steps to log in to the Provider Portal.

Before You Begin

You will need an active portal account with a valid User ID and Password.

Screens

Provider Portal Login Page

Send One Time Passcode Page

Enter One Time Passcode Page

ENTER THE ONE TIME PASSCODE (OTP)

Enter the One Time Passcode (OTP) that you received to login.

| OTP Code* | **Validate**

Didn't receive OTP? Resend code in **52 seconds**

Back

Session Timeout

Session Timeout   ✕

You're being timed out due to inactivity. Please choose to stay logged in or to log off. Otherwise, you will be logged off automatically.

Log Off   **Stay Logged In (173)**

Step-by-Step Instructions

Steps	More Information

Start on the GCHP Provider Portal Login Page

1. **Enter your portal account Username and Password.**
   If your login is not successful, then you will have four attempts to enter your portal Username and Password correctly. After the fourth attempt your portal account will be locked.

   If your login is successful and Two Factor Authentication is ON, then you will be taken to The **Send One Time Passcode** page.
   If Two Factor Authentication is OFF, then you will be taken to the **Provider Portal Dashboard.**

   TIP!

   ! If you have forgotten your username or password refer to the "Forgot Username or Password" section of this document.

   ! Refer to the "Account Settings" section of this document to learn how to turn off the Two-Factor Authentication setting.

   ! If your account is locked, you can change your password using the Forgot Password option or reaching out to the GCHP Administrator.

Send One Time Passcode Page

2. **Receive OTP using your email address.**
   The email address associated to your portal account will display by default.

3. **Click the *Back* button.**
   The previous page is displayed.

4. **Click the *Send Code* button.**
   The One Time Passcode will be sent to your email address.

Enter One Time Passcode Page

5. **Enter One Time Passcode.**
   The temporary code is only valid for 20 minutes. After 20 minutes the code will expire.

6. **Click the *Resend Code* link.**
   The **Resend Code link** will become enabled one minute after the initial OTP was sent. Once selected, you will receive a new One Time Passcode and the previous code will expire.

7. **Click the *Back* button.**
   The previous page is displayed.

8. **Click *the Validate* button.**
   If the OTP does not match with the code sent to your email address or if the OTP is expired, then you will not be able to log in to the portal. You will have

three attempts to enter the OTP incorrectly, on the fourth attempt you will be redirected to the **Login** page.

If the OTP does match with the code sent to your email address, then the **Provider Portal Dashboard** will display.

9. **The Provider Portal Dashboard displays.**

How to change your Two-Factor Authentication Preference

You have the option to protect your account with an added layer of security. It is called "two-factor authentication" or "2FA" (or "two-step authentication"). With 2FA, even if someone gets your GCHP password, they will not be able to sign in to your account.

By default, 2FA will be enabled when registering on the portal, however, 2FA is optional. You will still be able to access the portal even if you choose to disable two- factor authentication.
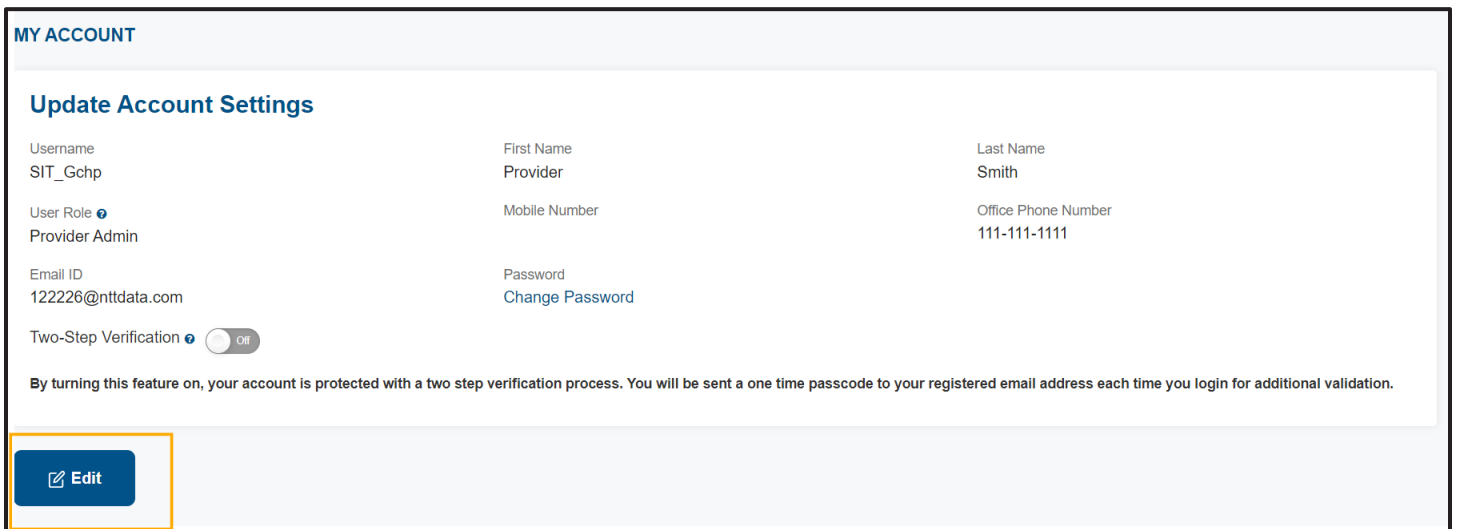
Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **My Account** menu from the Welcome menu.

Screens

Provider Dashboard – My Account Menu
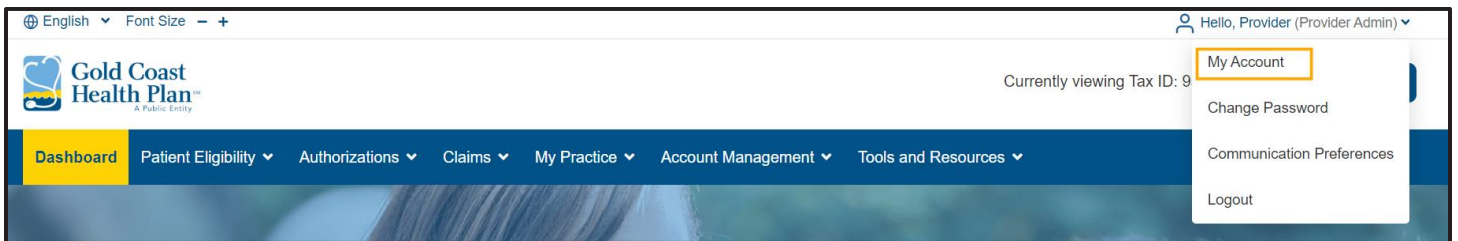
Edit Two-Step Verification Option

MY ACCOUNT

Update Account Settings

Username
SIT_Gchp

First Name*
Provider

Last Name*
Smith

User Role ❓
Provider Admin

Mobile Number

Office Phone Number*
111-111-1111

Email ID*
122226@nttdata.com

Password
Change Password

Two-Step Verification ❓ [On ⬤]

By turning this feature on, your account is protected with a two step verification process. You will be sent a one time passcode to your registered email address each time you login for additional validation.

[Back] [Save]

Step-by-Step Instructions

Steps   More Information

Provider Dashboard Page

1. **Click Welcome [Your Name]**
   Then click **My Account** menu.

My Account Page

2. **Click Edit Button**
   Choose either to turn the 2FA Preference on or off.

3. **Click the Save button**
   The provider portal will display a success message telling you that your 2FA preference has been changed.
   Once you have changed your 2FA preference then you can log out and log back in for the changes to take effect.

How to Log Out

For security purposes, it is recommended that you log out of the Provider Portal instead of just closing your browser. Follow these step-by-step instructions to securely end your provider portal session.

Screens

Provider Dashboard Page - Logout
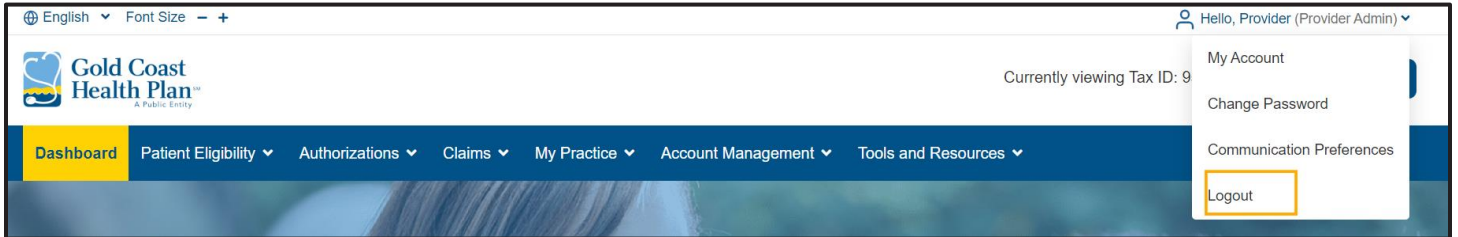
Step-by-Step Instructions

Steps	More Information
Provider Dashboard Page	

1. **Click the *Welcome [Provider Name]* option.**
   This option is located near the top right of the page.

2. **Click the *Logout* option.**
   You will be returned to the **Provider Portal Login** page.
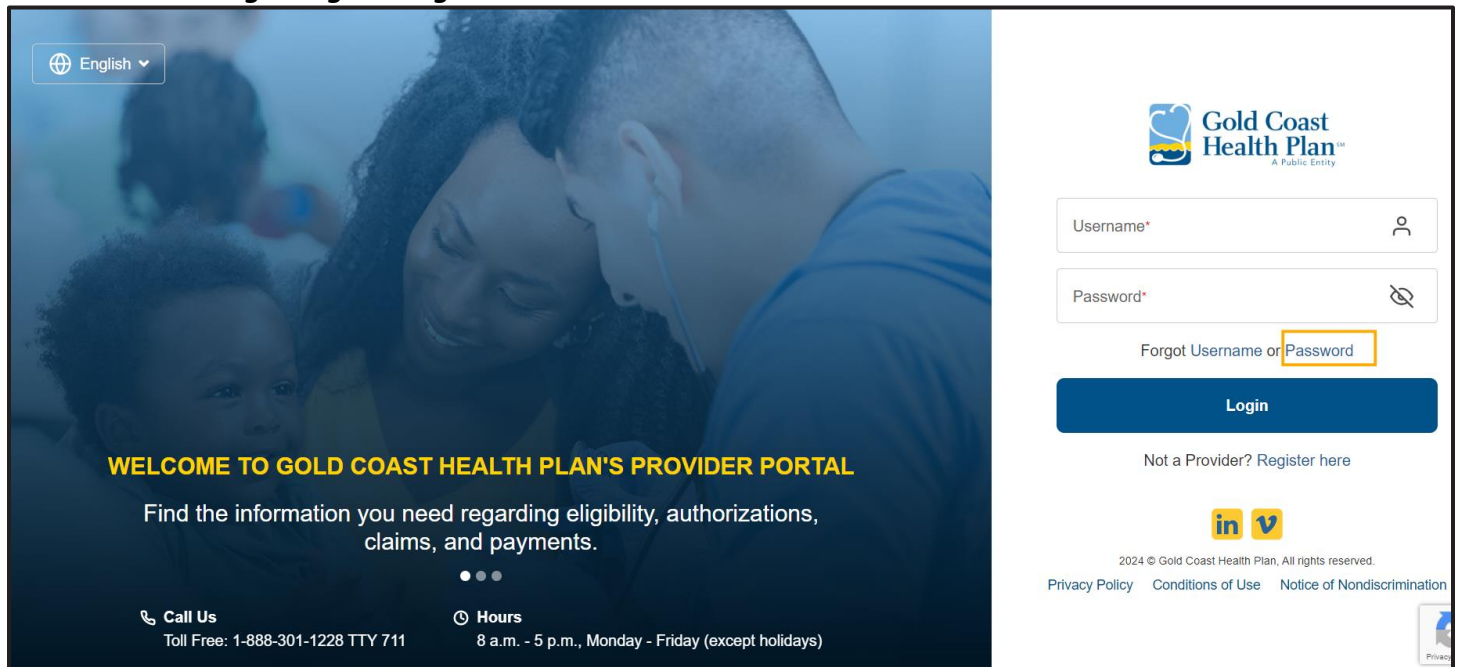
How to use the Forgot Password Option

Changing your password is easy. Follow these step-by-step instructions on how to create a new password when you cannot remember your current password.
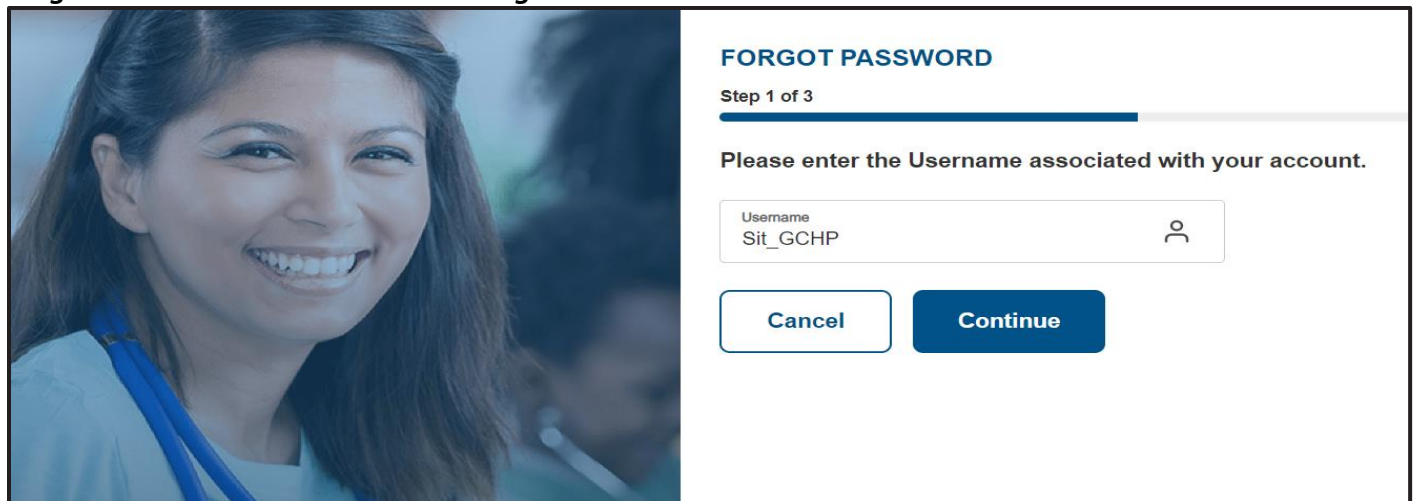
Before You Begin

- ✓ You will need to know your username
- ✓ You will need access to your email account to receive a validation code.

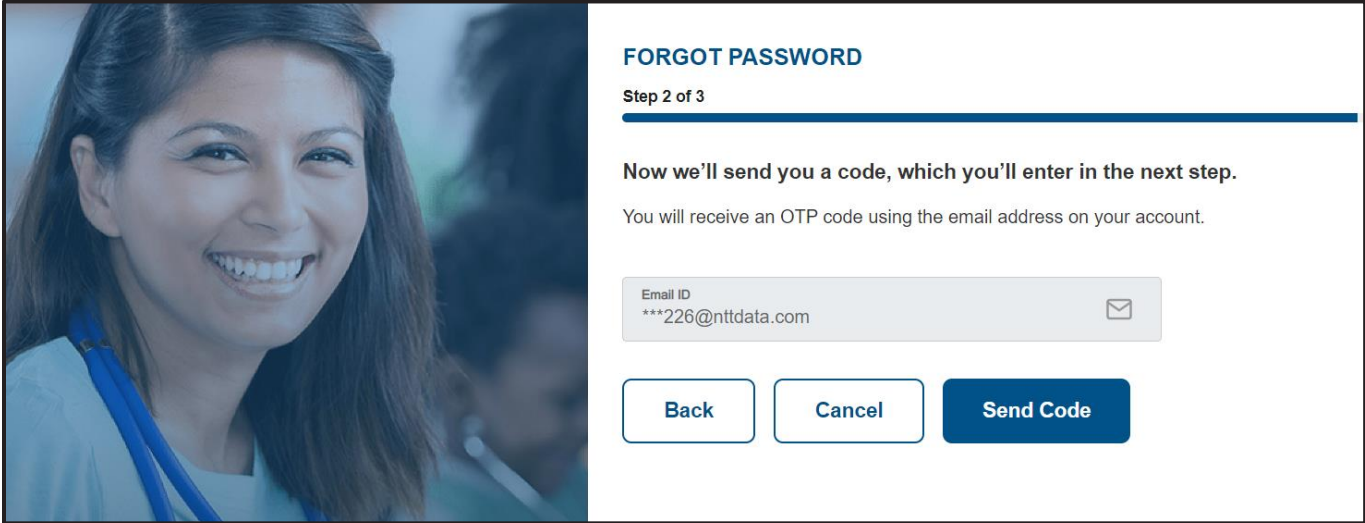## Screens

Provider Portal Login Page – Forgot Password

Forgot Password – Enter Username Page
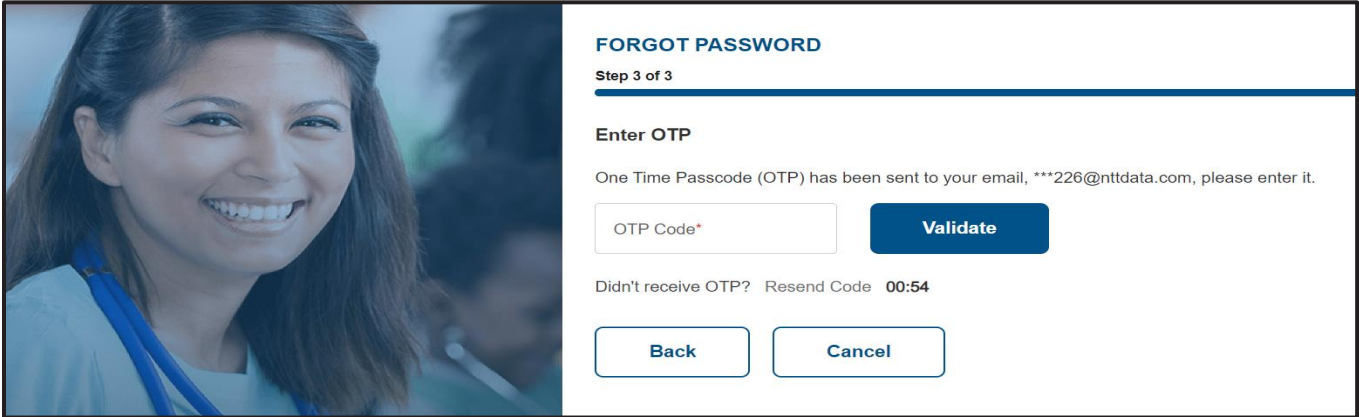
Forgot Password – Send One Time Passcode page

Forgot Password – Enter One Time Passcode Page

Forgot Password – Change Password Page

Step-by-Step Instructions

Steps	More Information

Start from GCHP Provider Portal Login Page

1. **Select Forgot Password Option.**

   The **Forgot Password** page is displayed.

