



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

## **FAQs for Providers Regarding Claims Payment Issues**

**Q: Whom can we contact if customer service is unable to assist our office with specific benefit coverage or claims questions and we do not receive a response within 24-48 hrs?**

A: Please submit written questions directly to [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

**Q: What happens if claims are not submitted in a timely manner? (Meaning beyond the 180 days suggested filing date.) Will claims be paid at a reduced rate like Medi-Cal or denied?**

A: No; although we prefer claims to be submitted within 180 days after the date of service, at this time we are not imposing any reductions in payment or denying claims filed beyond this suggested time frame. However, claims must be submitted within 1 year of the date of service.

**Q: If we receive a denial for a specific procedure code (e.g. 82106 ZS) stating that it is not the financial responsibility of GCHP and directing us to bill Medi-Cal FFS, where should the claim be sent?**

A: Please contact Medi-Cal directly (800) 541-5555 or visit the Medi-Cal website for more information. Note: There are some specific procedure codes that are not covered by Gold Coast Health Plan but are still covered by Medi-Cal and paid by the state's Fiscal Intermediary.

**Q: Whom can our office contact if GCHP customer service is unable to assist us with claim underpayment or overpayment discrepancies?**

A: Please send an e-mail to [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org) with your provider ID (if applicable), NPI # and TIN #. Please include a brief summary of your issue and a provider relations representative will respond and escalate the matter to other departments (claims, finance, etc.) if necessary.

**Q: How are claims for newborns to be billed?**

A: Services rendered to an infant may be billed with the mother's ID for the month of birth and the following month. After this time, the infant must have his/her own subscriber ID #.

**FOR A MORE COMPLETE LISTING OF FAQs ON CLAIMS RELATED ISSUES, PLEASE REFER TO THE GOLD COAST HEALTH PLAN PROVIDER MANUAL, APPENDIX 3.**