



**Gold Coast
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Specialty Care Provider Joint Operations Meeting

April 16, 2025

Provider Network Operations

Integrity

Accountability

Collaboration

Trust

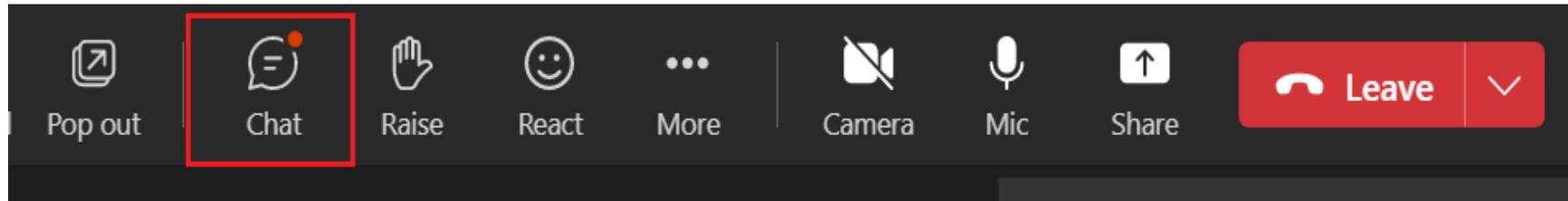
Respect

Agenda

Provider Network Operations	
GCHP Announcements – Sonya Ibarra	
Specialty Care Physician Roles & Responsibilities- Monica Hernandez	
Provider Portal: Access & User Roles, Passwords, TruCare, Claims - Maria Najjar	
Authorization Requests– Julie Martinez	
Claims Operations – Thomas Cooper, Elizabeth Strammiello	
Provider Updates & Contact Information – Veronica Esparza	
Questions	

Housekeeping Items

- ❖ Remain on Mute
- ❖ Add Questions to the Chat



- ❖ A copy of this presentation and FAQs will be available on GCHP website next week

Provider Network Operations

- GCHP Provider Network Operations Department is committed to building strong and lasting relationships with our providers and their staff. PNO acts as the central touchpoint between providers and GCHP for provider recruitment, education, contracting, reporting and maintenance of provider network adequacy.

The following teams make up the PNO organization:

- Provider Relations
- Provider Contracting
- Provider Regulatory
- Provider Analytics

Provider Relations (PR) team is the main point of contact for contracted providers for support and enhance the quality of care and services that our members receive. The PR team investigates provider issues and provides recommendations and solutions during provider site visits and via email communication.

Sonya Ibarra, Manager of Provider Relations

Monica Hernandez, Provider Relations Lead

Veronica Esparza, Provider Relations Lead

Provider Relations Representatives

Maria Najjar

Alex Gomez

Shyleen Sandoval

Raymond Reyes

ProviderRelations@Goldchp.org



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GCHP Announcements

Sonya Ibarra
Manager, Provider Relations

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New 2025 Provider Manual Released

GCHP has completed its annual review of our Provider Manual, and it is now available on the GCHP website.

The Provider Manual describes operational policies and procedures including information on provider responsibilities, claims information, member eligibility, guidelines for medical authorizations and more.

Please take a moment to review our online Provider Manual today!

Go to www.goldcoasthealthplan.org >
For Providers > Provider Resources > Provider Manual

We welcome your feedback on how we can improve the Provider Manual. Please email ProviderRelations@goldchp.org with your comments or suggestions.



2025
PROVIDER MANUAL

For Questions and Gold Coast Health Plan Information,
Please Call 1-888-301-1228 | www.goldcoasthealthplan.org