Forgot Password Page

2. **Enter your Username.**
   You will not be allowed to proceed if the entered Username is not associated to a GCHP provider portal account.

3. **Click the *Cancel* button.**
   The **Login** page is displayed.

4. **Click the *Continue* button.**
   The **Send One Time Passcode** page is displayed.

Send One Time Passcode Page

5. **Receive OTP using your email address.**
   The email address associated to your portal account will display by default.

6. **Click the *Back* button.**
   The previous page is displayed.

7. **Click the *Cancel* button.**

   The **Login** page is displayed.

8. **Click the *Send Code* button.**
   The One Time Passcode will be sent to your email address.

Enter One Time Passcode Page

9. **Enter One Time Passcode.**
   The temporary code is only valid for 20 minutes. After 20 minutes the code will expire.

10. **Click the *Resend Code* link.**
    The **Resend Code link** will become enabled one minute after the initial OTP was sent. Once selected, you will receive a new One Time Passcode and the previous code will expire.

11. **Click the *Cancel* button.**

The **Login** page is displayed.

12. Click the *Back* button.

The previous page is displayed.

13. Click the *Validate* button.

If the OTP does not match with the code sent to your email address or if the OTP is expired, then you will not be able to proceed with changing your password. You will have three attempts to enter the OTP incorrectly, on the fourth attempt you will be redirected to the **Login** page.

If the OTP does match with the code sent to your email address, then the **Change Password** page will display.

Change Password Page

14. Enter New password.

15. Confirm New Password.

The new password and confirmed password must match.

16. Click the *Cancel* button.

The **Login** page is displayed.

17. Click the *Back* button.

The previous page is displayed.

18. Click the *Save Password* button.

The **Change Password Confirmation** message is displayed.

Tip!

! Be sure to follow the onscreen instructions when creating your new password.

Change Password Confirmation Message

19. Click the *Go to Login Page* button.

The **Login** page is displayed.
Enter your new username and password on the **Login** page.

Important!

! Password cannot be changed more than once a day

! Check your email for a Portal Confirmation email

How to use the Forgot Username Option

Retrieving your username is easy. Follow these step-by-step instructions on how to retrieve your username when you cannot remember your current username.

Before You Begin

✓ You will need to know your email address
✓ You will need access to your email account to receive a validation code.

Screens

Provider Portal Login Page – Forgot Username
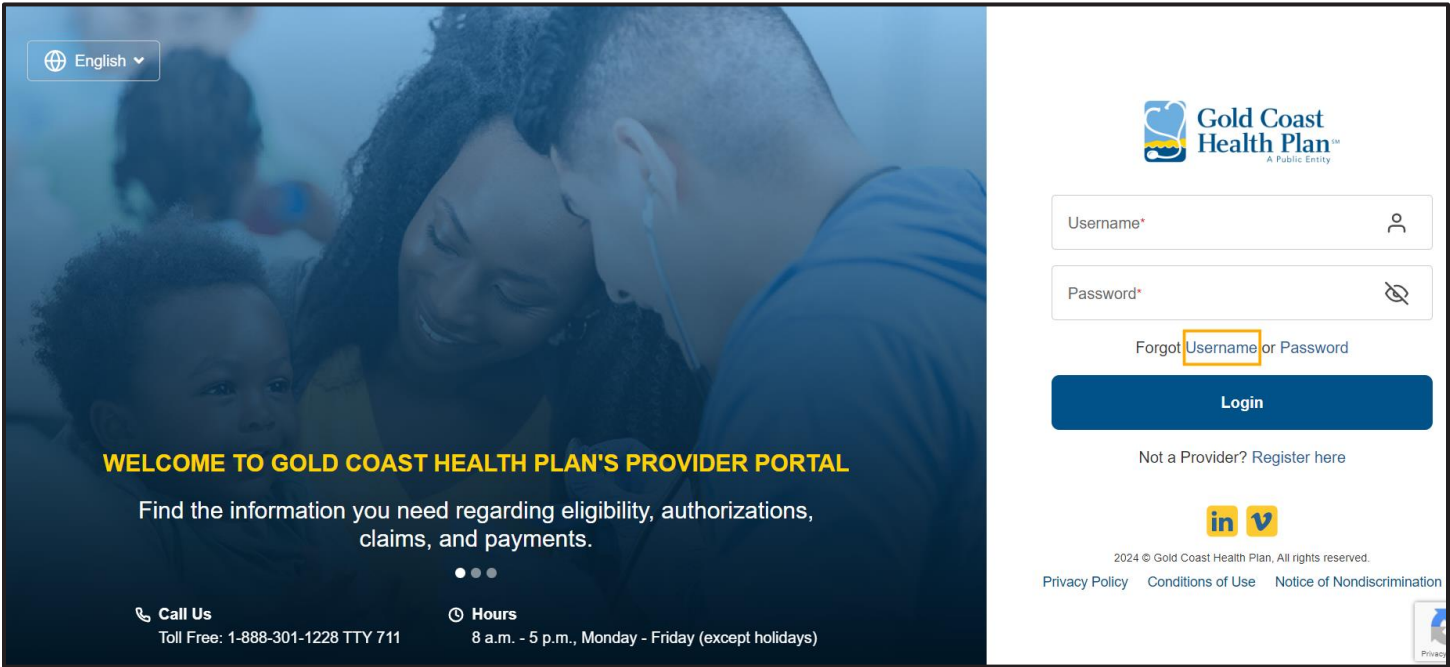
Forgot Username – Enter Email Address Page
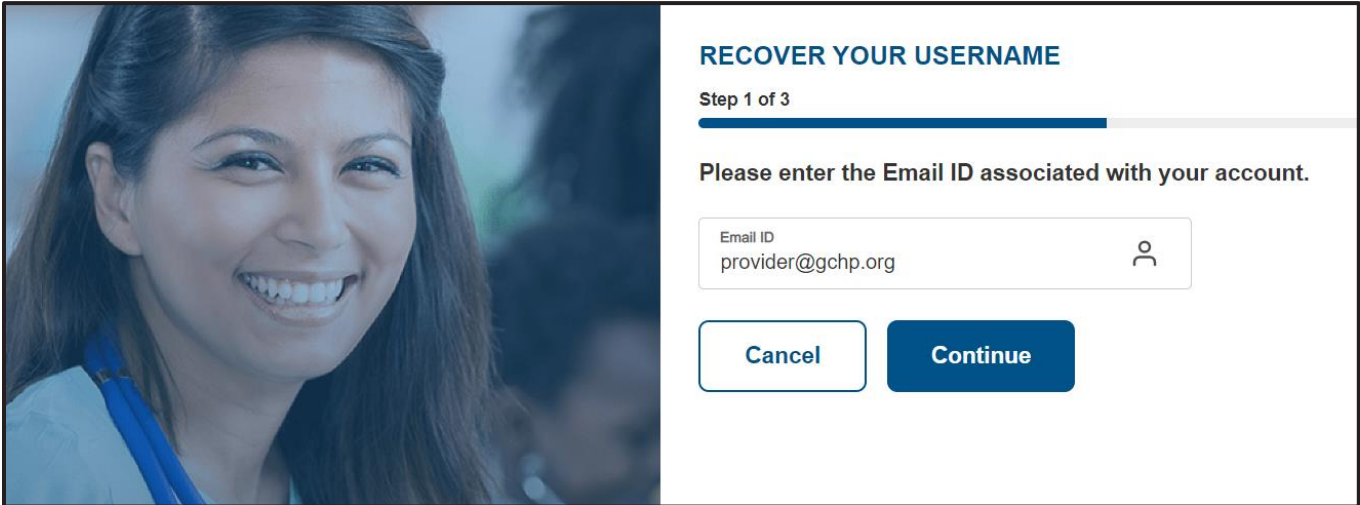
Forgot Username – Send One Time Passcode Page

RECOVER YOUR USERNAME

Step 2 of 3

Now we'll send you a code, which you'll enter in the next step.

You will receive an OTP code using the email address on your account.

Email ID
***226@nttdata.com

Back   Cancel   Send Code
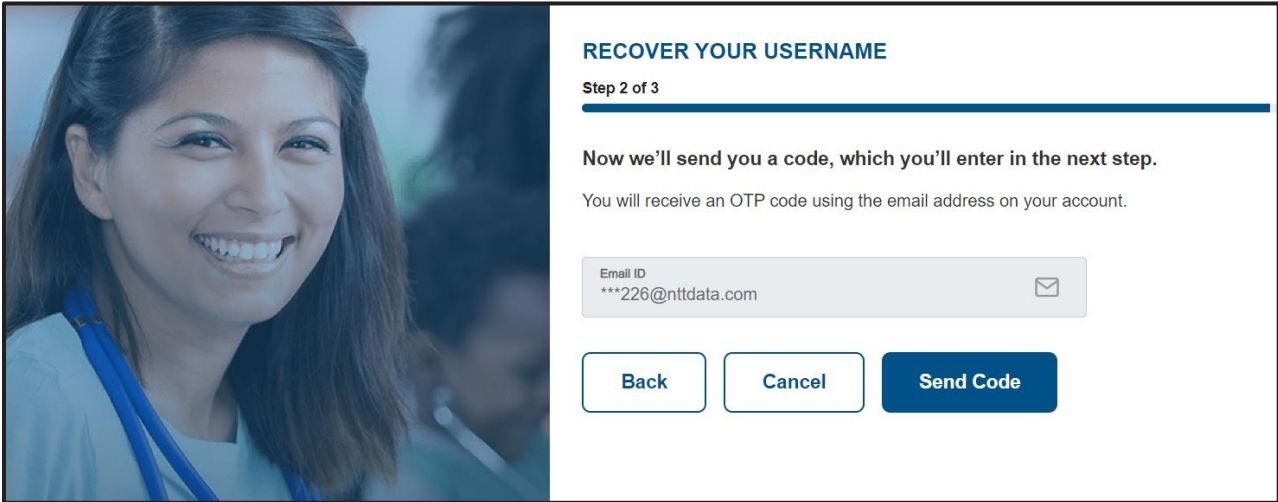
Forgot Username – Enter One Time Passcode Page

RECOVER YOUR USERNAME
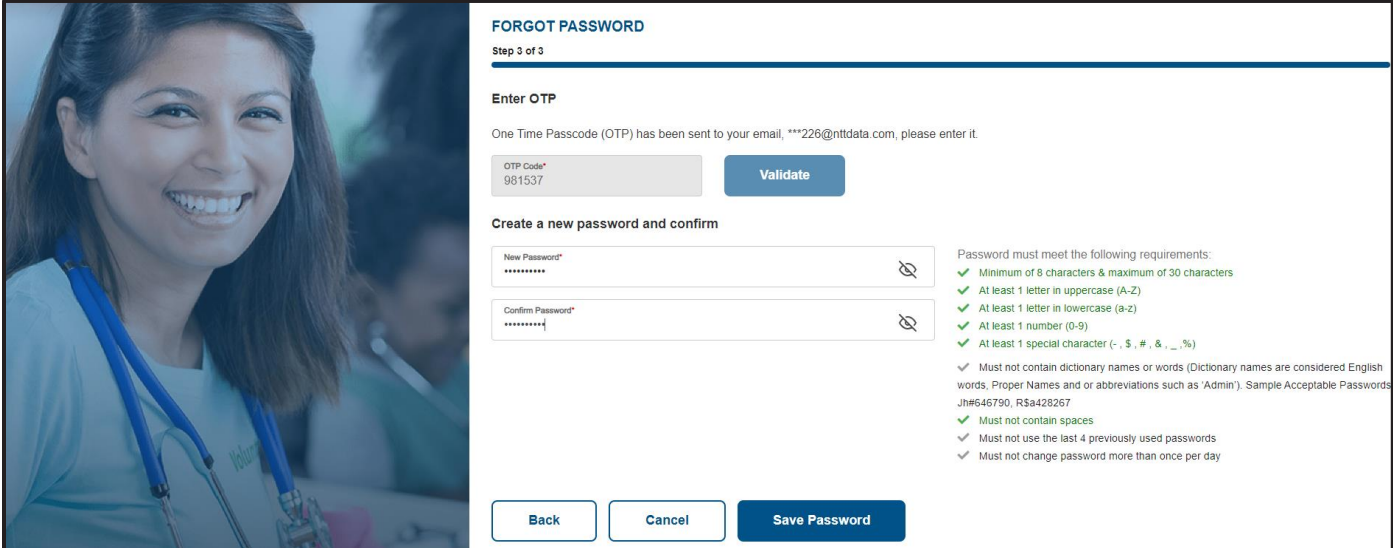
Step 3 of 3

Enter OTP

One Time Passcode (OTP) has been sent to your email, ***226@nttdata.com, please enter it.

OTP Code*   Validate

Didn't receive OTP? Resend Code 00:55

Back   Cancel
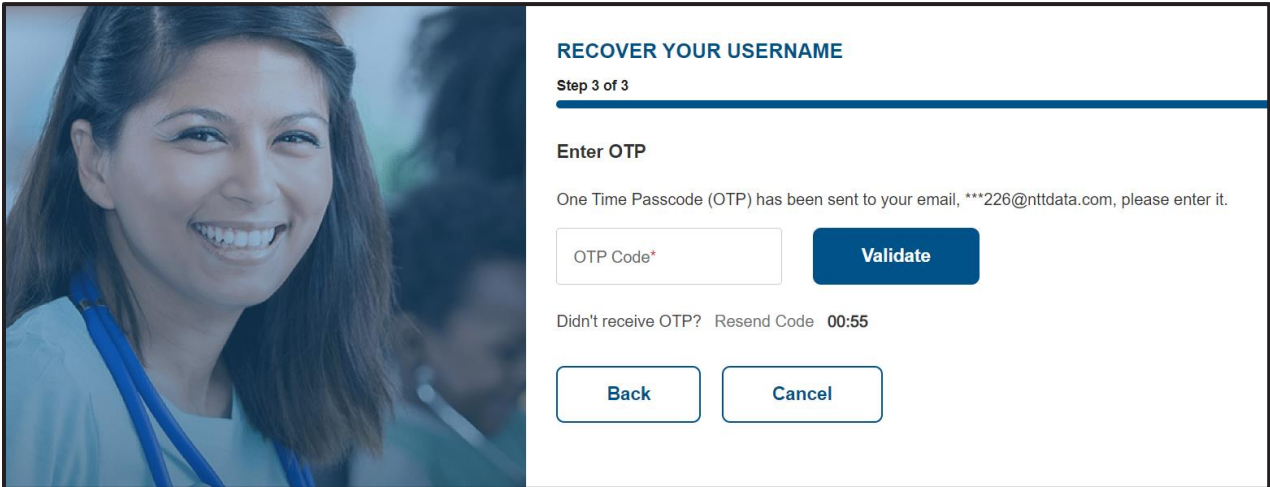
Forgot Username – Username Recovered Message
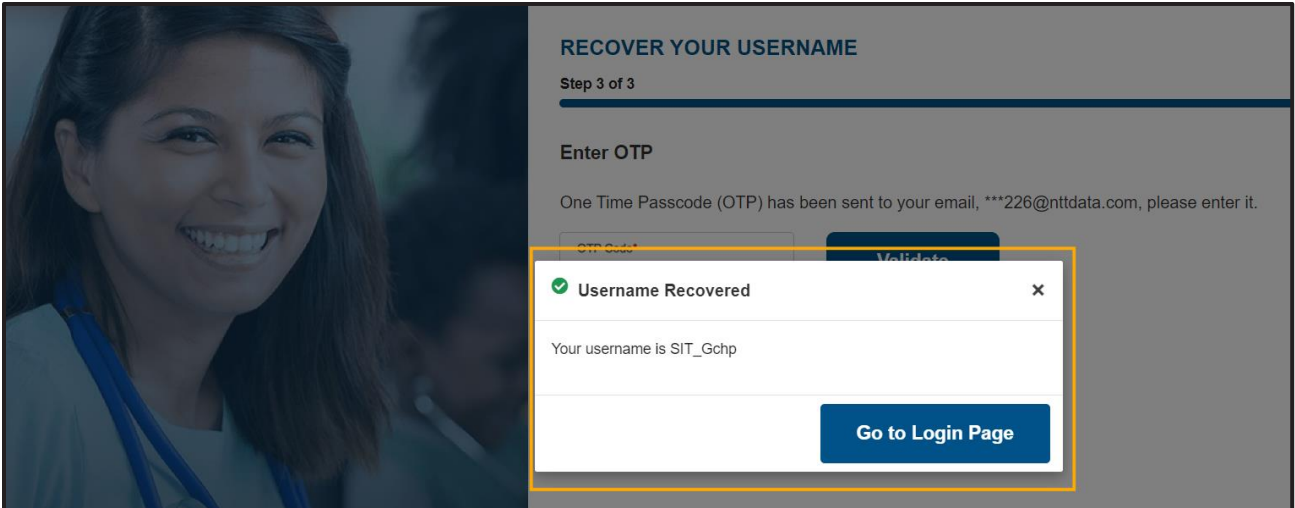
RECOVER YOUR USERNAME

Step 3 of 3

Enter OTP

One Time Passcode (OTP) has been sent to your email, ***226@nttdata.com, please enter it.

