

# Government Employees Health Association (GEHA) Frequently Asked Questions

Revised: 1/1/2017

## Q What is GEHA?

A GEHA is a self-insured and not-for-profit association providing health insurance benefit plans to federal employees, retirees and their dependents.

# Q What states do we support and what are their program effective dates?

A Refer to below grid.

Specialty	States	Program Effective Date
DC	DC, DE, MD & VA	10/1/2010
	CO, OK & UT	1/1/2011
	AL, ID, IA, LA, MN, MT, ND, NE, NM, MS, SD, TN, WI, WV & WY	1/1/2013
	ОН	1/1/2014
	AR,IN,TX	1/1/2016
	NC, SC	1/1/2017
PT/OT/ST	DC, DE, MD & VA	10/1/2010
	CO, OK & UT	1/1/2011
	AL, ID, IA, LA, MT, NE, NM, MS, TN, WI, WV & WY	1/1/2013
	ОН	1/1/2014
	AR,IN,TX	1/1/2016
	NC,SC	1/1/2017
LAC	CO,DE,IA,LA,MD,MS,MT,NE,NM,OH,OK,TN, UT,VA,WI,WV,WY	11/1/2015
	IN, TX	1/1/2016
	NC, SC	1/1/2017

#### Q What specialties are covered?

A DC, PT/OT/SLP, and LAC

# Q How do I verify GEHA member eligibility and/or check claims status?

A Go online at www.uhis.com or call Provider Services at (877) 343-1887.

#### Q What is the GEHA fee schedule?

A GEHA is paid at your Optum<sup>®</sup> - UnitedHealthcare<sup>®</sup> commercial rate.

#### Q Does GEHA require prior authorization?

A No prior authorization or referrals are needed for in-network providers. Notification is required to OrthoNet<sup>™</sup> after initial patient visit. Call OrthoNet at (877) 304-4399. Authorization is required for out-of-network utilization. For more information, contact Provider Services at (877) 343-1887.

#### Q Do I need to submit the Optum clinical submission form?

A No, the Optum utilization review process/clinical submission form is not required, at this time, for GEHA members.

#### Q Where do I submit claims?

A Submit paper claims to the address on the back of the member ID card. Submit electronic claims online at www.uhis.com, Emdeon® payer ID 39026.

# Q What are the timely filing requirements?

A Claims must be received within 90 days from the service date. Claims submitted late may be denied.

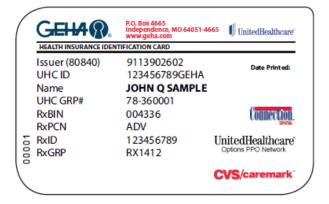
#### Q What are the malpractice limits?

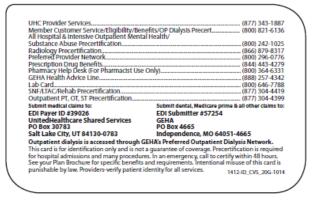
A Malpractice coverage of \$1M per incident and \$3M aggregate is required for participation.

## Q Where do I submit demographic changes (including relocation and TIN changes)?

A Go online at www.myoptumhealthphysicalhealth.com. Log on, click on "Tools and Resources" and then "Forms."

# Sample GEHA Member ID Card





Optum Page 2 of 2