GCHP Annual Provider Surveys

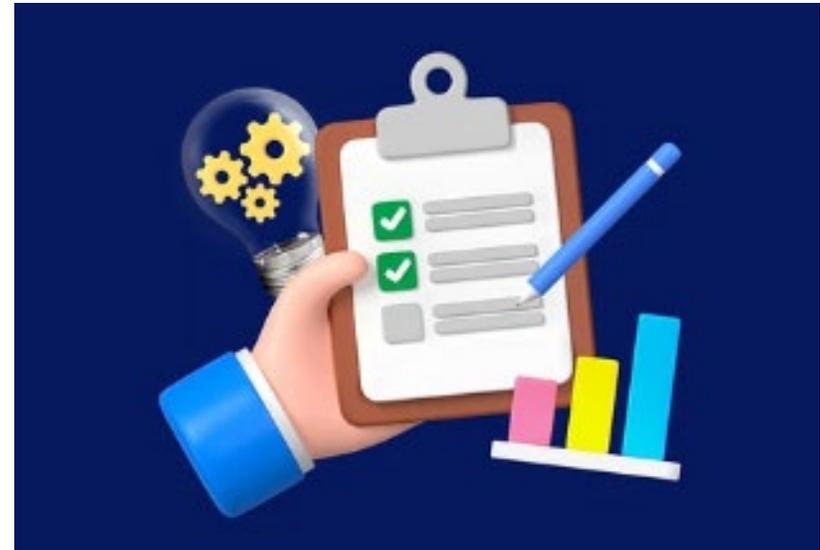


**WE WANT TO
HEAR FROM YOU!**

GCHP will conduct its annual provider surveys starting in 3rd quarter 2025.

Your participation is appreciated!

- Provider Appointment Availability and After-Hours Survey
- Provider Satisfaction



Medi-Cal for Kids & Teens Training

As of January 1, 2024, DHCS requires all providers who offer services to members under 21 years of age to complete Medi-Cal for Kids & Teens training, previously referred to as Early and Periodic Screening, Diagnostic and Treatment (EPSDT). **This training must be completed every two (2) years.**

If you haven't completed your required training yet, please access the materials on our website at <https://www.goldcoasthealthplan.org/for-providers/provider-trainings/medi-cal-for-kids-teens-training/>

An attestation form is required as evidence that you have completed the training or attest that you have received the training elsewhere.

What are GCHP's expectations for providers?

- Comply with Medi-Cal contract requirements around EPSDT
- Coordinate EPSDT services with other members of a patient's care team
- Complete EPSDT training every two (2) years

References

- DHCS Medi-Cal for Kids & Teens Provider Training: <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-EPSDT-Provider-Training.pdf>
- DHCS All Plan Letter 23-005 "Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members under the age of 21" <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>

Non-Specialty Mental Health Services Training (NSMHS)

Starting January 1, 2025, the state Department of Health Care Services requires Medi-Cal plans to provide outreach and education to providers about NSMHS.

The California Legislature passed Senate Bill (SB) 1019 to address the underutilization of covered mental health benefits. The bill aims to close gaps in **Non-Specialty Mental Health Services (NSMHS)**, increase awareness among members and primary care providers (PCPs), and ensure that outreach and education for NSMHS are culturally and linguistically appropriate.

NSMHS services include:

- Mental health evaluation and treatment, including individual, group, and family psychotherapy
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies, and supplements

Training materials and a copy of our Member and Provider Outreach and Education Plan can be accessed on our website:

<https://www.goldcoasthealthplan.org/for-providers/provider-trainings/non-specialty-mental-health-services/>

An attestation form is required as proof that the training has been completed.

References

[DHCS All Plan Letter \(APL\) 24-012](#): Non-Specialty Mental Health Services: Member Outreach, Education, and Experience Requirements

Gender Affirming Care

Gold Coast Healthplan will begin collecting information about gender affirming care services offered at provider offices within our provider directory. The goal of gender-affirming care is to ensure that individuals feel respected and supported in their gender identity, contributing to better mental health, self-esteem, and quality of life.

Gender-affirming care refers to a range of medical, psychological, and social services that support individuals in aligning their gender identity with their physical appearance, social roles, and overall well-being. This type of care is tailored to each individual's needs and can include several different types of support, such as:

- **Medical Care:** This may involve hormone replacement therapy (HRT), gender-affirming surgeries (like top or bottom surgery), or other medical treatments to help individuals transition to their gender identity.
- **Mental Health Support:** Therapy and counseling to support emotional and psychological well-being, help address issues like gender dysphoria (the distress caused by a disconnect between one's gender identity and assigned sex at birth) and provide coping strategies for social or personal challenges.
- **Social and Legal Support:** Helping individuals navigate social and legal aspects of their gender identity, such as changing names or gender markers on identification documents, as well as creating inclusive environments at work, school, or in community spaces.
- **Holistic and Community Support:** Offering support groups, peer mentoring, and other resources that foster a sense of belonging and connection for transgender and non-binary individuals.