✓ **Username Recovered**   ✕

Your username is SIT_Gchp

Go to Login Page

Step-by-Step Instructions

Steps	More Information

Start from GCHP Provider Portal Login Page

1. **Select Forgot Username Option.**

   The **Forgot Username** page is displayed.

Forgot Password Page

2. **Enter your Email Address.**
   You will not be allowed to proceed if the entered email address is not associated to a GCHP provider portal account.

3. **Click the *Cancel* button.**
   The **Login** page is displayed.

4. **Click the *Continue* button.**
   The **Send One Time Passcode** page is displayed.

Send One Time Passcode Page

5. **Receive OTP using your email address.**
   The email address associated to your portal account will display by default.

6. **Click the *Back* button.**
   The previous page is displayed.

7. **Click the *Cancel* button.**

   The **Login** page is displayed.

8. **Click the *Send Code* button.**
   The One Time Passcode will be sent to your email address.

Enter One Time Passcode Page

9. **Enter One Time Passcode.**
   The temporary code is only valid for 20 minutes. After 20 minutes the code will expire.

10. **Click the *Resend Code* link.**
    The **Resend Code link** will become enabled one minute after the initial OTP was sent. Once selected, you will receive a new One Time Passcode and the previous code will expire.

11. **Click the *Cancel* button.**

The **Login** page is displayed.

12. **Click the *Back* button.**

The previous page is displayed.

13. **Click the *Validate* button.**

If the OTP does not match with the code sent to your email address or if the OTP is expired, then you will not be able to proceed with changing your password. You will have three attempts to enter the OTP incorrectly, on the fourth attempt you will be redirected to the **Login** page.
If the OTP does match with the code sent to your email address, then the **Username Recovered message** will display.

Username Recovered Confirmation Message

14. **Username will display on the popup message.**

Tip! Check your email for a Portal Confirmation email

15. **Click the *Go to Login Page* button.**

The **Login** page is displayed.
Enter your new username and password on the **Login** page.

3 The Provider Dashboard

The dashboard provides easy navigation to high-level metrics with the ability to drill down to detailed information simply by selecting the desired object. Once logged in, the Dashboard displays data based on your Preferred Tax ID selection.

Before You Begin

Log in to the GCHP provider portal and start from the Provider Dashboard.

Screens

Provider Portal Dashboard with no information available

NTT DATA
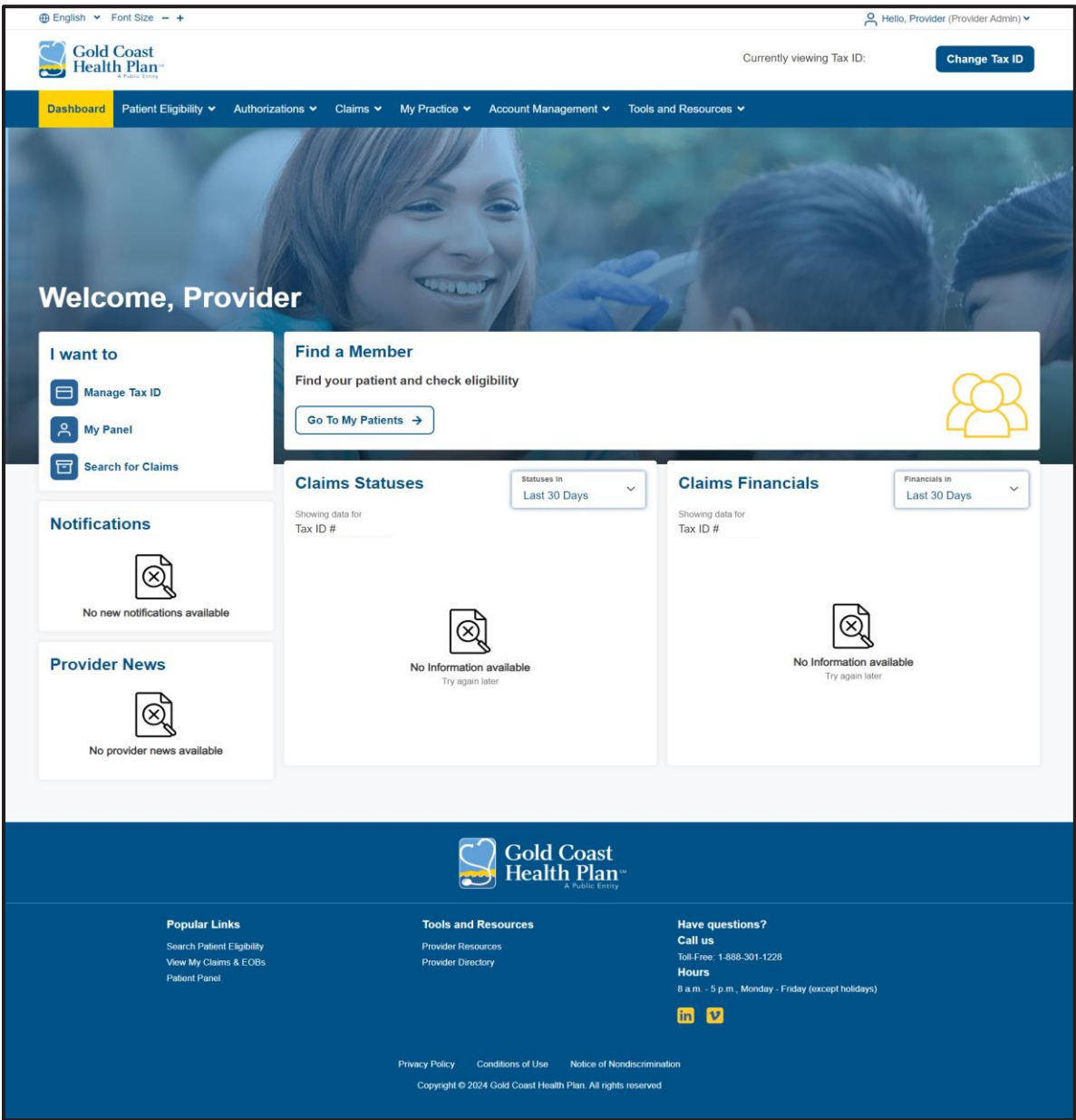
Provider Portal Dashboard with Provider News Widget and Banner

Provider Dashboard Functions

Provider Dashboard

1. **Dashboard Widgets**

   The Provider Dashboard contains several small boxes called widgets. Widgets display on the dashboard based on the user's role. The data displayed in each widget is dependent on the Preferred Tax ID/Location selected.

   The Provider News widget is general information that all GCHP providers can view. GCHP Administrators can configure provider news to display for specific user roles, date range or Tax ID.

   Provider Notifications are specific notifications that display on the dashboard and via email.
   - Claim Status Notification
   - Request Access Status Notification

2. **Welcome <Your Name><User Role>**

   Select the dropdown arrow next to <Your Name> to display a list of options.
   - My Account
   - Change Password
   - Communication Preferences
   - Logout

3. **Currently Viewing <Tax ID>**

   By default, the Preferred Tax ID will be set to the Tax ID and access level approved during your registration.

   The selected Tax ID and access level will control the data displayed on the Dashboard, Claims Search, Claims Submission, Patient Panel, Physician listing, Provider Information.

4. **Main Menu Toolbar**

The Main Menu Toolbar provides a list of menu options that allow you to go directly to the page or function you want to access.

- Patient Eligibility: Verify patient eligibility

- Authorizations: Redirect to TruCare via Single Sign On to submit and view authorizations

- Claims: Submit, view and correct claims

- Patient Panel: View and print your patient panel list

- Account Management: Portal management resources for Provider Administrators

- Tools and Resources: Quick links to the most used GCHP provider resources

5. **Footer**

The footer provides you with the Provider Engagement Center phone number and hours of operation. You can also view GCHP's Popular links, Resources, Privacy Policy, Conditions of Use and Notice of Nondiscrimination.

6. **Language Selection**

Click on this option to change the portals display language. The default language is English.

7. **Font Size**

Click the minus(-) option to make the text on the portal appear smaller. Click the plus(+) option to make the text on the portal larger.

4 Provider Tax ID Preferences

You can decide what information you would like to display on your dashboard by selecting from the list of approved Tax IDs available to you on the Preferred Tax ID page. When you click the **Change Tax ID** button on the dashboard, you will be taken to the Preferred Tax ID selection page.

How to choose your Preferred Tax ID

Tax ID's which have been approved by the GCHP administrator will display on the Billing Tax ID Preferences screen. You can select one Tax ID as the Preferred Tax ID.

Follow these step-by-step instructions to choose your Preferred Tax ID.

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Billing Tax ID Preferences** menu from the **My Practice** menu.

Screenshot

Provider Portal Dashboard – Billing Tax ID Preferences Menu
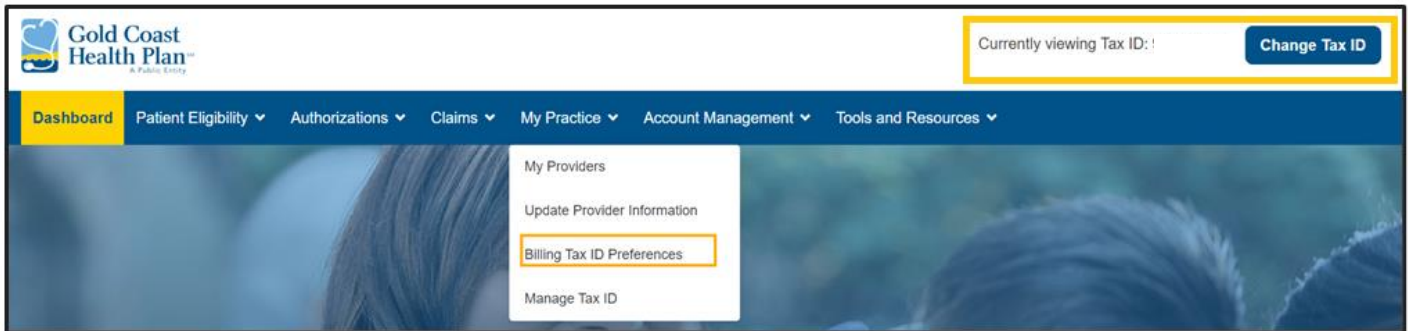
Billing Tax ID Preferences Page
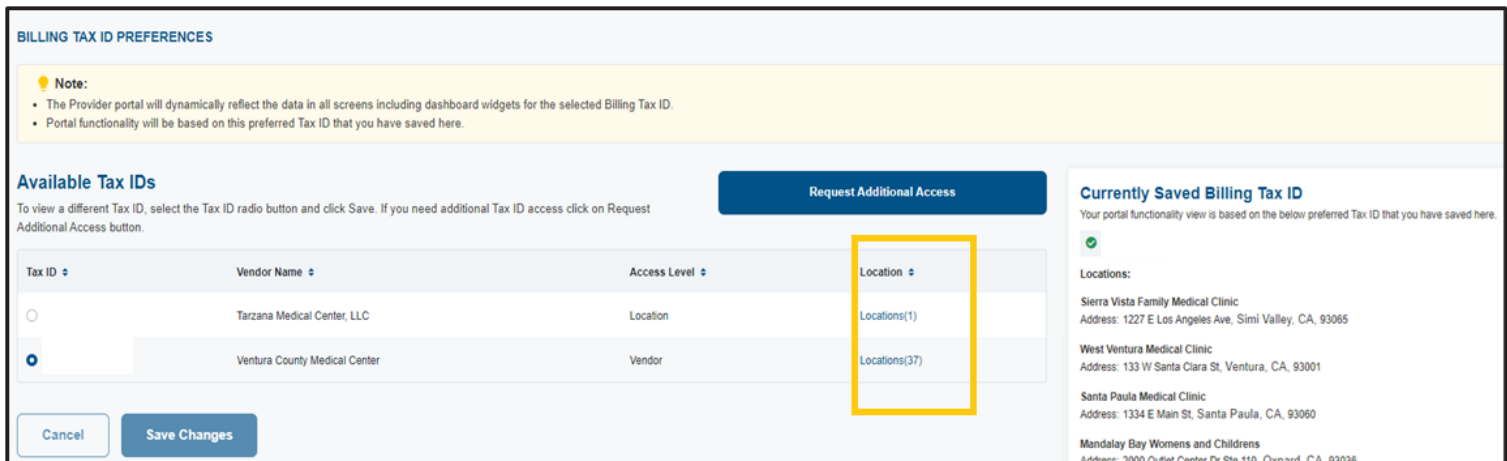
Billing Tax ID Preferences – Location Details Page

Tax ID Location Details ✕

Tarzana Medical Center, LLC

Tax ID: Access Level: Location

Export ⬆

Locations ⬍
Tarzana Med Ctr LLC dba Providence Cedars-Sinai Med Ctr 18321 Clark St, Tarzana, CA, 91356

1   05 per page ⌄

Close

Step-by-Step Instructions

Steps	**More Information**

Start on the Provider Dashboard

1. **Click on My Practice>>Billing Tax ID Preferences**

   The **Billing Tax ID Preferences** Page displays.

2. **Select Your Preferred Tax ID.**

   By default, the Billing Tax ID that was approved during registration will be selected.

   To change your default Tax ID, select the radio button next to the Tax ID.

   All approved Tax ID's will display on the Billing Tax ID Preferences screen.

   IMPORTANT!

   ! The portal will dynamically reflect the data in all screens including dashboard widgets for the TAX ID and access level that displays for the **Selected Billing Tax ID**. Except for the Account Management and Authorization features which are based on all active Tax IDs associated to the portal user.

3. **Click Location(s) link**
   The **Tax ID Location Details** page is displayed.

   Export a copy – Click the **Export** button at the top right of the Tax ID Location Details page to export to Excel or PDF file.

4. **Save Your Tax ID Preferences.**
   Click the **Save button** to save your Tax ID preferences. You may change your Tax ID preferences at any time.

5. **Click Request Additional Access Button.**
   The **Request Additional Access** page displays.

How to request additional portal access

Follow these step-by-step instructions to request approval for additional Tax IDs or Locations to be added to your portal account.

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Manage Tax ID** menu from the **My Practice** menu.

Screenshot

Provider Portal Dashboard – Manage Tax ID Menu
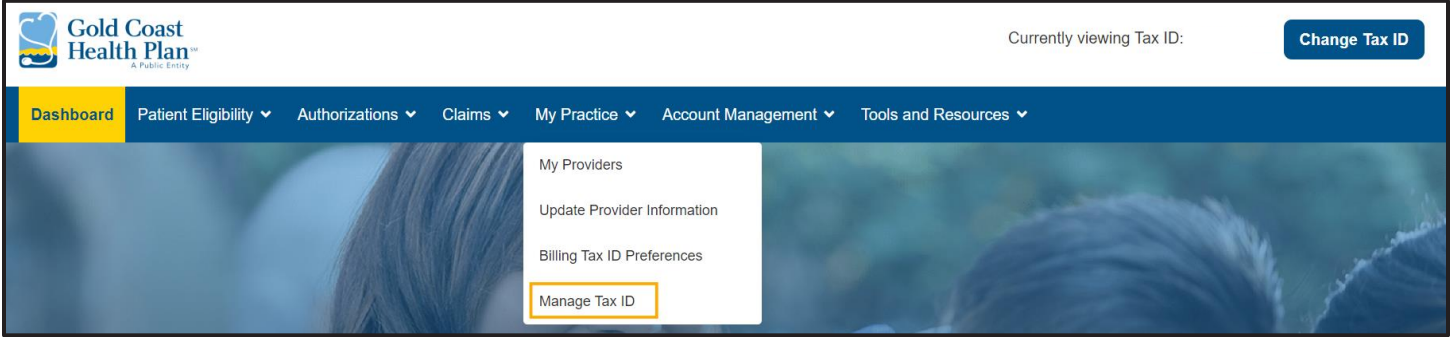
Manage Tax ID -Request Additional Access Page
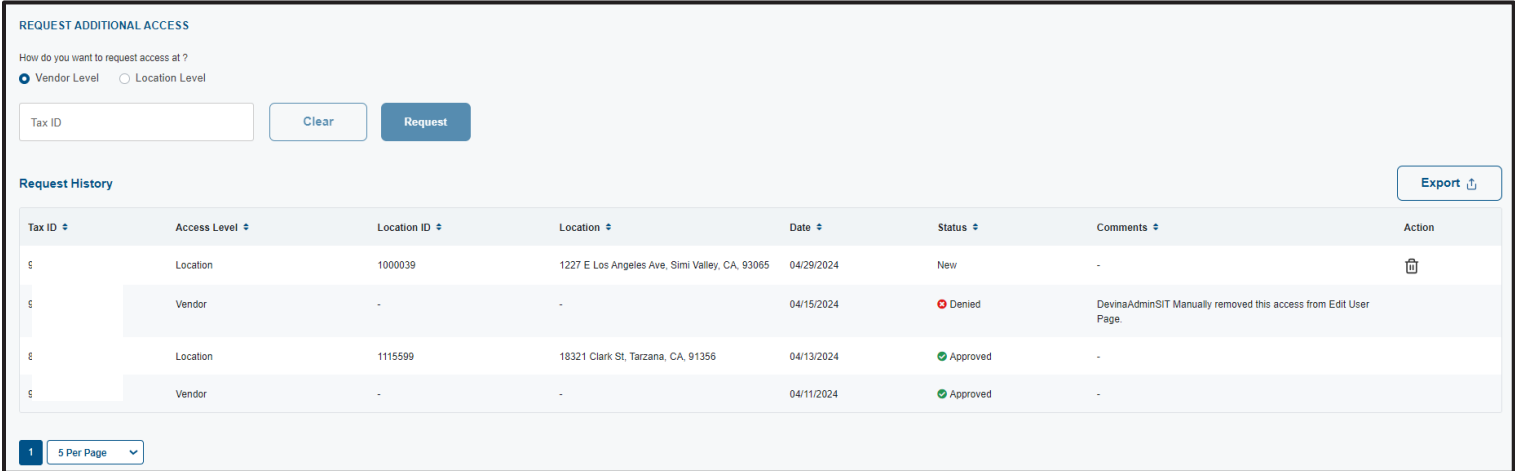
Start on the Provider Dashboard

1. **Click on My Practice>>Manage Tax ID**

   The **Manage Tax ID** Page displays.

