

Government Employees Health Association

Frequently asked questions

Overview

Government Employees Health Association (G.E.H.A) is an independent Federal Employees Health Benefits Plan that accesses the UnitedHealthcare provider network to offer quality health care to its members.

New for 2026

Certain G.E.H.A members received new medical ID cards with an updated logo, effective Jan. 1, 2026. Continuing members will use their existing cards with the prior G.E.H.A logo. These updates are part of G.E.H.A's ongoing efforts to enhance the members' experience and streamline branding across their plans. **Both card versions are valid for billing and claim submission.**



front



back

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

Network details and contract reimbursements

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

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

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 I balance bill plan members?

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

Claim submissions

What is the claim submission process?

- **Electronic:** Use payer ID 39026 to submit a claim with any of the 275 attachments through your established clearinghouse
- **Online:** For verified UnitedHealthcare providers or providers who want to verify their TIN, **sign in** manually to enter claims
- **By mail:**
G.E.H.A Medical Claims
P.O. Box 21172
Eagan, MN 55121
Payer ID: 39026

How do I submit an appeal or reconsideration?

Submit post-service appeals reconsiderations to:

G.E.H.A Post-Service Appeals
P.O. Box 21324
Eagan, MN 55121

Find information on digital submissions at geha.com.

Member eligibility and detail

How do I verify member eligibility and benefits?

Verify member eligibility and benefits online using the secure G.E.H.A **provider portal**:

- **Online:** Find eligibility, benefits, claims, commonly used forms and remittance information on the secure provider portal
 - For more information about the G.E.H.A provider portal, download the **FAQ**
- **Phone:** Call the G.E.H.A provider service center at **877-434-2336**, available 7 a.m.-7 p.m. CT Monday-Friday

Are G.E.H.A members required to select a primary care physician?

No.

Do G.E.H.A members need a referral to see a specialist?

No.

Prior authorizations

Are prior authorizations required?

Yes. Prior authorization is required for select health care services.

How do I request prior authorization?

You can request prior authorization:

- **Online:** Submit via the secure [provider portal](#)
 - Use the G.E.H.A step-by-step prior authorization [guide](#) to help with your submission
- **Phone:** Call the G.E.H.A provider service center at **877-434-2336**, available from 7 a.m.-7 p.m. CT Monday-Friday

How do I receive notifications on prior authorization requests?

You can view all member and provider prior authorization letters on the G.E.H.A provider 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 service center phone number on the member ID card.

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

Provider portal

Does G.E.H.A have a secure provider portal?

Yes, the G.E.H.A [provider portal](#) is a secure, authenticated site you can use for managing G.E.H.A patients. Be sure to use the G.E.H.A member ID to manage the G.E.H.A members. (You must use the “G” prefix with the member ID number to locate the member information in the portal). The portal allows you to:

- Review claims activity, eligibility and benefits information
- Submit authorization requests
- Conduct other patient operations for dates of service 2026 and beyond

For more information about the G.E.H.A provider portal, download the portal [FAQ](#).

Access the portal using your OneHealthcare ID (OHID). If you do not have a OneHealthcare ID, [register online](#).

Credentialing

Where do I check my credentialing application status?

If you have questions about your credentialing status, or would like to join the network you can either:

- Go to UHCprovider.com/join
- Chat with a live advocate in the UnitedHealthcare provider portal from 7 a.m.–7 p.m. CT
- Use the [Contact us](#) page



Questions?

Visit geha.com for more information.