Please notify us at ProviderRelations@Goldchp.org if your office provides gender affirming care.

Reference

TGI Health Care FAQs <https://www.dmhc.ca.gov/HealthCareinCalifornia/GettheBestCare/TGICare.aspx#FAQ>

APL 24-017 <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-017.pdf>



**Gold Coast
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Specialty Care Physician Roles & Responsibilities

April 16, 2025

Monica Hernandez
Provider Relations

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Provider Office Changes

Help keep provider records current and accurate by notifying GCHP of practice changes in advance. By doing so, you remain in compliance with your Provider Agreement as well as assisting GCHP to be in compliance with the Department of Health Care Services provider data regulations.

If you need to add, terminate, or make demographic changes to your organization or to an existing provider in your group, please notify GCHP at least 30 days in advance by submitting a Provider Information Update Form (PIUF). Examples of changes include:

- Change office location, hours, phone, fax, or email.
- Add or close a location.
- Add or terminate a rendering provider.
- Change in Tax ID and/or NPI.
- Open or close your practice to new patients (PCPs only).
- Race
- Ethnicity
- Gender
- Telehealth

When reporting changes, please utilize our most current PIUF located on the [GCHP website](#) and submit completed forms to Providerrelations@goldchp.org

New Provider Orientations Reminder

The Department of Health Care Services (DHCS) mandates all new providers, including those being added to an existing group, complete a new provider orientation training as part of their contractual obligation to be a Medi-Cal managed care provider with GCHP.

All new providers will receive a Welcome Letter by email that includes the contract start date that the provider can begin to see GCHP members and that serves as our initiation of training with links and resources for providers to start their training.

All providers must submit an attestation form as evidence that the training has been received and completed within 30 days from the provider's contract start date.

GCHP has been working diligently to meet a 100% compliancy rate for providers completing their orientation training within the timely standard and we hope that you will continue to help us achieve this goal as it ensures our new providers have a seamless transition to our network and are equipped to provide the best care for our members.



For additional information and links to training resources, please visit our dedicated webpage at www.goldcoasthealthplan.org > For Providers > [Welcome Providers](#).

Access & Availability Standards

The state Department of Health Care Services (DHCS) requires access and availability standards for all Medi-Cal providers. Below are a list of some of the standards.

Type of Care	Wait Time
Emergency Services	Immediately.
Urgent Care	Within 48 hours for services that do not require prior authorization. Within 96 hours for services that do require prior authorization.
Non-Urgent Primary Care Appointment	Within 10 business days of request for appointment.
Non-Urgent Behavioral Health Appointment	Within 10 business days of request for appointment.
Non-Urgent Specialty Care Appointment	Within 15 business days of request for appointment.
Phone Wait Time	Within three to five minutes, whenever possible.
Ancillary Services for Diagnosis or Treatment	Within 15 business days of request for appointment.
Initial Health Appointment (IHA)	Within 120 calendar days from enrollment.
Waiting Time in Office	Not to exceed 45 minutes after the time of appointment.
Sensitive Services	Ensure confidentiality and ready access to sensitive services in a timely manner and without barriers – NO AUTHORIZATION REQUIRED.
Long Term Care (LTC) Availability	Within seven business days of request.

First Prenatal Visits: The first prenatal visit must be scheduled within **two weeks** of a member's request.

After-Hours Calls:

When members call provider offices after hours, they should be advised by a recorded message that if the situation is a true medical emergency, the member should hang up and dial 911 or go to the nearest emergency department. This advice should be recorded at a minimum both English and Spanish and possibly other languages if the provider has a large volume of routinely cared for members who speak other dialects.

Methods to help improve Access and Availability to members can include, but not limited to:

- Appointment availability with other contracted, in-area providers within the same office or different location
- Appointment availability with a contracted, in-area mid-level practitioner within the same office or different location
- Weekend appointment availability when available
- Telehealth appointments
- Cancelled appointment availability

California Children's Services (CCS)

CCS is a state-funded program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children ages 0-21 with special health care needs.