2. **Request Additional Vendor or Location level Access**

   To request access to a Tax ID at the vendor level then enter the Billing Tax ID number then click the **Request Button.**

   To request access to a Tax ID at the location level then select a location from the drop-down list then click the **Request Button**. The location drop-down list will only display locations associated with the entered Tax ID.

   Your request will instantly appear in the **Request History Grid.**

3. **Your requests for additional access will be displayed in the Request History Grid.**
   All requests for additional access will display with a status of New, Approved or Denied.
   Requests in a status of new can be deleted from the Request History Grid by clicking on the trash can icon.

4. **Click the Export button**
   You can download and save your search results in Excel or PDF format.

IMPORTANT!
! If an invalid Tax ID is entered, then an error message will appear.

! Each new access request will be reviewed for approval from the GCHP Administrator.

5 Patient Eligibility

The Patient Eligibility search provides you with the ability to verify if a patient is eligible for care.

How to View Patient Eligibility

Follow these step-by-step instructions to view a patient's eligibility detail record.

Before you Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Patient Eligibility** menu from the **Patient Eligibility Search** menu.

You will need one or more of the following:
✓ GCHP Member ID for an active or inactive member,
✓ Any of the minimum search combinations listed at the top of the search page.

Screens

Provider Portal Dashboard – Patient Eligibility Menu
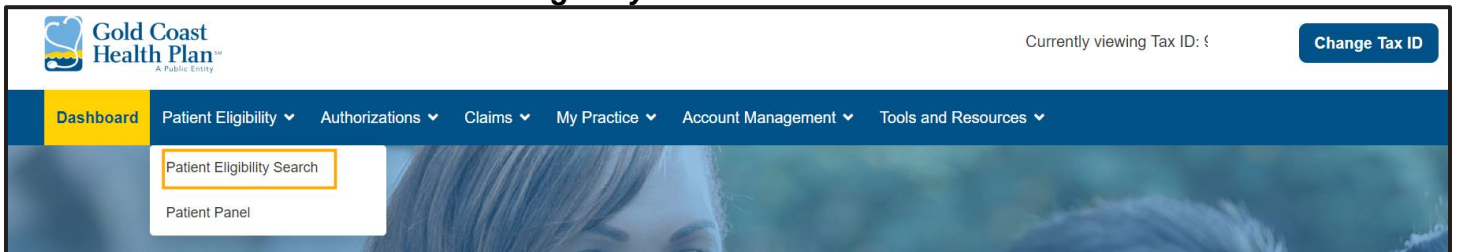
Patient Eligibility Search Page

PATIENT ELIGIBILITY

💡 **Minimum Search Combinations:**
- Information provided below will be cross-checked with member eligibility records for all programs.
- Member ID: Brings back a match only when a complete Member ID is entered and an exact match is found.
- Last Name + Eligible as of Date + Date of Birth: May use partial name.
- First Name + Eligible as of Date + Date of Birth: May use partial name.

[Clear] [🔍 Search]

Line	Member ID	Member Last Name	Member First Name	Date of Birth	Eligible as of Date	Actions
1				📅	05/14/2024 📅	🧹
2				📅	05/14/2024 📅	🧹
3				📅	05/14/2024 📅	🧹
4				📅	05/14/2024 📅	🧹
5				📅	05/14/2024 📅	🧹
6				📅	05/14/2024 📅	🧹
7				📅	05/14/2024 📅	🧹
8				📅	05/14/2024 📅	🧹
9				📅	05/14/2024 📅	🧹
10				📅	05/14/2024 📅	🧹

[Clear] [🔍 Search]

Patient Eligibility Search Results Page

Home > Patient Eligibility > Search Results   [← Back to Patient Eligibility] [Export ⬆]

Search Results

Please click on the Member ID to view detailed eligibility information.

Eligible as of Date	Member ID	Member Name	Member Date of Birth	Address	Phone No.	Eligibility Status	PCP
04/30/2024						❌ Inactive	Sierra Vista Family Medical Clinic

[Modify Search] [New Search]

Patient Eligibility Details Page

← Back to Previous   Export to PDF 📄

PATIENT ELIGIBILITY DETAILS

Member Information

.

Member ID	Relationship	Address	Phone Number

Primary Care Physician

View PCP History

Sierra Vista Family Medical Clinic
1227 E Los Angeles Ave
Simi Valley, CA, 93065

NPI	Effective Date	Phone Number
	11/01/2023	

Member Plan Information

Group	Group Number	Plan
Medi-California	Medi-Cal	Full Benefits

Effective Date	End Date
09/01/2023	04/30/2024

Member Other Health Information

View OHI History

No OHI Record

View Claims

Share of Cost Account Balance

SOC Amount: **N/A**   SOC Met: **N/A**   SOC Date Met: **N/A**

Member Eligibility History

Group	Group Number	Plan	Benefit Start Date	Benefit End Date
Medi-California	Medi-Cal	Full Benefits	09/01/2023	04/30/2024

OHI History Page

Member Other Health Information History ✕

Export ⬆

Carrier Name ⇕	Policy Number ⇕	Order of Coverage ⇕	Effective Date ⇕	Term Date ⇕
KAISER SOCAL - COMMERCIAL RX		Primary	06/01/2022	09/01/2023

1   5 Per Page ⌄

Close

PCP History Page

Primary Care Physician History ✕

Export ⬆

PCP ⇕	NPI ⇕	Effective Date ⇕	Term Date ⇕	Phone Number ⇕
Santa Paula Medical Clinic 1334 E Main St, , Santa Paula, CA, 93060		09/01/2023		

1   5 Per Page ⌄

Close

Step-by-Step Instructions

Steps	More Information

Start on the Provider Dashboard

1. **Click Patient Eligibility >> Patient Eligibility Search on the main menu.**

   The **Patient Eligibility** Search page is displayed

Patient Eligibility Search Page

2. **Enter your desired search criteria.**
   You can search by the following search options:
   - Member ID: Must enter complete Member ID
   - Member First Name: Must enter a min of three characters
   - Member Last Name: Must enter a min of three characters
   - Date of Birth
   - Eligibility as of date: Search for a date in the past, current or future

   IMPORTANT!

   ! You can view a maximum of three years of eligibility history.

   ! All GCHP members who match the search results will return regardless of the users selected Preferred Tax ID.

3. **Click the Search button**
   The **Patient Eligibility Search Results** page is displayed.

   ! If no match is found a message will display.

Patient Eligibility Search Results

4. **View your Patient Eligibility search results list.**
   Your Patient Eligibility search results list will display in a table format. . The patient eligibility search will display a member's current, future or past eligibility history assignment. You can control how many results display per page by using the results per page drop-down just below the table.

   The green checkmark icon verifies that the member is eligible for care. A red X icon verifies that the member is not eligible for care.

5. **Click the Member ID link**
    The **Patient Eligibility Details** page is displayed.

6. **Click the Export button**
   You can download and save your search results in Excel or PDF format.

Patient Eligibility Details Page

7. **View the patient's eligibility information.**
   The PCP Information section will display PCP information based on the selected **Eligibility as of Date**.

   The OHI Information section will display OHI information based on the selected **Eligibility as of Date**.

8. **What's next…**

   Export a copy – Click the **Export** button at the top right of the Patient Eligibility Details page to export a copy of the patient eligibility information in PDF format.
   View Claims – Click the **View Claims** button to see a list of this patient's medical claims.
   View Other Health Insurance History – Click the **View OHI History** button to see a list of all the patients' OHI history records. OHI History is not dependent on the selected **Eligibility as of date**.
   View Primary Care Provider History – Click the **View PCP History** button to see a list of all the patient's PCP history records. The PCP History is not dependent on the selected **Eligibility as of date**.

6 Patient Panel

The Patient Panel search feature lets you view patients associated with a PCP location for the selected Preferred Tax ID on the Dashboard.

How to View Patient Panel

Follow these step-by-step instructions to view your patient panel.

Before You Begin

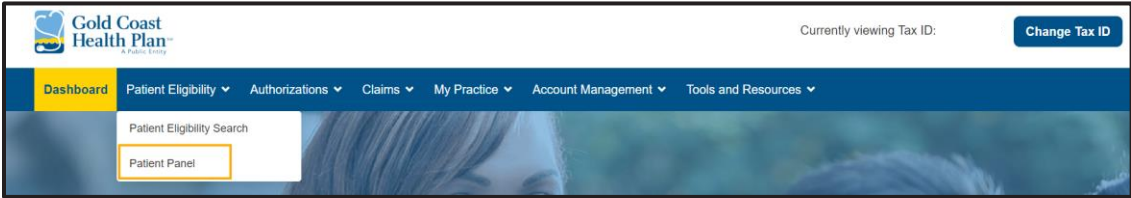Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Patient Panel** menu from the **Patient Eligibility** menu.

You will need one or more of the following search criteria:
- ✓ Select Preferred Tax ID on the Dashboard
- ✓ GCHP Member ID for an active or inactive member,

Screens

Provider Portal Dashboard – Patient Panel Menu

Patient Panel Page
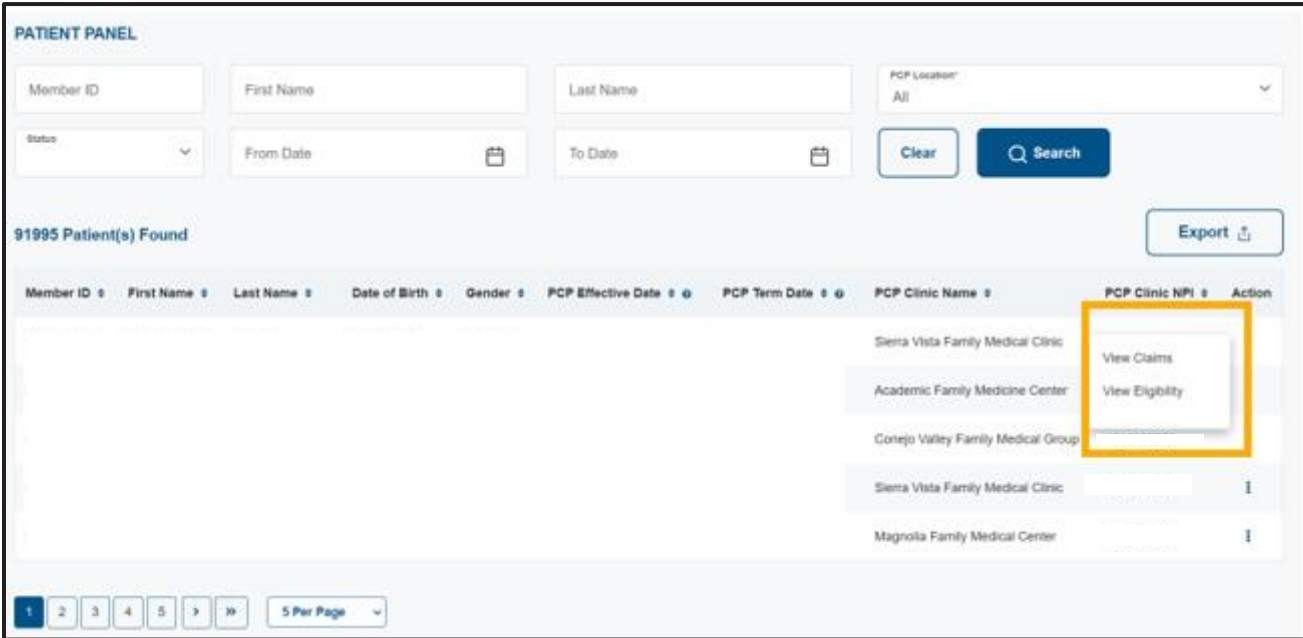
Step-by-Step Instructions

Steps   **More Information**

Start on the Provider Dashboard

1. **Click Patient Eligibility >> Patient Panel on the main menu.**

   The **Patient Panel** Search page is displayed

Patient Panel Search Page

2. **Enter your desired search criteria.**
   You can search by the following search options:
   - Member ID: Must enter complete Member ID
   - Member First Name
   - Member Last Name
   - Member Status: Inactive, Active or All
   - PCP Locations: list of all PCP locations associated to the Preferred Tax ID selection. ALL Locations is selected by default
   - From Date – To Date: Search for Past, current or future span

   IMPORTANT!

   ! You can view a maximum of three years of history.

   ! To search against all locations, search by a member's ID or Member Name.

3. **Click the Search button**
   The **Patient Panel Results** page is displayed.

4. **View your Patient Panel search results list.**
   Your Patient Panel search results list will display in a table format. The patient panel will display a member's current, future or past PCP assignment. You can control how many results display per page by using the results per page drop-down just below the table.

   TIP!

   ! If no match is found a message will display.

5. **Click the Export button**
   You can download and save your search results in Excel or PDF format.

Patient Panel Action Menu

6. **Click the View Eligibility link under the action menu.**
    The **Patient Eligibility** page will display.

7. **Click the View Claims link under the action menu.**
    The **Claims Search** page will display.

7 Physician Listing

The Physician search feature allows you to search for physicians tied to the Preferred Tax ID selected on the Dashboard.

How to View Physician Listing

Follow these step-by-step instructions to view the list of physicians tied to your Tax ID.

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **My Providers** menu from the **My Practice** menu.

You will need one or more of the following:
- ✓ Select Preferred Tax ID on the Dashboard
- ✓ Physicians first and/or last name

Screens

Provider Portal Dashboard – My Providers Menu

My Providers Page

My Providers Location Details Page

Step-by-Step Instructions

Steps	More Information

Start on the Provider Dashboard

1. **Click My Practice >> My Providers on the main menu.**

    The **My Providers** Search page is displayed.

My Providers Search Page

2. **Enter your desired search criteria.**
    You can search by the following search options:
    -   Providers First Name
    -   Providers Last Name
    -   Locations: ALL Locations is selected by default

3. **Click the Search button**
    The **My Providers Results** page is displayed.

4. **View your My Providers search results list.**
    My Providers search results list will display in a table format. You can control how many results display per page by using the results per page drop-down just below the table.

    TIP!

    ! If no match is found a message will display.

5. **Click the Export button**
    You can download and save your search results in Excel or PDF format.

6. **Click Location(s) link**
    The **Provider Location Details** page is displayed.

    Export a copy – Click the **Export** button at the top right of the Provider Location Details page to export to Excel or PDF file.

7. **Click the View Claims link under the action menu.**
    The **Claims Search** page will display.

8 Provider Information

The provider information search feature lets you view locations and physicians associated to the Preferred Tax ID selected on the Dashboard.

How to View Provider Information

Follow these step-by-step instructions to view provider information for locations and physicians tied to your Tax ID.
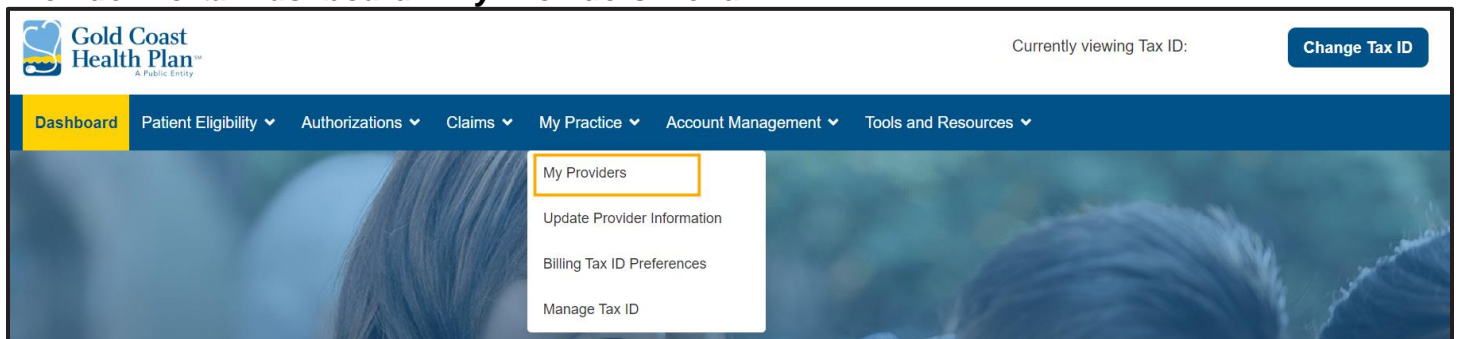
Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Providers Information** menu from the **My Practice** menu.

You will need one or more of the following:
✓ Select Preferred Tax ID on the Dashboard

Screens

Provider Portal Dashboard – Provider Information Menu
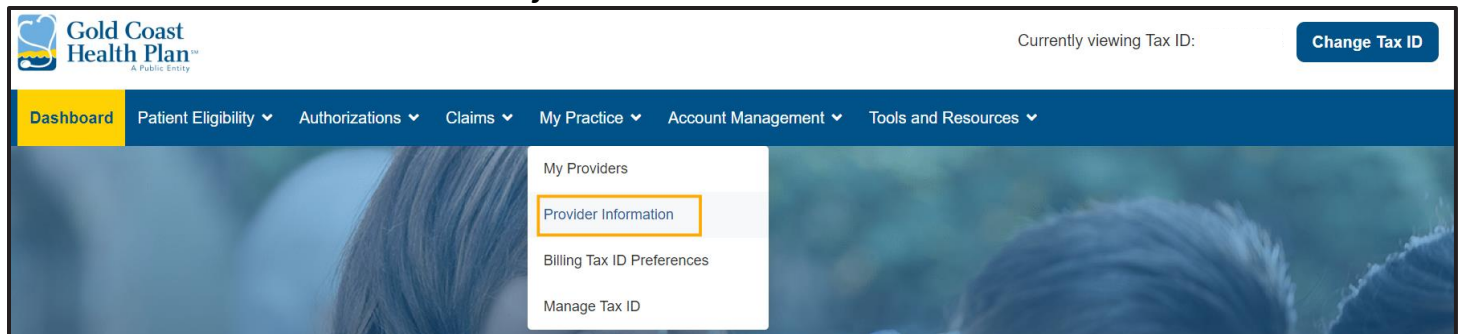
Provider Information Page

PROVIDER INFORMATION

Export to PDF 📄

Current Vendor: (Tax ID   )

You can view your provider information by selection a Location or Provider

Choose Location
P

Choose Provider

View Details

Location Information

Existing Mailing Address	Office Hours	Phone	Fax
300 Hillmont Ave Ste 302Ventura, CA, 93003			
Website	Accepting New Patients	Language	Effective Date
Accessibility			
NA			

Provider Information

Existing Mailing Address	Provider	Office Hours	Race	Ethnicity
300 Hillmont Ave Ste 302Ventura, CA, 93003	🩺 Anita Sicolo			
Patient Gender Limits	Patient Age Limits	Language	Accepting New Patients	Effective Date
	0 Years - 120 Years	English		
Telehealth Indicator				

Other Demographic Information

If you have other demographic information which you need to update, please download the PIUF form and submit it to Provider Relations via email at providerrelations@goldchp.org. If you have any additional questions, please reach out to 1-888-301-1228

⬇ **Download PIUF Form**

Step-by-Step Instructions

Steps   **More Information**

Start on the Provider Dashboard

1. **Click My Practice >> Provider Information on the main menu bar.**
   The **Provider Information** page is displayed.

