

CORE CHANNEL ENROLLMENT/CHANGE FORM

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

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

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

Notes:

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

TRANSACTION TYPE(S)

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

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

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