Patients that have an active case in the CCS program are required to receive treatment from a CCS-paneled specialist for their eligible condition. All requests for CCS diagnostic and treatment services must be submitted using a Service Authorization Request (SAR) form. **Only active Medi-Cal providers may receive authorization to provide CCS program services.**

Submit SARs to:

Ventura County Human Services Agency at 855 Partridge Drive, Ventura, CA 93003.

To submit claims for California Children's Services (CCS) in Ventura County

Send completed Service Authorization Request (SAR) form & supporting documents to the Ventura County CCS office at 2240 E. Gonzales Road, Ste. 260, Oxnard, CA 93036, or via fax to 805-658-4580.

The following are some helpful reminders when submitting claims.

- Submit claims for services that were approved or authorized by the CCS. Claims for services without CCS approval or prior authorization may be denied.
- Submit claims for services rendered to a client confirmed eligible to receive CCS benefits. Claims for services rendered to clients who are not CCS or are no longer eligible to receive CCS benefits will be denied.
- Submit claims in a timely manner.
- Submit claims for services rendered to clients with other health insurance coverage with the Explanation of Benefits (EOB) attached to the claims.

Billing Questions

If you have billing questions, please contact Medi-Cal at (916) 636-1980 (outside of California, please call (800) 541-5555). You can also visit the [Medi-Cal website](#) for billing procedures and updates.

Transportation Advertising Campaign



Ventura Transit System (VTS)
1.855.628.7433 (TTY 711)

At Gold Coast Health Plan, we are connecting members with care and that includes FREE rides for members and anyone who rides with them.

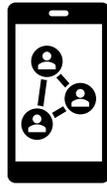
En Gold Coast Health Plan, ponemos en contacto a los miembros con la atención y esto incluye viajes GRATIS para los miembros y cualquier persona que se transporte con ellos.

 **Call our partner to:**

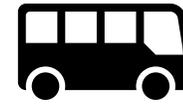
- Schedule a ride.
- Get a 1-month bus pass.
- Inquire about mileage reimbursement for rides from your family and friends.

 **Llame a nuestro socio para:**

- Programar un viaje.
- Obtener un pase de 1 mes para el bus.
- Consultar sobre el reembolso de las millas para viajes proporcionados por su familia y amigos.



• Social Media



- Bus shelters
- Inside buses



• Radio



• Flyers



• Newspapers



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Provider Portal

April 16, 2025

Maria Najar
Provider Relations

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Provider Portal Access & User Roles

Google Chrome is the preferred browser to access the GCHP NTT Provider Portal. Alternative browsers can also be used.

The one-time-passcode (OTP) authentication is an optional security feature that may be disabled by going to My Account, click on Edit, and turn off Two-Step Verification.



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 email ProviderPortal@goldchp.org.

Provider Portal Password

Password Requirements

- Minimum of 8 characters, maximum of 30 characters
- Password must meet the following requirements
 - 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 (i.e., English words, Proper Names and or abbreviations such as Admin).

Sample of acceptable passwords: Jh#646790, R\$a428267

Password Tips

- Try changing letters to numbers
For example: 3=E, 0=O, 7=T, 1=I
- Use the special characters listed on the requirements.
Any other special characters will trigger an invalid password. Example: !, ?, @
- Do not use too many numbers together that can be identified as commonly used numbers or years.
Example: 1986, 2000, 1189
- Break up your words to eliminate dictionary word errors. Example: Cl_a#s

Provider Portal News

Find current news and information available on the dashboard of your GCHP Provider Portal account.

To ensure you receive important updates, we will regularly post information to keep you engaged with event dates, plan changes and other pertinent information.

Welcome, Maria

I want to

- Manage Tax ID
- My Panel

Find a Member

Find your patient and check eligibility

[Go To My Patients →](#)

Provider News

Timely Access Standards and Methods to Improve Member Access and Availability

The state Department of Health Care Services (DHCS) requires access and availability standards for Medi-Cal providers. Gold Coast Health Plan (GCHP) is proudly charged with maintaining quality care for our members, which includes monitoring access and availability within the network and ensuring that contracted providers comply with access

[See More](#) ← [Click here for more details](#)

Scroll down to find additional news.

If you have any questions about a publication, please email ProviderRelations@goldchp.org.