Provider Information Page

2. **Select a Location from the list and click the View details button.**
   The **Location Information** page is displayed.

3. **Select a Physician from the list and click the View details button.**
   The **Provider Information** page is displayed.

4. **Click the Export to PDF button**
   You can download and save your search results in PDF format.

5. **Click the Download PIUF Form button**
   The Provider Information Update Form(PIUF) will open in a new tab.
.

9 Authorizations

How to view authorizations via TruCare

Follow these step-by-step instructions to be redirected to TruCare ProAuth to view and submit authorizations.

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Authorization Request** menu from the **Authorizations** menu.

Screens

Authorization Request Page
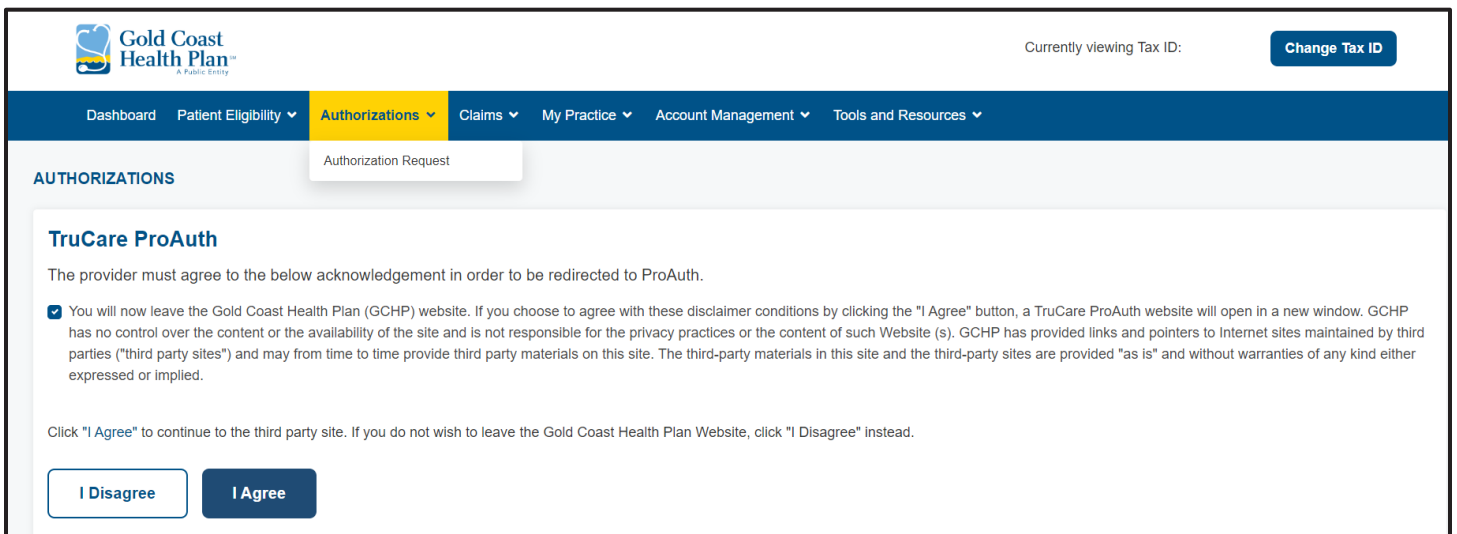
Step-by-Step Instructions

Steps	More Information

Start from the Portal Dashboard

1. **Agree to the GCHP Terms of Use.**
   You must check the "I agree" checkbox and button to be redirected to TruCare third party site.
   If you select "I Disagree" you will be redirected to the Dashboard.

! IMPORTANT
ProAuth will display authorizations for all NPIs submitted from the portal even if the NPI is shared by more than one location.

10 Claims

You can search and submit medical claims for members associated with the Preferred Tax ID you have selected on the Dashboard.

How to Search for Claims

Follow these step-by-step instructions to:

- • View a list of claims associated with your Tax ID number

- • Export a list of claims associated with your Tax ID number

- • View a claim detail record

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Claims Search** menu from the **Claims** menu.

✓ Select Preferred Tax ID on the Dashboard. *The claims search will display on claims for the selected TaxID even if the user has location level access.*

You will need one or more of the following pieces of information to search for claims:
- • Claims In (the last 30 days or other date span)
- • Claims Status
- • Patient Account Number
- • Member Last Name: Must enter a min of three characters
- • GCHP Member ID number
- • Authorization Number
- • Claim Number
- • Billing Location

 Advanced search criteria:
- • Member First Name: Must enter a min of three characters
- • Date of Birth
- • Gender
- • Provider Number
- • Provider NPI
- • Provider Last Name
- • Provider First Name
- • Claim Type
- • Check/EFT Number
- • Date of Service date range
- • Display only Paid claims

Screens

Provider Dashboard – Claim Search Menu

Claims Search Page

Advanced Search Page

NTT DATA

Advanced Search ✕

Member First Name	Date of Birth 📅	Gender Select ⌄
Provider First Name	Provider Last Name	Provider Number
Fed.Tax ID	Claim Type Select ⌄	Provider NPI
Check/ EFT Number		

Date of Service
Select ⌄

Date From 📅

Date of To 📅

☐ Only display Paid Claims

Clear   🔍 **Search**

Claims Details Page

← **Back to My Claims**   **Export to PDF** 🗎

CLAIM DETAILS - CLAIM ID. 8436

Member Information

Plan Information

Full Benefits

Coverage Group	Group Number	Effective Date	End Date
Medi-California	Medi-Cal	07/01/2022	

View Member Eligibility

Provider Information

NPI/Supplier ID	Provider Type	Provider Name	Visited	Claim Number	Authorization Number	Date of Service	Rendering/Servicing prov
1						02/05/2024	1000098

Payment Information

Check/EFT No.	Check Amount	EPC Draft Number	Payment Date
0016243423	2.49	-	03/28/2024

Account Balance

$2.49	$0.00	$2.49
Plan Discount	Plan Paid	Patient Responsibility

$0.00 Total - Amount Billed
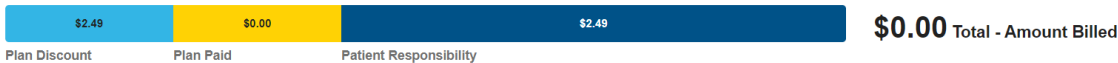
Claim details

	Received Date	From/To (Date of Service)	Amount Billed	Plan Allowed Amount	Plan Paid	You May Owe	Total Amount Paid	Status
>	03/28/2024	02/05/2024 02/05/2024	$0.00	$2.49	$0.00	$0.00	$0.00	

Step-by-Step Instructions

Steps	More Information
Start from GCHP Provider Dashboard	
1. **Click Claims >> Claims Search on the main menu bar.** The **Claims Search** page is displayed.	**IMPORTANT!** **!** Providers can search for ALL Member claims based on their selected Preferred Tax ID.
Claim Search Page	
2. **Enter the desired search criteria.** You can enter as many or as few data elements as you want. The provider number, NPI, First and Last name fields return search results for both the billing and rendering provider on a claim.	**TIP!** Click the Advanced Search button to open the Advanced Search box where many more search criteria options are available.
3. **Click the Search button.** The search results are displayed in the grid at the bottom of the Claims Search page.	
4. **Click the Export button** You can download and save your search results in Excel or PDF format.	**!** The claim search will display historical and recent claims. Historical claims will contain minimal claim information.
5. **View your claims search results list.** Your Claims search results list will display in table format. You can control how many results display per page using the results per page dropdown just below the table.	**!** You can view a maximum of three years of claim history.
6. **Click a Claim Number link to view the claim's details.** The **Claim Detail** page is displayed.	
Claim Details Page	
7. **View the Claim Detail information.**	
8. **What's Next…** **Download the claim detail as a PDF file** – Click the icon at the top right of the Claim Detail page to download a copy of the file as a PDF file. **View Claims Details** – View patient, plan, provider, claim header, and claim details information. **View Eligibility** – Click the View Eligibility button at the bottom of the page to view the member's eligibility information.	

How to Submit a Professional Claim

You can submit new, corrected, or cancelled professional claims through the GCHP provider portal.

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Submit Professional Claims** tab from the **Claims** menu.

✓ Select Preferred Tax ID on the Dashboard

Screens

Provider Dashboard – Submit Professional Claim Menu

Professional Claim – New Batch Listing Page
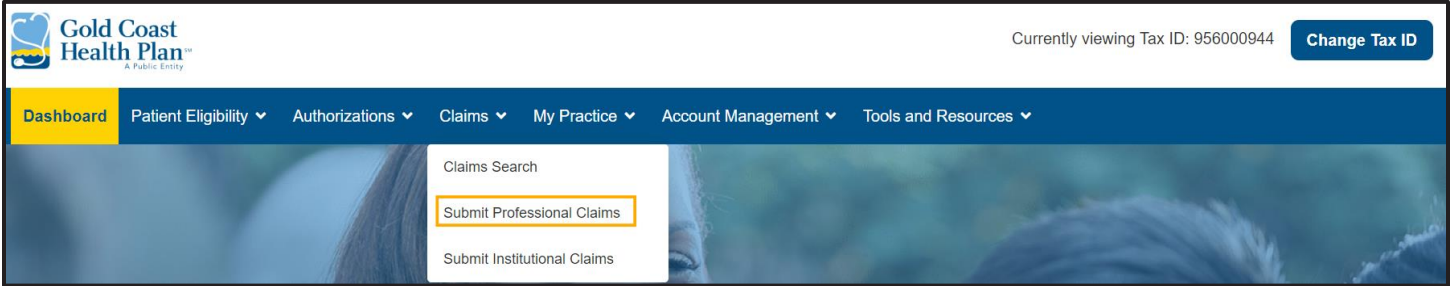
Professional Claim – Claim Listing Page

Submit a Professional Claim > Batch No. #100237362

← Back to Previous

Batch No. #100237362

Batch Created Date	Last Saved Date	Total Claims Entered
05/14/2024	05/14/2024	3

Claim List

+ New Claim   ⇄ Corrected / Replacement Claim   ⊗ Voided / Cancelled Claim

Batch Record ⇕ ?	Batch Claim Type ⇕ ?	No. of claim lines ⇕ ?	Total Amount Billed ⇕ ?	Notes ⇕ ?	Action
100237362-1	New	0	$0.00		Delete
100237362-2	New	0	$0.00		Delete
100237362-3	New	0	$0.00		Delete

← Back To Batch List   Submit Batch

1   5 Per Page ⇕

Professional Claim – Member Information Page

Claim No. #100237362-1

1 Member Info   2 Provider Info   3 Payer/ Insured Info   4 Claim Info

Proceed To Provider Information

1.Member Information

☐ Set Default Values

When the "Set Default Values" switch is turned on the member information will be replicated across all claims created until the "Set Default Values" setting is turned off which will clear all fields. When the "Set Default Values" switch is turned off, the fields will be blank until a Member ID has been selected.

Choose Type of Health Insurance applicable to this claim
Select ⌄

Insured Information

Member ID* 🔍

Name	Gender	Date of Birth	Address

Policy Group or FECA Number

Insurance Plan Name or Program Name

Prior Authorization Number

Patient Information

☑ Patient Information same as Insured Information

Patient First Name*

Patient Last Name*

Gender*
Female ⌄

Date of Birth*
03/01/1984 📅

Address Line 1*

Address Line 2*

City*
SIMI VALLEY

State*
California ⌄

Zip Code*
93065

Phone
805-630-6868

Relationship to Insured*
Self ⌄

Patient Control Number

Proceed To Provider Information

Professional Claim – Provider Information Page

Professional Claim – Payer/Insured Information Page

Submit a Professional Claim > Batch No. #100237362 > Claim No. #100237362-1

← Back To Previous

Claim No. #100237362-1

1 Member Info   2 Provider Info   3 Payer/Insured Information   4 Claim Info

3. Payer/ Insured Information

Proceed To Claim Information

Summary   Expand All

> 1 Member Information   Edit

> 2 Provider Information   Edit

Is there another Health Benefit Plan?

○ Yes   ● No

| Payer Types* | Payer Name (Carrier)* | Health Plan ID* |
| Select | | |

| Prior Payments | Estimated Amount Due |

| Address 1 (No. Street)* | Address 2 (Suite) |

| City* | State* Select | Zip Code* |

File Indicator*
Select

Release Information Certification*   Assignment of Benefit Certification*
● Yes   ○ No   ● Yes   ○ No

Insured's ID Number*

| First Name* | Middle Name | Last Name* |

| Address 1 (No. Street)* | Address 2 (Suite) |

| City* | State* Select | Zip Code* |

| Patient's Relationship to Insured* Select | Group Name* |

| Insured's Group Number* | Treatment Authorization codes |

| Control Number | Employer Name |

Proceed To Claim Information

Professional Claim – Claim Header Information Page

← Back To Previous

Claim No. #100237362-1

1 Member Info   2 Provider Info   3 Payer/ Insured Info   4 Claim Info

Save Claim Data

4. Claim Information

Claim Header Information   Claim Details Information   Additional Claim Attachment

Were the services provided emergency related?*

○ Yes   ● No

Total Amount Billed
$0.00

| Initial Date of Service* 📅 | Until Date of Service* 📅 | Place Of Service* 🔍 |

Claim Note

Diagnosis 1* 🔍   🗑 Delete

+ Add Additional Diagnosis

Only 12 diagnosis codes allowed.

Save Claim Data

Summary   Expand All

> 1 Member Information   Edit

> 2 Provider Information   Edit

> 3. Payer/ Insured Information   Edit

Professional Claim – Claim Details Information Page

Submit a Professional Claim > Batch No. #100237362 > Claim No. #100237362-1

Claim No. #100237362-1

1 Member Info ——— **2** Provider Info ——— **3** Payer/ Insured Info ——— **4** Claim Info

4. Claim Information

Claim Header Information	**Claim Details Information**	Additional Claim Attachment

From Date of Service* 🗓	Through Date of Service* 🗓

CPT/HCPCS * 🔍	Diagnosis Reference * 🔍

1st Modifier 🔍	2nd Modifier 🔍

3rd Modifier 🔍	4th Modifier 🔍

Amount Billed*	Patient Paid Amount

Unit Of Measurement ⓘ Unit ▾	Unit or Minutes*

OIC Allowed	OIC Paid

OIC Deductible	OIC Co-Ins

OIC Not Covered	Paid Date 🗓

Carrier Group Number
Select ▾

○ Physician-Administered Drugs   ○ Medical Supplies

National Drug Code 🔍

Drug Unit Count	Drug Unit Select ▾

Prescription Number
○ None   ○ Pharmacy Prescription Number   ○ Link Sequence

Prescription Number

+ Add Line Item

From Date of Service ⇅	Through Date of Service ⇅	Diagnosis ⇅	Place of Service ⇅	CPT/HCPCS ⇅	Actions

Save Claim Data

Save Claim Data

Summary   Expand All

> 1 Member Information   Edit

> 2 Provider Information   Edit

> 3. Payer/ Insured Information   Edit

Professional Claim – Medical Supplies

○ Physician-Administered Drugs   ● Medical Supplies

UPN Qualifier ⊙
Select ⌄

Universal Product Number

Supply Unit Count

Supply Unit
Select ⌄

Professional Claim – Additional Claim Attachment Page

Submit a Professional Claim > Batch No. #100237362 > Claim No. #100237362-1   ← Back To Previous

Claim No. #100237362-1

① Member Info   ② Provider Info   ③ Payer/ Insured Info   ④ Claim Info

Save Claim Data

4. Claim Information

Summary   Expand All

| Claim Header Information | Claim Details Information | **Additional Claim Attachment** |

> 1 Member Information   Edit

Choose a file to Upload
Choose a file to Upload
File format: doc/docx, txt, xlsx and pdf size limit (5MB) max.

> 2 Provider Information   Edit

Choose Document Type
Select ⌄

> 3. Payer/ Insured Information   Edit

File Name ⊙ ⇅	File Type ⊙ ⇅	Uploaded Date ⊙ ⇅	Actions ⊙

Save Claim Data

Professional Claim – Submit Batch Failure Message

Back to Previous

Batch No. #100237323

Batch Created Date | Last Saved Date | Total Claims Entered
05/13/2024 | 05/13/2024 | 1

Claim List

Submit Batch ✕

⚠ Please complete all required fields on the form, including claim header and claim details information.

OK

| | Corrected / Replacement Claim | ⊗ Voided / Cancelled Claim |

Batch Record ⇕ ❓	Batch Claim Type ⇕ ❓	...t Billed ⇕ ❓	Notes ⇕ ❓	Action
100237323-1	New	0 $0.00		Delete

← **Back To Batch List** **Submit Batch**

1 | 5 Per Page

Professional Claim – Submit Batch Confirmation Message

Back to Previous

Batch No. #100237323

Batch Created Date | Last Saved Date | Total Claims Entered
05/13/2024 | 05/13/2024 | 1

Claim List

Submit Batch ✕

Are you sure you want to submit batch #100237323?

