

Government Employees Health Association

Frequently asked questions

Overview


Starting Jan. 1, 2025, Government Employees Health Association (GEHA) will move from UnitedHealthcare Shared Services to full-service UMR operations. This means that UMR will provide administrative support for the GEHA plans. GEHA members will still have access to the UnitedHealthcare contracted Choice Plus or Select Plus networks.

Frequently asked questions (FAQs)

What's changing?

GEHA members and their dependents have received new GEHA 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:

GEHA. Government Employees Health Association		FEHB Plan Name: Elevate
Issuer (00000) 000-00000-00		
Member ID: G00000000		Group Number: 00-000000
Member:		
		
Rx BIN: 004336 Rx PCN: ADV Rx GRP: RX4149		
UnitedHealthcare Choice Plus Network		
Primary Care Provider \$10 Specialist \$30 Urgent Care \$50 ER Deductible/25%		
5030		

front

This card is for identification purposes only and is not a guarantee of coverage. Printed: 07-19-2024	
Medical: In Network	Out of Network
Ded: \$500	\$1,000
OOPM: \$8,500*	\$17,000
*includes pharmacy	
Call GEHA Clinical at 866-494-4502 for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.	
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
Claims: EDI# 39026	
GEHA, PO Box 21172, Eagan, MN 55121	

back

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 GEHA 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 GEHA?

GEHA 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)

How will I be reimbursed as a contracted provider?

UMR, a UnitedHealthcare company, is a third-party administrator and will base reimbursements on your contracted rate. For details, please review your health plan contract.

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 GEHA members is not acceptable.

Prior authorizations

Are prior authorizations required?

Yes. Prior authorization is required for GEHA 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://www.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 GEHA 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 GEHA 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 GEHA patients. Be sure to use the new GEHA member ID to manage the GEHA 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 GEHA 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?

GEHA members can call **800-821-6136** or visit [GEHA.com](https://www.geha.com) for more information.