Provider Portal Claims Tips

- Secondary claims should not be submitted via the NTT Provider Portal. Primary EOPs are required for secondary claims therefore we ask these claims to be mailed directly to GCHP for processing
- The NTT provider portal does not accept attachments. Claims that require invoices, Primary EOPs, etc. should be mailed to GCHP claims address. The same applies for claims submitted via EDI (clearinghouse.)
- To obtain the best results when conducting a claim search, select the “Claims in” drop down field. Set “Location” to All.

CLAIMS SEARCH

Claims In Last 30 Days	Claim Number	Patient Account Number	Location All
Member Last Name	Member ID	Authorization Number	Claim Status All

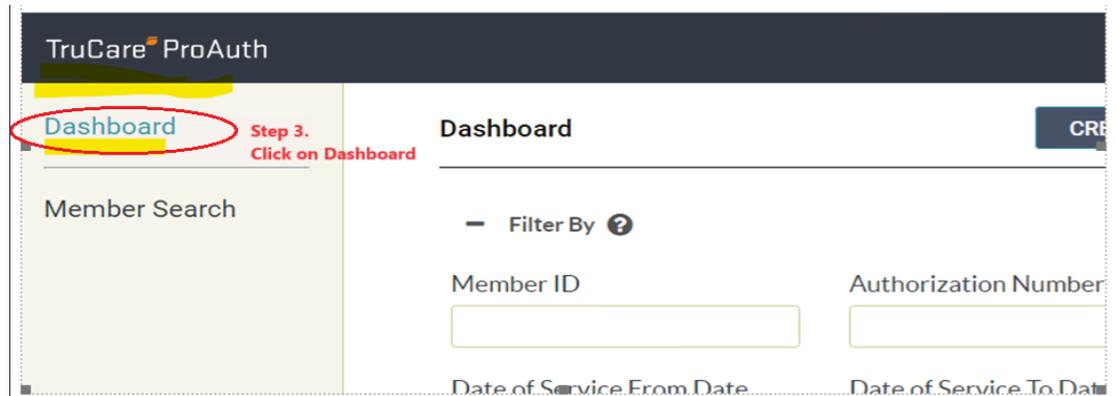
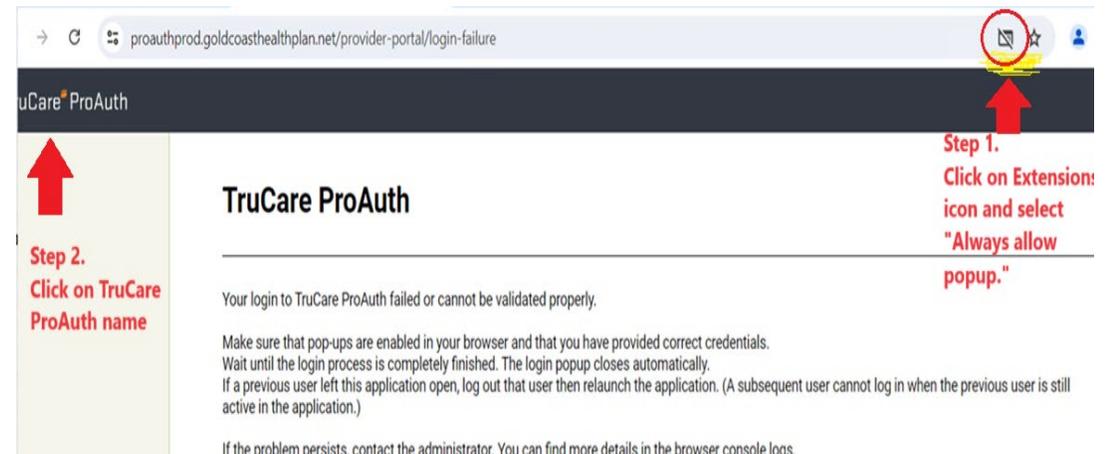
Search **Advanced Search**

TruCare ProAuth Access

From the Provider Portal homepage, when clicking on the Authorizations tab to access **TruCare ProAuth**, if you get a popup error message blocking your access to proceed, please follow these three steps to bypass the popup blocker

1. Click on Extensions icon and select “Always allow popup.”
2. Click on the TruCare ProAuth name, located on the top-left corner of the page.
3. Click on “Dashboard” to access the TruCare ProAuth dashboard.