The claims associated with this batch will be sent for approval.

No **Yes**

| | Corrected / Replacement Claim | ⊗ Voided / Cancelled Claim |

Batch Record ⇕ ❓	Batch Claim Type ⇕ ❓	...t Billed ⇕ ❓	Notes ⇕ ❓	Action
100237323-1	New			Delete

← **Back To Batch List** **Submit Batch**

1 | 5 Per Page

Back to Previous

Batch No. #100237323

Batch Created Date | Last Saved Date | Total Claims Entered
05/13/2024 | 05/13/2024 | 1

Claim List

Submit Batch ✕

Batch #100237323 has been submitted.

OK

| | Corrected / Replacement Claim | ⊗ Voided / Cancelled Claim |

Batch Record ⇕ ❓	Batch Claim Type ⇕ ❓	...t Billed ⇕ ❓	Notes ⇕ ❓	Action
100237323-1	New			Delete

← **Back To Batch List** **Submit Batch**

1 | 5 Per Page

Professional Claim – Submitted Batch Page

SUBMIT A PROFESSIONAL CLAIM

Batch & Claims

+ Create a New Batch

| Submitted Batch | New Saved Batch |

| Quick Search a batch by Batch Number | | 🔍 Search |

1 Batch

Batch Number ⇕ ❓	Entered Claims ⇕ ❓	Date Saved ⇕ ❓	Batch Status ⇕ ❓
100237323	1	05/15/2024	In-Process

1 | 5 Per Page ▾

Step-by-Step Instructions

Steps	More Information

Start on the Provider Portal Dashboard Page

1. Select *Submit Professional Claim*

Then click the "Create New Batch" button. Once within the batch click the "New Claim" button and the Institutional claim screen will display.

TIP!

Choose **Create a New Batch** or use an existing New Batch that has not been submitted yet. A batch can consist of one or more claims. You can submit more than one claim, but you are not required to.

Member Information

2. Member Search

Search for and select the Member.

TIP!

! You can manually enter a Member ID or use the search function.

3. Set Default Values

Select the Set Default Value checkbox when you are submitting multiple claims for the same Patient.

If you have multiple claims for the same Member you can select the Set Default Values checkbox and the Member information will be replicated across all claims you enter. Member information displays as read only.

! Make sure to deselect Set Default Values checkbox when you have a new Member you are submitting claims for.

4. Patient Information

By default the "Patient is the same as Insured" checkbox is selected. If the patient is not the same as the member uncheck the checkbox and manually enter all required fields in the *Patient Information* section.

Billing Provider Information

5. Search for Billing Provider
You can manually enter a participating or nonparticipating Billing Provider Location NPI or use the search function.
If the NPI cannot be found within GCHP system, then you will not be able to proceed.

TIP!

6. Set Default Values

Select the Set Default Value checkbox when you are submitting multiple claims for the same Billing Location.

Billing Provider information will be replicated across all claims you enter.

! Make sure to deselect Set Default Values checkbox when you have a new Billing Provider you are submitting claims for.

7. **Pay to address**

   If the pay to address is different than the billing address, then complete this section otherwise leave blank.

Servicing Provider Information

8. **Search for Servicing Provider**

   Enter participating or nonparticipating Servicing Provider information.

   All fields will auto populate and display as read only once the Servicing Provider has been selected.

   TIP!

   ! If yes, is selected the Billing Provider information will populate in the Servicing Provider fields and display as read only.

   ! If no, is selected you can manually enter the servicing provider NPI, if known, or search for providing using the search functionality. If GCHP does not have the Servicing Provider NPI in their database, this may be because the Provider is not in-network. You can still manually enter their information.

Referring Provider Information

9. **Search for Referring Provider**

   Enter participating or nonparticipating Referring Provider information.

   All fields will auto populate and display as read only once the Referring Provider has been selected.

   TIP!

   ! You can manually enter the referring provider NPI, if known, or search for providing using the search functionality. If GCHP does not have the Servicing Provider NPI in their database, this may be because the Provider is not in-network. You can still manually enter their information.

Other Payer/Insured Information

10. **Other Payer/Insured Information**

    By default, No is selected.

    If yes, is selected enter the Other Health Insurance information.

    If your patient has any other health information (OHI) or coordination of benefits (COB) with other insurance coverage, enter that information in the Payer/Insured Information section.

    TIP!

    ! If No is selected, you can skip this section.

Claim Header Information

11. **From Date of Service/Through Date of Service**

    Enter From Date of Service and Through Date of Service

12. **Diagnosis Code**

    Enter or search for the diagnosis code.

    TIP!

! You can remove an incorrectly selected diagnosis code by selecting the trash barrel icon.

13. OPTIONAL Claim Notes

You can enter a claim note.

TIP!

! Select the Save Claim Data button to SAVE the information you have entered.

Claim Details Information

14. Claim Details

At a minimum you must enter all required field information.

If a claim line involves other health insurance, enter the corresponding OIC (other insurance carrier) information.

If a claim line involves medication enter the National Drug Code (NDC) information. The NDC must be included for all medications/injections. It consists of 11 digits with no spaces or hyphens, in the 5-4-2 format.

If a claim invoices medical supplies, enter the Universal Product number(UPN). The provider must enter both an UPN qualifier (from the below list) and Universal product Number.

TIP!

! Select Add Line-Item button for EACH line of information you are entering. When selected the table will update with the information entered allowing you to enter the next line item.

! Total Amount Billed will be calculated automatically.

! Select the Save Claim Data button to SAVE the information you have entered.

UPN Qualifier	Descriptions	Length of UPN
HI	Health Care Industry Bar Code (HIBC)	6-18 Characters
EO	GTIN EAN/UCC	8 characters
UP	Consumer Package Code U.P.C	12 characters
EN	European Article Number (EAN)	13 characters
ON	Customer Order Number	1-19 characters

15. Add Attachments

The Additional Claim Attachment tab allows you to attach two documents to your claim. Each doc must be less than 5MB in size. This is optional, it is not required to submit attachments with your claim. There are limitations in number of attachments and attachment size; the system will notify you if you reach the limit.

Additional Information

16. Add Claim

To add a claim to a saved claim batch, select the NEW tab. Select the batch you want to add the additional claim or claims to.

17. REPEAT

Repeat the process for EACH claim.

TIP!

! You can save the batch until all claims you want to submit have been added.

Submit Batch

18. Click Submit Batch Button

Click the Submit Claim button on the Batch listing Page. You cannot edit a batch that has been **SUBMITTED**. The statuses that would display for a Submitted batch.
- Processed
- In-Process
- Batch Submission Failed -Provider can fix and resubmit batch
- Failed -Provider can fix and resubmit batch. The provider will receive an email with error reasons.
- Completed

TIP!

! When the batch is submitted the status will change from NEW to In-Processed.

! Once the batch has been processed the status will change to Processed.

! If there is an error during submission an Error message will display, and the status of the file will be **Batch Submission Failed** or **Failed** will display. Contact Provider Services for assistance.

How to Submit Institutional Claim

You can submit new, corrected, or cancelled institutional claims through the GCHP provider portal.
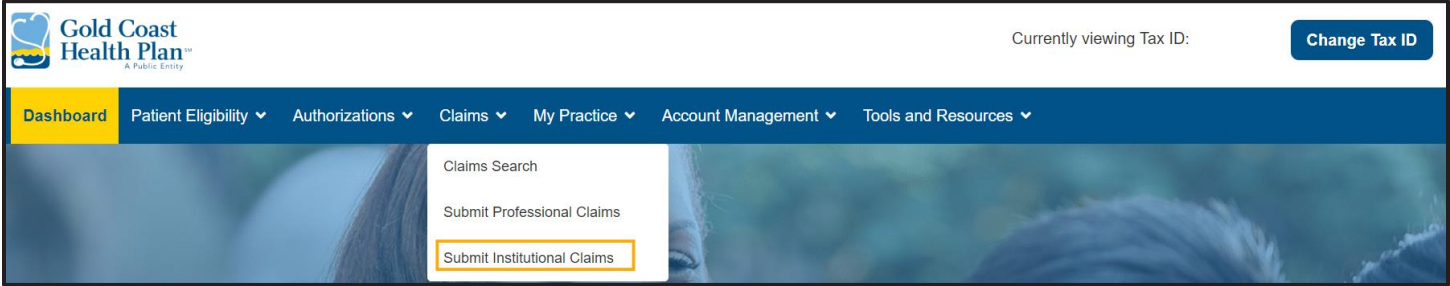
Professional & Institutional Step-by-Step Instructions
Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Submit Institutional Claims** tab from the **Claims** menu.
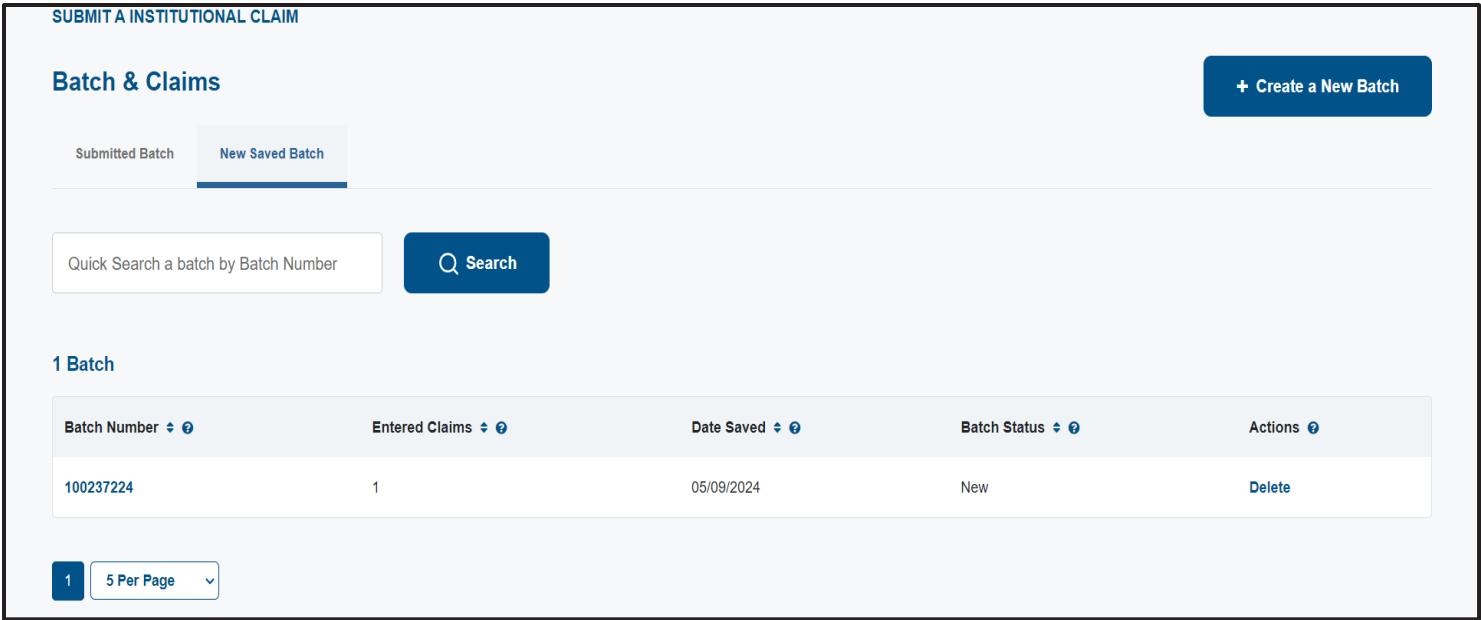
✓ Select Preferred Tax ID on the Dashboard

Screens

Provider Dashboard – Submit Institutional Claim Menu

Institutional Claim – New Batch Listing Page

Professional Claim – Claim Listing Page

Batch No. #100237394

Batch Created Date	Last Saved Date	Total Claims Entered
05/15/2024	05/15/2024	1

Claim List

[+ New Claim] [⇄ Corrected / Replacement Claim] [⊗ Voided / Cancelled Claim]

Batch Record ⇵ ❓	Batch Claim Type ⇵ ❓	No. of claim lines ⇵ ❓	Total Amount Billed ⇵ ❓	Notes ⇵ ❓	Action
100237394-1	New	1	$600.00		Delete

[← Back To Batch List] [Submit Batch]

1 | 5 Per Page ⇅

Institutional Claim – Statement Covers Period Date Page

1 Statement Covers Period Date	2 Member Information	3 Payer/Insured Information	4 Attending and Operating Provider information	5 Claim Information

1. Statement covers period date

<div style="text-align:right">**Proceed To Member Information**</div>

From Date of Service*
05/01/2024

Through Date of Service*
05/03/2024

Type of Bill*
211

Provider Information (Hospital / Facility)

☐ Set Default Values

When the "Set Default Values" setting is turned on the provider information will be replicated across all claims created until the "Set Default Values" setting is turned off which will clear all fields.
When the "Set Default Values" switch is turned off, the fields will be blank until a Provider NPI has been selected.

Billing NPI*

Billing FED TAX ID*

Billing Provider Taxonomy ID

Billing Provider Details

Full Name
Ventura County Medical Center

Choose Location *
Ventura County General Hospital Public Health Services, 3147 Loma Vista Rd

Address 1 (No. Street)*
3147 Loma Vista Rd

Address 2 (Suite)

City*
Ventura

State*
California

Zip Code*
93003

Phone Number

Contact Name

If Pay to address is either a PO box or Lock box. Use below address fields

PO Box/Lock Box

Address 1

Address 2

City

State
Select

Zip Code

Proceed To Member Information

Institutional Claim – Member Information Page

Institutional Claim – Payer/Insured Information Page

1 Statement Covers Period Date	**2** Member Information	**3** Payer/Insured Information	**4** Attending and Operating Provider information	**5** Claim Information

3. Payer/ Insured Information

Proceed To Attending And Operating Provider Information

Is there another Health Benefit Plan?

○ Yes ● No

Summary   Expand All

Payer Types*
Select

Payer Name (Carrier)*

Health Plan ID*

> 1 Statement Covers Period Date   Edit

> 2 Member Information   Edit

Prior Payments

Estimated Amount Due

Address 1 (No. Street)*

Address 2 (Suite)

City*

State*
Select

Zip Code*

File Indicator*
Select

Release Information Certification*
● Yes ○ No

Assignment of Benefit Certification*
● Yes ○ No

Insured's ID Number*

First Name*

Middle Name

Last Name*

Address 1 (No. Street)*

Address 2 (Suite)

City*

State*
Select

Zip Code*

Patient's Relationship to Insured*
Select

Group NameGroup Name*

Insured's Group Number*

Treatment Authorization codes

Control Number

Employer Name

Proceed To Attending And Operating Provider Information

Institutional Claim – Attending and Operating Provider Information Page

1 Statement Covers Period Date	**2** Member Information	**3** Payer/Insured Information	**4** Attending and Operating Provider information	**5** Claim Information

4. Attending and Operating Provider Information

Proceed to Claim Information

Summary   Expand All

Attending Provider NPI 🔍	
Attending Provider First Name	Attending Provider Last Name

> 1 Statement Covers Period Date   Edit

Operating Provider NPI 🔍	
Operating Provider First Name	Operating Provider Last Name

> 2 Member Information   Edit

> 3. Payer/ Insured Information   Edit

Other Provider NPI 🔍	
Other Provider First Name	Other Provider Last Name

Attending Provider Taxonomy ID
⌄

Remarks

Proceed to Claim Information

Institutional Claim – Claim Header Information Page

① Statement Covers Period Date   ② Member Information   ③ Payer/Insured Information   ④ Attending and Operating Provider information   ⑤ Claim Information

5. Claim Information

Save Claim Data

| Claim Header Information | Claim Details Information | Additional Claim Attachment |

Summary   Expand All

> 1 Statement Covers Period Date   Edit

> 2 Member Information   Edit

> 3 Payer Information   Edit

> 4 Attending Provider Information   Edit

Total Amount Billed
$600

Condition Codes1   🗑 Delete

➕ Add Additional Condition Code

Up to 12 codes

Occurrence1   Date1 📅   🗑 Delete

➕ Add Additional Occurrence Code

Up to 12 codes

Value Code1   Value Amount1   🗑 Delete

➕ Add Additional Value Code

Up to 12 codes

Principal Procedure Code*
018K3ZZ 🔍   Principal Procedure Date*
05/02/2024 📅

Other Procedure Code1 🔍   Date1 📅   🗑 Delete

➕ Add Additional Procedure Code

Up to 12 codes

Diagnosis/Procedure Code Qualifier
ICD-10-CM

External Cause of Injury Code 🔍   🗑 Delete

➕ Add External Code

Up to 12 codes

Principal Diagnosis Code*
D17.5 🔍

Diagnosis 1 🔍   🗑 Delete

➕ Add Additional Diagnosis

Up to 12 codes

Admitting Diagnosis Code 🔍

Patient's Reason for Visit Code 🔍   🗑 Delete

➕ Add Patient's Reason for Visit Code

Up to 12 codes

PPS Code 🔍

Save Claim Data

Institutional Claim – Claim Details Information Page

5. Claim Information

| 1 Statement Covers Period Date | 2 Member Information | 3 Payer/Insured Information | 4 Attending and Operating Provider information | 5 Claim Information |

5. Claim Information

Save Claim Data

Claim Header Information | **Claim Details Information** | Additional Claim Attachment

Field	Value
Revenue Code*	Service Date*
CPT/HCPCS	Diagnosis Reference
1st Modifier	2nd Modifier
3rd Modifier	4th Modifier
Amount Billed*	Patient Paid Amount
Unit Of Measurement — Unit	Unit or Days*
OIC Allowed	OIC Paid
OIC Deductible	OIC Co-Ins
OIC Not Covered	Paid Date

Carrier Group Number
Select

○ Physician-Administered Drugs   ○ Medical Supplies

National Drug Code

Drug Unit Count   Drug Unit — Select

Prescription Number
○ None   ○ Pharmacy Prescription Number   ○ Link Sequence

Prescription Number

+ Add Line Item

↓	Service Date ↓	Non Covered ↓	Description ↓	CPT/HCPCS ↕	Actions
0615	05/02/2024	0.00	MRA HEAD AND NECK		⋮

Save Claim Data

Summary

Expand All

› 1 Statement Covers Period Date		Edit
› 2 Member Information		Edit
› 3 Payer Information		Edit
› 4 Attending Provider Information		Edit

Institutional Claim – Additional Claim Attachment Page

| 1 Statement Covers Period Date | 2 Member Information | 3 Payer/Insured Information | 4 Attending and Operating Provider information | 5 Claim Information |

5. Claim Information

| Claim Header Information | Claim Details Information | **Additional Claim Attachment** |

Save Claim Data

Choose a file to Upload

Maximum number of files uploaded cannot exceed 2.
File format: doc/docx, txt, xlsx and pdf size limit (5MB) max.

