

# 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:

<p><b>GEHA.</b> Government Employees Health Association</p> <p>FEHB Plan Name: Elevate</p> <p>Issuer (00000) 000-00000-00</p> <p>Member ID: G00000000      Group Number: 00-000000</p> <p>Member:</p> <div data-bbox="487 903 730 1071"><p><b>CVS caremark</b></p><p>Rx BIN: 004336 Rx PCN: ADV Rx GRP: RX4149</p></div> <p>Primary Care Provider \$10 Specialist \$30 Urgent Care \$50 ER Deductible/25%</p> <p>5030</p> <p><b>UnitedHealthcare</b> Choice Plus Network</p>	<p>This card is for identification purposes only and is not a guarantee of coverage.      Printed: 07-19-2024</p> <table border="1"><tr><td>Medical: In Network</td><td>Out of Network</td></tr><tr><td>Ded: \$500</td><td>\$1,000</td></tr><tr><td>OOPM: \$8,500*</td><td>\$17,000</td></tr></table> <p>*includes pharmacy</p> <p>Call GEHA Clinical at 866-494-4502 for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.</p> <table border="1"><tr><td>For Members:</td><td>GEHA.com</td><td>800-821-6136</td></tr><tr><td>CVS Caremark®:</td><td>info.caremark.com/oe/geha</td><td>844-443-4279</td></tr><tr><td>Nurse Advice Line:</td><td>RN available 24/7</td><td>888-257-4342</td></tr><tr><td></td><td>Outside the US call collect</td><td>709-835-8243</td></tr></table> <hr/> <table border="1"><tr><td>For Providers:</td><td>GEHA.com</td><td>800-821-6136</td></tr><tr><td>Pharmacy Help Desk:</td><td></td><td>800-364-6331</td></tr></table> <p>Claims: EDI# 39026 GEHA, PO Box 21172, Eagan, MN 55121</p>	Medical: In Network	Out of Network	Ded: \$500	\$1,000	OOPM: \$8,500*	\$17,000	For Members:	GEHA.com	800-821-6136	CVS Caremark®:	info.caremark.com/oe/geha	844-443-4279	Nurse Advice Line:	RN available 24/7	888-257-4342		Outside the US call collect	709-835-8243	For Providers:	GEHA.com	800-821-6136	Pharmacy Help Desk:		800-364-6331
Medical: In Network	Out of Network																								
Ded: \$500	\$1,000																								
OOPM: \$8,500*	\$17,000																								
For Members:	GEHA.com	800-821-6136																							
CVS Caremark®:	info.caremark.com/oe/geha	844-443-4279																							
Nurse Advice Line:	RN available 24/7	888-257-4342																							
	Outside the US call collect	709-835-8243																							
For Providers:	GEHA.com	800-821-6136																							
Pharmacy Help Desk:		800-364-6331																							

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](https://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](https://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](https://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](https://www.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](https://www.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](https://www.geha.com) for more information.