If you continue to experience issues with accessing TruCare ProAuth, please email ProviderPortal@goldchp.org for assistance or call Provider Services at 1-888-301-1228.





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Authorization Requests

April 9, 2025

Julie Martinez & Chris Boral
Utilization Management Health Services

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Helpful Tips When Submitting An Authorization Request

When submitting authorizations through the Provider Portal please ensure to include the following information:

1. Servicing/Facility/Vendor Provider
2. Requesting/Ordering Provider
3. CPT codes
4. Quantity
5. Dates of service for all portal requests.

For CPT codes, do not enter the same code on more than one line – ***increase the quantity to 2 if needed.***

It is Important to include contact name/number and fax number in all authorization requests.

DME prosthetics /Orthotics, Home Health, PT/OT etc.

GCHP recommends that the prescribing provider send the RX with the ICD-10 dx code to the rendering vendor/provider.

The rendering vendor/provider can submit the request for authorization to GCHP with the appropriate codes and quantities.

Expedited Request & Referrals

Please use the following definition to determine when to submit a request or referral as *expedited*:

- A request that may involve an imminent and serious threat to the health of a member, including but not limited to severe pain or potential loss of life, limb or major bodily function.
- When referring to an Out of Area Specialist, please be specific with which specialty, the reason member need to see the specialist and if local care was explored.
- **Remember to include pertinent clinical documentation with all request.**

Provider Resources

Authorizations can either be requested in the Provider Portal or via fax (855) 883-1552.

To download the Prior Authorization Treatment Request Form, please visit our GCHP website:

https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/a1bbeaac8bb34da4ba0edc95487ed911/gchp_prior_authorization_treatment_request_for_m_apr2022_v1-fillablep.pdf

A list of services requiring prior authorization can be found on our GCHP webpage:

https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/ec872bf4c7de4bdfa5c0a3975636cc3d/gchp_serv_req_prior_auth_form_mar2025_v4p.pdf

PRIOR AUTHORIZATION TREATMENT REQUEST FORM
 URGENT (72 hours) ROUTINE RETRO
FAX: 1-855-883-1552 PHONE: 1-888-301-1228 www.goldcoasthealthplan.org
TO PROCESS YOUR REQUEST THIS FORM MUST BE COMPLETED AND LEGIBLE

PROVIDER: Authorization does not guarantee payment. Eligibility must be verified at time services are rendered.

Patient Name: Last _____ First _____ Date: _____
Mailing Address: _____ City: _____ Zip: _____
CIN Number: _____ Male Female Date of Birth: _____ Age: _____
Name of PCP: _____ Location: _____

Ordering Provider:	Rendering Provider:	Facility / Vendor:
<input type="checkbox"/> In-Network <input type="checkbox"/> Out-of-Network <input type="checkbox"/> Out-of-Area Name: _____ Specialty: _____ NPI: _____ TIN: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Office Contact: _____	<input type="checkbox"/> In-Network <input type="checkbox"/> Out-of-Network <input type="checkbox"/> Out-of-Area Name: _____ Specialty: _____ NPI: _____ TIN: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Office Contact: _____	<input type="checkbox"/> In-Network <input type="checkbox"/> Out-of-Network <input type="checkbox"/> Out-of-Area Name: _____ Specialty: _____ NPI: _____ TIN: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Office Contact: _____

AUTHORIZATION REQUEST
 Outpatient Facility DME Rental (RR) DME Purchase (NU) Hospice Interventional Pain Management
 Inpatient Facility Home Health Rehab Services (PT, OT, ST) Surgical Orthotics / Prosthetics
 SNF Home Infusion Radiology Imaging Services CCS Other

Estimated Length of Stay (days): _____

REASON FOR OUT-OF-NETWORK REQUEST
 Member's Preference Provider Not Accepting New Patients Provider Not Available In-Network
 Specialized Procedure / Area of Expertise Timely Access to Provider Other: _____

REFERRING PROVIDER'S ORDER MUST BE SUBMITTED

Date(s) of Service: _____ Retro Date(s) of Service: _____
List ALL procedures requested along with appropriate CPT code(s)
Diagnosis: _____ ICD-10: _____

CPT/HCPCS Code(s)	Requested Procedure(s)	Quantity	CPT/HCPCS Code(s)	Requested Procedure(s)	Quantity

PERTINENT HISTORY (SUBMIT RELEVANT MEDICAL RECORDS, TEST RESULTS, X-RAYS, ETC.)