Choose Document Type
Select ⌄

File Name ❔ ⇕	File Type ❔ ⇕	Uploaded Date ❔ ⇕	Actions ❔

Summary   Expand All

> 1 Statement Covers Period Date	Edit
> 2 Member Information	Edit
> 3 Payer Information	Edit
> 4 Attending Provider Information	Edit

Save Claim Data

Institutional Claim – Submitted Batch Page

SUBMIT A INSTITUTIONAL CLAIM

Batch & Claims

+ Create a New Batch

| Submitted Batch | New Saved Batch |

Quick Search a batch by Batch Number   🔍 Search

1 Batch

Batch Number ⇕ ❔	Entered Claims ⇕ ❔	Date Saved ⇕ ❔	Batch Status ⇕ ❔
100237394	1	05/15/2024	In-Process

| 1 | 5 Per Page ⌄ |

Step-by-Step Instructions

Steps	More Information

Start from the Portal Dashboard Page	
1. **Select *Submit Institutional Claim***	**TIP!**
Then click the "Create New Batch" button. Once within the batch click the "New Claim" button and the Institutional claim screen will display.	Choose **Create a New Batch** or use an existing New Batch that has not been submitted yet. A batch can consist of one or more claims. You can submit more than one claim, but you are not required to.
Statement Covers Dates	**More Information**
2. **Statement Covers Dates**	**TIP!**
Manually enter or select from the calendar the From Date of Service and Through Date of Service	**!** Future date in the From Date of Service field cannot exceed current date.
Provider Information (Hospital/Facility)	
3. **Search for Hospital/Facility**	**TIP!**
The name and address will populate with the hospital/facility information.	**!** You can manually enter the participating or nonparticipating billing provider location NPI, if known, or search for providing using the search functionality.
4. **Pay to address**	
If address is PO Box or Lock Box, complete this section.	
5. **Set Default Values**	**TIP!**
Select the Set Default Values checkbox when you are submitting multiple claims for the same Billing Provider.	**!** Make sure to deselect Set Default Values checkbox when you have a new Billing Provider you are submitting claims for.
If you have multiple claims for the same Hospital/Facility you can select the **Set Default Values** checkbox and the Member information will be replicated across all claims, you enter. Member information is displayed as read only.	
Member Information	
6. **Member Search**	**IMPORTANT!**
Search for or manually enter the Member ID.	**!** If a single match is found Member ID, name and address fields will auto populate.
7. **Patient Information**	
By default the "Patient is the same as Insured" checkbox is selected. If the patient is not the same as the member	

uncheck the checkbox and manually enter all required fields in the *Patient Information* section.

8. Admission & Discharge

Enter admission and discharge information in the fields.
- Admission Date
- Admission Hour
- Type of Admission
- Source of Admission
- Discharge Hour
- Patient Discharge Status
- Accident State

TIP!

! You cannot enter a future date in the Admission Date field.

! Only select Accident State if the treatment was accident related.

Payer/Insured Information

9. Other Health Insurance

By default, No is selected.

If yes is selected enter the Other Health Insurance information.

TIP!

! If No is selected, you can skip this section.

Attending, Operating & Other Provider Info

10. Attending, Operating, Other Provider

Manually enter or search for the participating or nonparticipating Provider NPI.

TIP!

! If using the lookup functionality. If a match is found the NPI, First Name and Last Name field will auto populate.

! If Provider NPI is NOT found display popup message.

Claim Header Information

11. Condition/Occurrence/Value Codes

Enter the claim header information.

12. Diagnosis Code

Enter or search for the diagnosis code.

Claim Details Information

13. Claim Details

Enter claim detailed information. At a minimum you must complete the required fields.

If a claim line involves other health insurance, enter the corresponding OIC (other insurance carrier) information.

If a claim line involves medication, enter the National Drug Code (NDC) information. The NDC must be

TIP!

! You can create as many line items as you choose for a given claim by selecting the Add 1 Row button. When selected the table will update with the information entered allowing you to enter the next line item.

! You can delete a row by selecting the checkbox on a given row and clicking on the delete button

included for all medications/injections. It consists of 11 digits with no spaces or hyphens, in the 5-4-2 format.

14. Add Attachments

The Additional Claim Attachment tab allows you to attach two documents to your claim. Each doc must be less than 5MB in size. This is optional, it is not required to submit attachments with your claim. There are limitations in the number of attachments and attachment size; the system will notify you if you reach the limit.

15. Repeat

Follow the above steps for every claim you create for a batch.

Save Batch	

16. Save Batch You can edit a batch that has been **SAVED**, NOT submitted.	**!** Select the Save Claim Data button to SAVE the information you have entered. System also has auto save. **!** Saved Batch will have a status of NEW until it is submitted.

Submit Batch	

17. Submit Batch
You cannot edit a batch that has been **SUBMITTED**. The statuses that would display for a Submitted batch.
   • Processed
   • In-Process
   • Batch Submission Failed -Provider can fix and resubmit batch
   • Failed -Provider can fix and resubmit batch. The provider will receive an email with error reasons.
   • Completed
	TIP!
	! When the batch is submitted the status will change from NEW to In-Processed.
	
	! Once the batch has been processed the status will change to Processed.
	
	! If there is an error during submission an Error message will display, and the status of the file will be **Batch Submission Failed or Failed** will display. Contact Provider Services for assistance.

How to Submit Corrected or Voided Claim

Before You Begin

✓ Log in to the Provider Portal and start from any screen.

Screens

Steps	More Information

Corrected/Replacement Claim

1. Corrected/Replacement Claim

On the claim batch page, select the **Corrected/Replacement** Claim Button. A claim search screen will display.

Enter claim number. If a match is found the information will auto populate on screen.

The form populates with the old claim information and the Original Reference Number, aka the claim number you entered.

Make additional corrections as needed and then click Save Claim Data.

IMPORTANT!

! All fields are editable except the Original Claim number field.

TIP!

! Make your corrections and Save.

Voided/Cancelled Claim

2. Voided/Cancelled Claim

On the claim batch page, select the **Voided/Cancelled** Claim Button. Enter a claim number in *pending or approved* status in the claim search popup. If a match is found, then the claim information will auto populate on screen.

IMPORTANT!

! All fields display as read only. You cannot update any fields. You can only select the claim and save the claim to the batch.

11 Portal Account Management

The Portal Account Management menu allows you to update your portal account profile, including Change Password, and communication preferences.

How to Update Personal Information

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **My Account** menu from the **Welcome** menu.
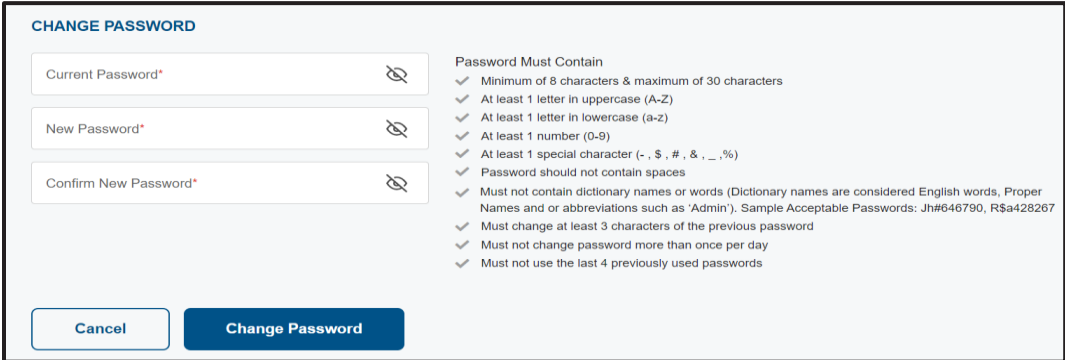
Screens

Provider Dashboard – My Account Menu

Update My Account Information

Step-by-Step Instructions

Steps

More Information

Start on the Provider Dashboard Page

1. **Select My Account**
   The My Account page is displayed

2. **Click Edit Button**
   Edit Fist Name, Last Name, Mobile Number, Office phone number, Email address

3. **Click Save Button**
   The provider portal will display a success message telling you that your account information has been changed.

How to Change Your Password

Follow these step-by-step instructions to replace your existing password with a new password.

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Change Password** menu from the **Welcome** menu.

Screens

Provider Dashboard – Change Password Menu
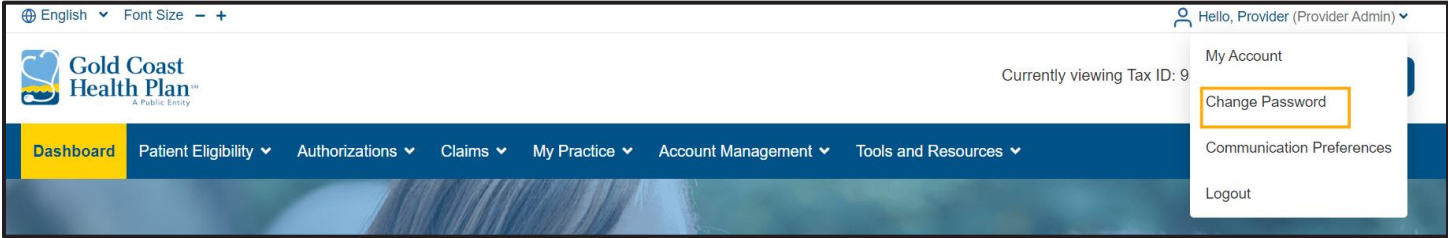
My Account – Change Password Quick Link
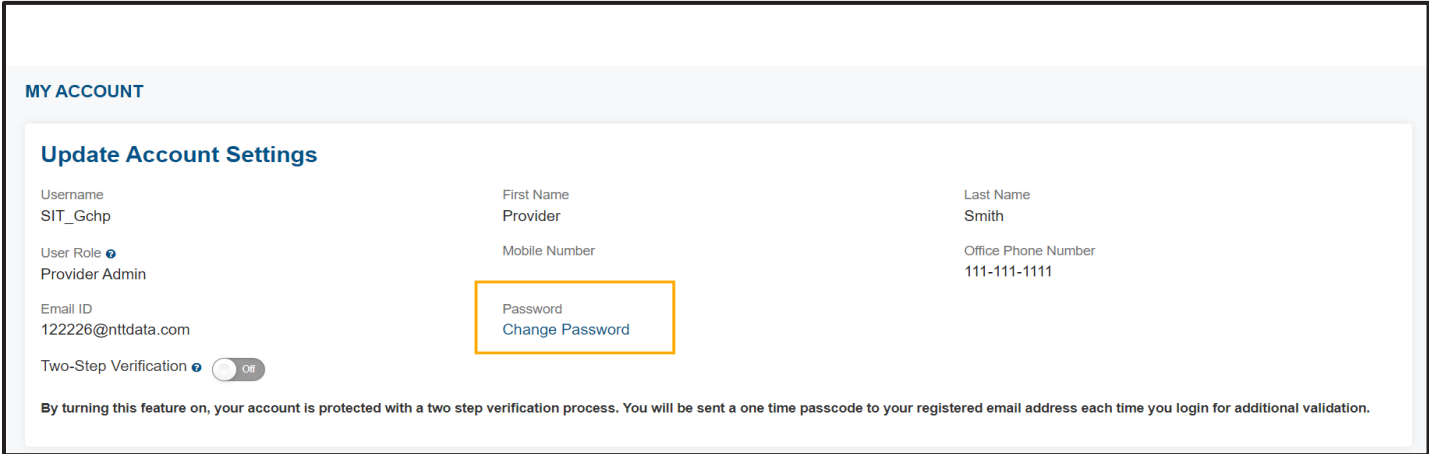
Change Password Page

Step-by-Step Instructions

Steps   **More Information**

Start on the Provider Dashboard Page

1. Select Change Password Menu

The Change Password page is displayed

Change Password Page

2. Enter your current password and new password.

Enter your current password. The entered password must match your current password to proceed.

Enter a new password. The new password must adhere to the password guidelines on the screen to proceed.

Confirm new password. The confirmed password must match your new password to proceed.

TIP!

! Follow the onscreen Password instructions.

3. Click the Change Password Button.

The provider portal will display a success message telling you that your password has been changed.

Success Message Page

4. Click OK to continue.

Once your password has been changed you will be automatically logged out and redirected to the Provider Portal Login screen.

TIP!

! Login using your new password.

5. Confirmation Email

A confirmation email will be sent to the email address on file.

How to Set Your Communication Preferences

Follow these step-by-step instructions to set up your communication preferences:

- ✓ Opt-in to receive email notifications each time a claim status is updated.
- ✓ Opt-in to receive email notifications each time a Tax ID request status is updated. *Refer to the Manage Tax ID section of this user guide.*

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select **Communication Preferences** from the Welcome menu.

Screens

Provider Dashboard – Communication Preferences Menu

Communication Preferences Page

Step-by-Step Instructions

Steps   **More Information**

Start on the Provider Dashboard Page

1. **Click the Communication Preferences menu (Under the Welcome menu)**

    The *Communication Preferences* page is displayed.

Communication Preferences Page

2. **Select the types of email notifications you wish to receive.**
    Email Preference – When this option is selected you can select one or both of the following options. If you leave this option unselected, you will not receive email notifications.
    - **Email Alert for Claim Status Updates** – When selected, you will receive an email each time the status of a claim is updated.
    - **Email Alert for Request Status Updates** – When selected, you will receive an email each time the status of a TAX ID request is updated.

3. **Change the email address to which your notification emails will be sent.**
    Click the **Change Email** link to display the email address fields and enter your preferred email address.

4. **Change the contact phone number to which GCHP can reach you.**
    Click the **Change Mobile Number** link to display the phone number fields and enter your preferred mobile number**.**

5. **Opt to receive communications via the mail.**
    Select the "I agree" option after reading the GCHP Privacy policy.

6. **Click the *Save* button.**
    The Provider Portal will display a success message telling you that your preferences have been changed.
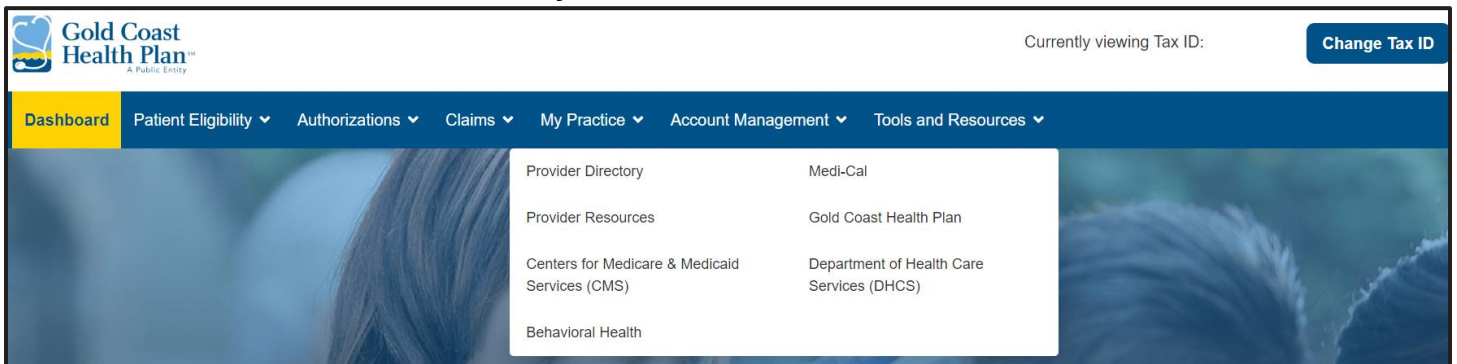   The providers communication preferences are sent to GCHP via a nightly file.

12 Tools & Resources

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select Tools and Resources from the main menu.

Screens

Provider Dashboard – Communication Preferences Menu

Step-by-Step Instructions

Steps   More Information

Start on the Provider Dashboard Page

1. **Click Tools & Resources on the main menu bar**

   Select anyone of the available options

   TIP!

   ! When you select a link, a new window will open within your browser

13 Account Management

This section covers functions that are available only to Provider Portal Administrators.

How to Invite Others to Join Your Account

Provider Administrators can invite others who share the same Tax ID to create a GCHP Provider Portal Account. Each new invitee must register to use the GCHP Provider Portal. When an invitee creates their GCHP Provider Portal account, it is automatically approved by the system.

However, if the invitation was submitted by the GCHP administrator then the Provider Admin must manually approve the registration. *For more information, see the GCHP Administrator User Guide*

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Provider Invitation** submenu from the **Account Management** menu.

