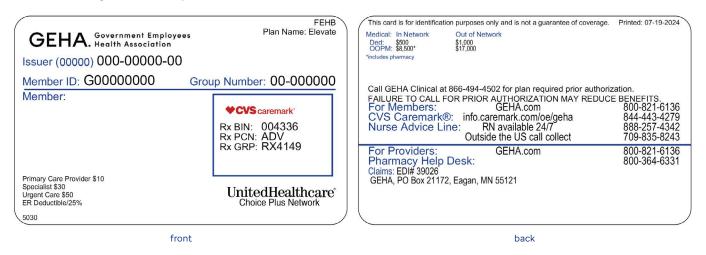
Government Employees Health Association

Frequently asked questions

G.E.H.A members and their dependents have received new G.E.H.A member ID cards and members should use the new cards on Jan. 1.

The following is an example of what the card will look like:



Sample member ID card for illustration only; actual information varies depending on payer, plan and other requirements.

For services before Jan. 1, you should submit claims to UnitedHealthcare using the existing process. For services after Jan. 1, you'll submit claims to G.E.H.A using the following address:

Claims: EDI# 39026 GEHA, PO Box 21172 Eagan, MN 55121

Network details and contract reimbursements

Is there a specific network for G.E.H.A?

G.E.H.A members and their dependents will continue to have access to the UnitedHealthcare Choice Plus Network (CA residents – UnitedHealthcare Select Plus Network; Puerto Rico residents – MAPFRE)



Credentialing

Where can I check the status of my current credentialing application?

If you have questions about your credentialing status, you can either:

- · Go to UHCprovider.com/join
- Chat with a live advocate 7 a.m.-7 p.m. CT from the UnitedHealthcare Provider Portal **Contact us** page

Claim submissions

What is the process for submitting an appeal on a claim or a claim for reconsideration?

Post-service appeals for dates of service after Jan. 1, 2025, can be submitted to:

GEHA Post Service Appeals

PO Box 21324

Eagan, MN 55121

You can find information on digital submission at **GEHA.com**.

Can I collect cost-share amounts up front from these plan members?

Yes. You can request the member's cost share at the time of service.

Can plan members be balance billed?

No. Based on your contractual requirements for network services, patients will only be billed the applicable cost share. Balance billing of G.E.H.A members is not acceptable.

Prior authorizations

Are prior authorizations required?

Yes. Prior authorization is required for G.E.H.A selected health care services.

How can I request a prior authorization?

You can use 1 of the following methods to request a prior authorization:

- · Online: GEHA.com
- Phone: Call the Provider Service number on the back of the member's ID card and follow the prompts

How will I receive notifications on prior authorization requests?

You can view all member and provider prior authorization letters on the G.E.H.A portal. If a prior authorization request is received electronically through the portal, provider/facility letters will NOT be automatically printed and mailed. If you wish to receive a paper letter following an electronically submitted prior authorization request, you must request this by calling the G.E.H.A Provider Services phone number on the back of the member ID card.

If you submit a prior authorization request via phone or fax, you will continue to receive a paper copy in the mail.



Provider portals

Will there be a new provider portal?

No. You will still visit **GEHA.com** and log in to the secure, authenticated portal to manage G.E.H.A patients. Be sure to use the new G.E.H.A member ID to manage the G.E.H.A member. The portal allows you to:

- Review 2025 claims activity, eligibility and benefits
- Submit 2025 authorization requests
- Submit credentialing requests
- · Conduct other patient operations for 2025 dates of service

Access the portal using your OneHealthcare ID. If you do not have a OneHealthcare ID, register here.

Member eligibility and benefits

How can I verify member eligibility and benefits?

- Online: Log in to the Provider Portal on GEHA.com
 (Use the new G.E.H.A member ID including the "G" prefix)
- Phone: Call the Provider Service number on the back of the member's ID card

Are patients required to select a primary care physician or receive a referral to see a specialist?

No.

Where can I direct my patients if they have questions?

G.E.H.A members can call 800-821-6136 or visit GEHA.com for more information.