711 East Daily Drive, Suite 106, Camarillo, CA 93010 | 1-888-301-1228 | www.goldcoasthealthplan.org



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Claims Operations

April 16, 2025

Thomas Cooper
Elizabeth Strammiello

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Claims

- Multiple system conversions on July 1
 - Claims
 - Authorizations
 - Enrollment
 - Provider Portal
- As with any system implementation, challenges to overcome
- Continue to work with vendors and providers on fixes and enhancements
- Many system updates are in production
- Claims processing timelines improved dramatically since go-live

Claims Cont.

- Proactively adjusting previously processed claims that may not have paid accurately
- To avoid reprocessing claims multiple times, GCHP is validating supplier information, roles and configuration
- Please follow the PDR process if you find inaccuracies
- Remittance advices
 - 835s – adding additional detail with supplemental files
 - EOPs – revising the template and expect a new EOP to be released before summer

For additional claims resources: <https://www.goldcoasthealthplan.org/for-providers/claims/>

Provider Reconsideration form: https://res.cloudinary.com/dpmykpsih/image/upload/gold-coast-site-258/media/adb8180216a34189828cfbf84dce4d4/gchp_provider_reconsideration_request_2020_form_v5-fillablep.pdf

Requests for Remits

Remittance advice (RA) is the detail of how claims were processed and paid. RAs can be either paper or in an electronic format.

The paper format of an RA is the Explanation of Payment (EOP). The EOP is mailed to a provider.

The electronic format of an RA is the 835. The 835 is sent through a clearinghouse.

You can choose to receive RAs either electronically or paper.

When requesting an EOP or 835 please provide the following information:

- Provider name
- TIN and NPI
- EFT/Check number
- EFT/Check date
- EFT/Check amount
- Submit a spreadsheet if more than 10 EFT/Checks
- Detailed information of what the issue is, i.e., check total not matching EOP/835, don't have the detail outlining what was recouped.

Please send your request to ProviderRelations@goldchp.org

To enroll in 835 electronic files please email EDI-Support@goldchp.org



**Gold Coast
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Provider Updates & Contact Information

April 16, 2025

Veronica Esparza
Provider Relations

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Provider Relations Resources

Provider Updates & Bulletins

GCHP will share urgent and vital news to keep our providers informed about upcoming trainings, Medi-Cal updates, campaigns, resources and more. All memos and provider bulletins are archived on our GCHP website at www.goldcoasthealthplan.org > For Providers > Provider Updates.

If you are not already receiving our publications by email, please send your name and email address to Provider Relations at ProviderRelations@goldchp.org to be added to our provider communication distribution list.

Routine Site Visits

You will routinely see our designated team of External PR representatives stop by your office to serve as a GCHP resource. We will communicate important information and provide your staff with support to ensure your needs are met, so that operations run smoothly. Discussions on member access and availability, notification of any office changes, and your overall experience with GCHP, are just some of the topics that we will address during our site visits.

If you have any general questions or would like to schedule a site visit or provider training, please email ProviderRelations@golchp.org.

Points of Contact at GCHP

For help with:	GCHP point of contact	Contact Information
1. Provider Questions with GCHP	Provider Network Operations	providerrelations@goldchp.org
2. Provider Questions with GCHP- CalAim	Provider Network Operations	calaimpr@goldchp.org
3. Information on upcoming CalAIM webinars	Communications	Communications@goldchp.org
4. Provider Contracting	Provider Network Operations	providercontracting@goldchp.org
5. Provider Services	Operations	Phone: 888-301-1228 Option #2
6. Authorization Request	Health Services	Authorizations can either be requested in the Provider Portal or via fax (855) 883-1552.
7. To enroll in 835 electronic files or for support		EDI-Support@goldchp.org

Gold Coast Health Plan Mailing Address



Gold Coast Health Plan
Attn: Claims
P.O. Box 9152
Oxnard, CA 93031-9152

Gold Coast Health Plan
Attn: Correspondence
P.O. Box 9153
Oxnard, CA 93031-9153

Gold Coast Health Plan
Attn: Grievances
P.O. Box 9176
Oxnard, CA 93031-9176



Questions?