Screens

Provider Dashboard – Provider Invitation Menu
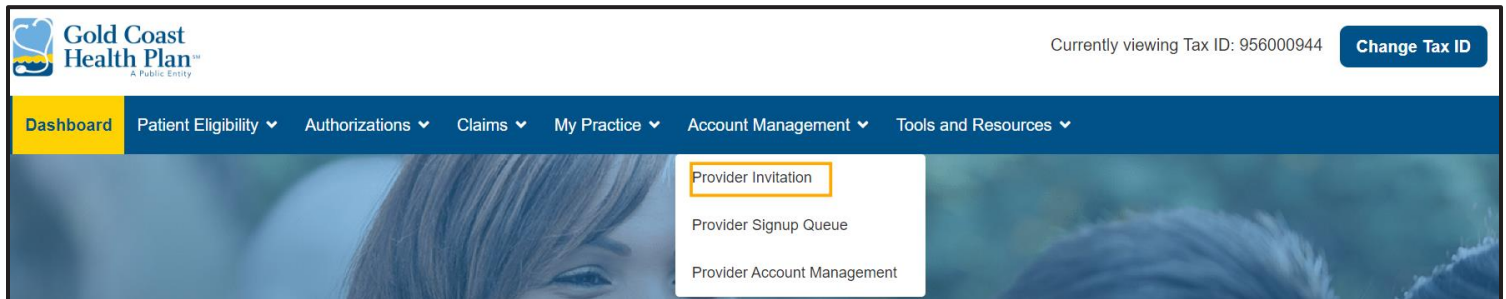
Provider Invitation Page

PROVIDER INVITATION

User Role*
Select ▾

Tax ID*
Select ▾

Location*
▾

First Name*

Last Name*

Email*

Mobile Phone Number

Office Phone Number

Comments

Do you wish to allow this user to bypass the Claim Number, the EFT/Check Number, the Remittance Date and Amount of the Remittance from two remittances from the past 120 days?

● Yes ○ No

☐ I understand that by generating this provider portal invitation I assume all related risks in regard to providing such access to the above-named individual, at the email address provided, to the Gold Coast Health Plan provider portal. I understand that the individual will be given access to Protected Health Information ("PHI") and Personally Identifiable Information ("PII") and that it is my responsibility to ensure that the individual is aware of and complies with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), including but not limited to the Security Standards for the Protection of Electronic Protected Health Information and the Standards for Privacy of Individually Identifiable Health Information. I have reviewed and can confirm the email address provided is error-free, to the intended recipient and such is authorized to receive the provider portal invitation.

[Clear] [**Generate Invitation Email**]

Registration via an Invitation – Pre-populated User Type

REGISTRATION

Step 1 of 3

Choose the type of user

● Vendor ❓   ○ Office Location ❓

Billing Tax ID*

Third party vendors should not register as a "Provider Admin" without required approval from the contracted provider.

[Cancel] [**Validate**]

Need Help

Call Us
Toll Free: 1-888-301-1228 TTY 711

Hours
8 a.m. - 5 p.m., Monday - Friday (except holidays)

Registration via an Invitation – Pre-populated User Details

REGISTRATION

Step 2 of 3

User Details

First Name*
Barbara

Last Name*
Smith

Email ID*
122226@nttdata.com

☐ Username same as Email address

Username*

New Password* 👁̷

Confirm Password* 👁̷

- Username should be alphanumerical and allowed special character and only underscore_ or a period.
- Minimum of 6 characters and Maximum of 40 characters.

Password must meet the following requirements:
- ✓ Minimum of 8 characters & maximum of 30 characters
- ✓ At least 1 letter in uppercase (A-Z)
- ✓ At least 1 letter in lowercase (a-z)
- ✓ At least 1 number (0-9)
- ✓ At least 1 special character (- , $, # , & , _ ,%)
- ✓ Must not contain spaces
- ✓ Must not contain dictionary names or words (Dictionary names are considered English words, Proper Names and or abbreviations such as Admin). Sample Acceptable Passwords: Jh#646790, R$a428267

[Back] [Cancel] [Continue]

Registration via an Invitation – Pre-populated Provider Information

REGISTRATION

Step 3 of 3

Provider Information
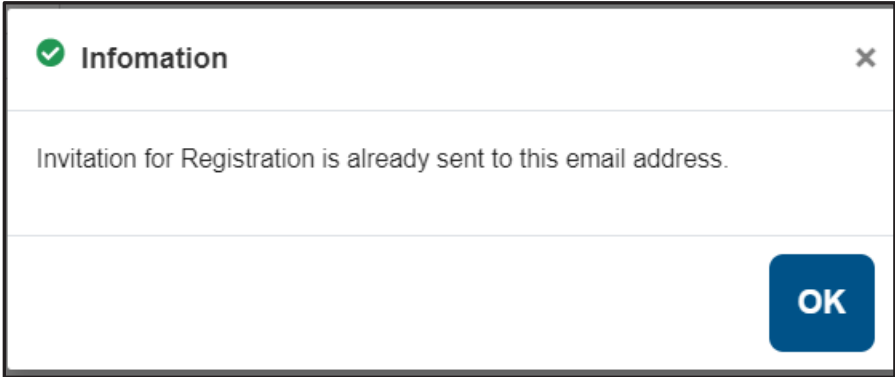
Provider Type*
Select ⌄

User Role*
Provider Admin ⌄

What are these User Role?

Office Phone Number*

Mobile Number

[Back] [Cancel] [Continue]

Need Help

Call Us
Toll Free: 1-888-301-1228 TTY 711

Hours
8 a.m. - 5 p.m., Monday - Friday (except holidays)
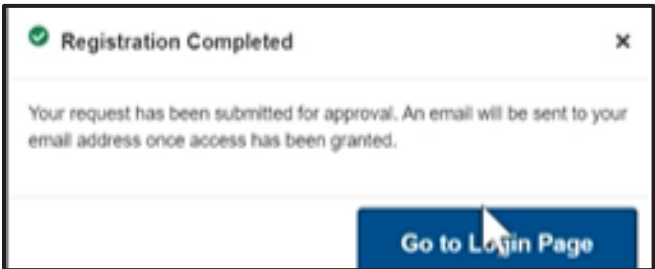
Duplicate Invitation Error Message

Infomation ✕

Invitation for Registration is already sent to this email address.

OK

Invitation for existing portal user Error Message

Information ✕

This email address is already in use by another provider, please enter a different email address

OK

Invitation Email – Invalid link Error Message

Information ✕

Your invitation link has expired. Please contact an administrator for details.

OK
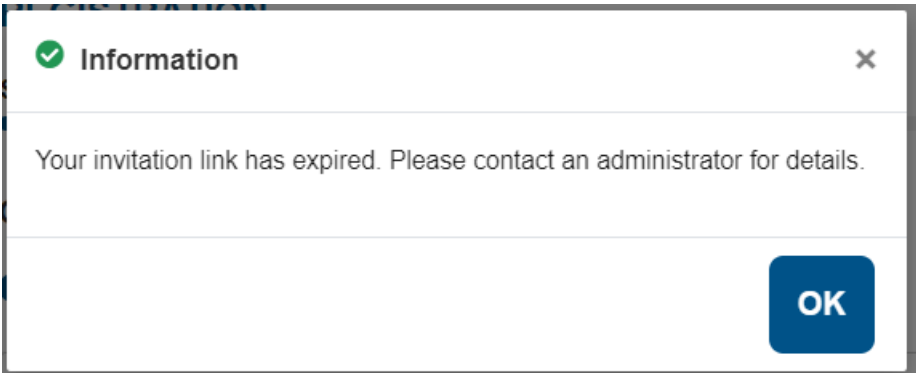
Invitation submitted by GCHP Admin-Registration Complete Message

Registration Completed ✕

Your request has been submitted for approval. An email will be sent to your email address once access has been granted.

Go to Login Page

Step-by-Step Instructions

Steps   **More Information**

Start on the Provider Portal Dashboard Page

1. **Click the *Account Management >> Provider Invitation* menu.**

   The ***Provider Invitation*** page is displayed.

Provider Invitation Page

2. **Enter the required provider invitation details.**

   - Select an option from the User Role drop down list
   - Select Billing Tax ID/Location
     - Vendor level access: The Billing Tax ID drop-down list will display a list of all your approved Tax IDs.
     - If you have been approved for vendor level access and want the invitee to register with vendor level access, then select All from the location drop down list.

     - Location level access: The location drop down will display a list of all your approved locations.
     - If you want the invitee to register with location level access, then select a location from the drop-down list.

   - First Name - The first name of the provider you want to invite. Name may contain only an apostrophe and a hyphen as special characters.
   - Last Name - The last name of the provider you want to invite.
   - Email - The email address to which the provider invitation will be sent.
   - Bypass Claim verification during registration Option - Select No, to allow the invitee to bypass the claim verification section during registration.

TIP! For more information refer to *Section 2 Provider User Roles* in this guide.

3. **Agree to the GCHP Invitation Agreement.**

   You must check the "I agree" checkbox to submit the invitation.

4. **Click the *Generate Invitation Email* button.**

   A success message is displayed.

Success Message

5. **Click the *OK* button.**

6. What's next...

The provider to whom you sent the invitation will receive an email to register on the GCHP provider portal. The email will contain a special URL to the provider portal registration page.

When registering specific fields entered in the invitation will be prepopulated on the registration screen. The invitee cannot change these fields. After the invitee creates their GCHP Provider Portal account Their account will be automatically approved.

The invitation URL will become invalid once the invitee has registered via the URL or if the administrator has cancelled the invitation.

How to Approve Provider Account Requests

Follow this step-by-step instruction to approve new provider account requests.

Before You Begin

Login to the Provider Portal and start from the Provider Dashboard.

Screens

Provider Dashboard – Provider Signup Queue
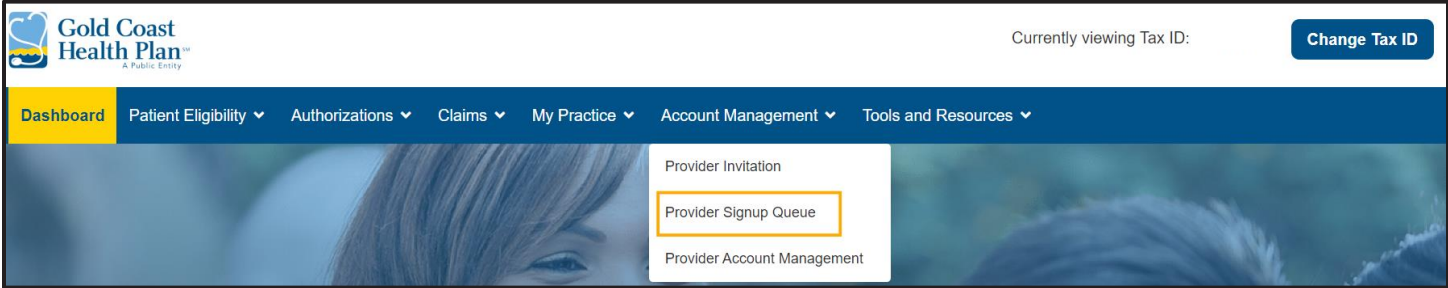
Provider Signup Queue Page

Provider Signup Queue – Invitation Details Page

Provider Signup Queue – Invitation Details Page with buttons to approve invitation

Start on the Provider Portal Dashboard Page

1. **Click the *Account Management >> Provider Signup Queue* menu**

   The *Provider Signup Queue* page is displayed.

2. **Enter your desired search criteria.**

3. **Click the *Search* button.**

   Search results are displayed at the bottom of the page.

   The Signup Queue will display all invitations submitted for Tax IDs/Locations for which the provider is authorized. The sign-up queue will display invitations submitted by the logged in admin as well as any other admin. Example: If Tax ID 123 has two provider admins, then the signup queue will display invitations from both users and GCHP administrators.

4. **Click the Request No. link.**

   The **Invitation Detail** page is displayed.

Invitation Detail Page

5. **Review the invitation information.**

6. **Click the *Approve, Decline or Pending* button.**

   If the invitation was submitted by a GCHP administrator, the provider admin will receive an email stating there is a request pending approval. The provider admin will have the options to approve, decline or pend a request only if the invite was submitted by a GCHP admin.

   The invitee will receive an approval or denial email. An email will not be sent if the request is in pending status.

   ! Important

   Refer to the GCHP Admin user guide for details on submitting an invitation from the Admin Portal.

7. **What's next…**

   An email is automatically sent notifying the provider that their GCHP Provider Portal account has been approved.
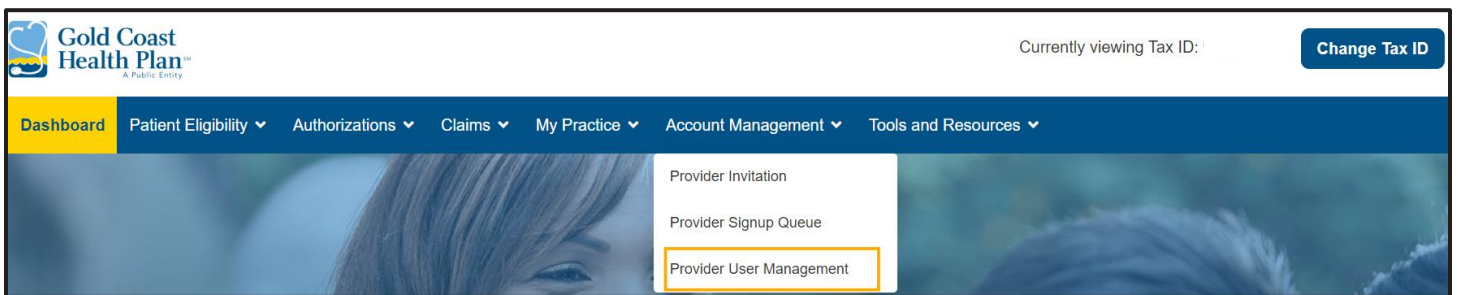
Provider User Management

The Provider User Management search feature will allow administrators with the ability to search for portal user accounts associated to the admin's Tax ID(s) and/or Location ID(s).

Before You Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the Provider User Management submenu from the Account Management menu.

Screens

Provider Dashboard – Provider User Management Menu

Provider User Management Page

Provider User Management – Access Details

Provider User Search > Provider Access Details

← **Back to previous**

Provider Access Details

User Role	First Name	Last Name
Office Manager	SIT Testing	Mohan Dhathuu

Tax Id ⇕	Locations	Access Level
	Locations (1)	LOCATION

Provider User Management – Location Details

Provider Location Acess Details   ✕

User Role	First Name	Last Name	Tax Id	Access Level
Office Manager	SIT Testing	Mohan Dhathuu		LOCATION

Export ⬆

Locations Address ⇕

Santa Paula Hospital Clinic
845 N 10th St Ste 3, Santa Paula, CA, 93060

1   5 Per Page ⌄

Cancel

Steps   **More Information**

Start on the Provider Portal Dashboard Page

1. **Click the *Account Management >> Provider User Management* menu**

   The ***Provider User Management*** page is displayed.

2. **Enter your desired search criteria.**

   Provider admins can view all portal users associated to their Tax ID and/or Location.

   Provider admins will receive an email for new registered users associated to their Tax ID and/or location.
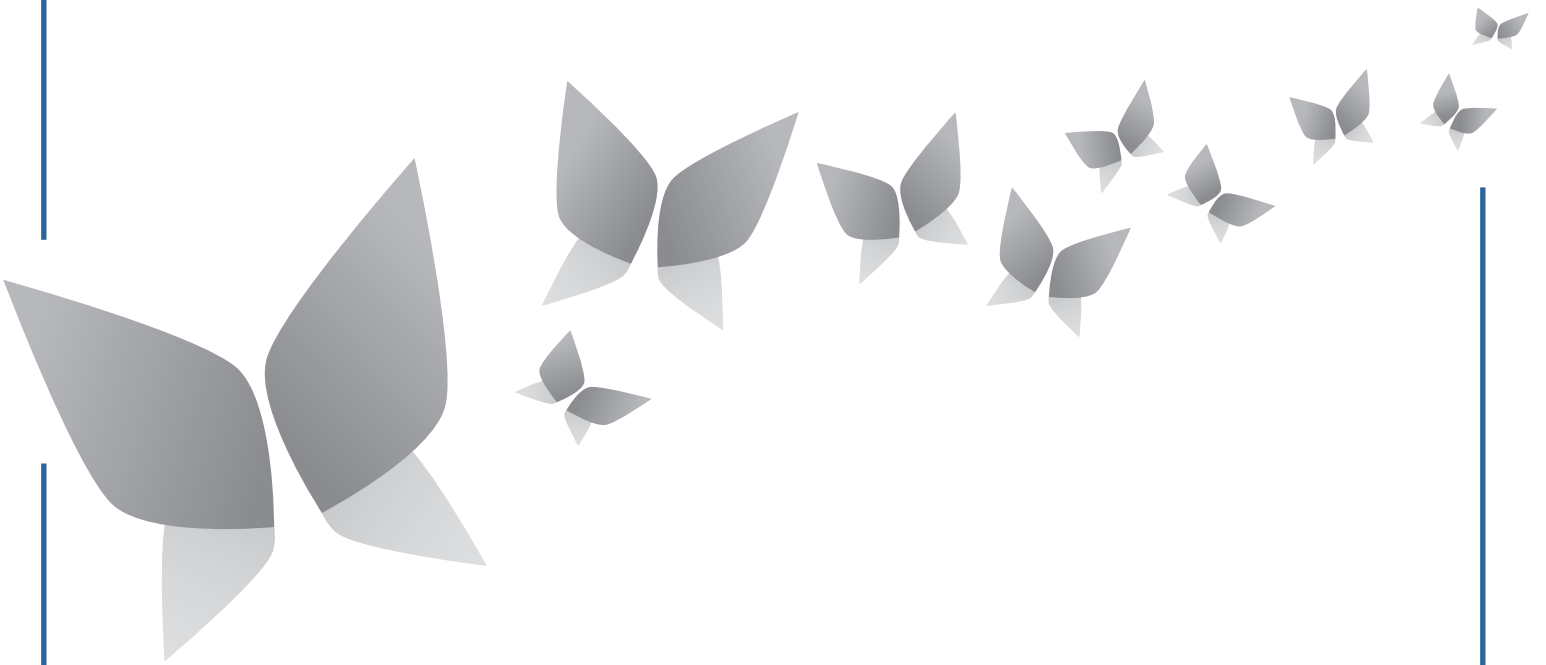
3. **Click the *Search* button.**

   Search results are displayed at the bottom of the page.

4. **Click the View Details link.**

   The **View Details** page is displayed.

5. **Click the *Activate* or Deactivate button.**

   If the portal account is associated to one or more Tax IDs that are not associated to the provider admins account, then a message will appear advising the admin to contact GCHP to activate/deactivate the account.