G.E.H.A
Government Employees Health Association

FAQ: Provider Portal

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Site access & login

How do I access the G.E.H.A provider portal?

To access the G.E.H.A provider portal, your office will need to establish a One Healthcare ID (OHID) and create a username and password. Go to the **geha.com** website, and on the top right corner of the page, select **Provider portal** from the **Sign in or Register** drop-down menu. Click **Create One Healthcare ID** and follow the online prompts. Please see the **Help Center** if you need assistance with setting up your account.

What if I forgot my password?

If you forget your password, you can use OHID's self-service tool to create a new one. Before you can set up the new password, you must confirm your identity using your email address or other verified information from your profile. To begin, select the **Forgot Password** link on the OHID **Sign in** page. Please see **OHID's Forgot Password page** for more details.

What do I do if my account has been locked?

Your account is automatically locked if an incorrect password is entered too many times in a short period of time. This is an extra layer of protection. You can unlock your account by verifying your identity and then setting a new password. To begin, select **Continue** on the **Account Locked** page.
Please see **OHID's Unlock Your Account page** for more information.

Are provider portal user accounts office-specific?

Your office may assign one administrative user account. If multiple user accounts are required, each person accessing the portal should have their own user account. They must not be shared.

Do all staff in my office use the same login for the G.E.H.A provider portal?

No. Each staff member who needs access must create their own One Healthcare ID. While your office may designate one administrative user to manage settings, every individual user should have their own login for security purposes.

What if my office uses a shared email (like info@dentistoffice.com) for all staff?

You should not use a shared email for the G.E.H.A provider portal. Each staff member can register using:

- Their own personal email address or a direct work email address (if one is assigned), or
- Their personal cell phone number for two-factor authentication.

Please note: Login/password sharing is not allowed.

Is it appropriate for staff to use personal email addresses or phone numbers?

Yes. Using personal emails/phone numbers is acceptable and recommended if the office does not issue individual employee email addresses. This ensures each login is unique and passwords aren't being shared.

What happens if an employee with portal access is no longer employed by the office?

Call the G.E.H.A provider services call center to deactivate that employee's account. This ensures that the portal is not accessed by an employee following their departure from your practice.

- **Federal Employees Health Benefits (FEHB) Medical:** 1-800-821-6136
- **Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental:** 1-877-434-2336
- **Connection Dental Plus Dental:** 1-800-793-9335

Will additional portal features be available in the future?

We are continuously working to enhance the provider's experience. As new portal features and capabilities are introduced, we will communicate updates and enhancements accordingly**.**

Portal functionality/navigation

What main tools can I use on the portal?

The G.E.H.A provider portal offers multiple tools to help you manage claims, eligibility and communications. See below for a brief description of the main tools.

Home

- Returns you to the landing page from anywhere in the portal.

My Account

- Update account details at any time and save changes.
- Sign out securely when work is complete.

Tax Identification Number (TIN) Maintenance

- Add, edit and store up to 300 provider TINs.
- TINs are required to view claims for associated providers.
- Newly added TINs take up to one hour to process.

Message Center

- Submit secure inquiries via the "Contact Us" button.
- Upload supporting documentation.
- Receive responses in the Message Center within 24–48 business hours.

Patient Search

- Search using G.E.H.A 2024 or 2025 member ID or Social Security number (SSN).
- View coverage, benefits, health reimbursement account (HRA) and demographic information.
- Search claims, dental pre-determinations, claims appeals and provider network status.

Claims Management

- Advanced Claim Search by claim number, check number or patient account number.
- View status of claims and dental predeterminations.
- Access Explanation of Benefits (EOBs) and Remittance Advices (RAs).
- Submit claims electronically (using G.E.H.A EDI #39026) or via Provider Clearinghouse (PCH).
- Submit paper claims.

Appeals

- Access the **Appeal Status Dashboard** to check appeal status.
- Search **Appeals** by date range or transaction number.
- View history of submitted appeals.

Refund Tracking

- Track pending refunds using the financial control number from overpayment letters or remittance advice.

Remittance Advice

- Search remittance advice by payment number or claim number.
- Change delivery preference between electronic and paper.

Forms Center

- Access forms and documents through the G.E.H.A website.

TIN maintenance

What is TIN maintenance and why is it important?

The TIN in your account links you to claims for the associated provider. Without the correct TIN(s) in your TIN maintenance library, you will not be able to view claims.

How do I add a TIN?

1. Select **TIN maintenance** from the portal menu.
2. Click **Add TIN.**
3. Enter the TIN number associated with the provider name.
4. Click **Submit.**

How long does it take for a TIN to become active?

New TINs may take up to one hour to process before you are able to view the associated claim in your account.

Is there a limit to the number of TINs I can store?

Yes, you can store up to 300 TINs per account.

What happens if I try to view claims without the correct TIN in my library?

Claims will not appear unless the correct TIN is added to your TIN maintenance library.

Can I remove a TIN from my account?

Yes. From the TIN maintenance screen, select the TIN you want to remove and click the option to delete it.

Can multiple users in my office share the same TIN list?

Yes. However, each user must maintain their own TIN maintenance library in their individual account.

Do I need to re-add a TIN if I update my account or reset my password?

No. Your saved TINs remain in your account unless you manually remove them.

Can I add TINs for both medical and dental providers in the same account?

Yes. You can add any TINs associated with providers you need to view, whether medical or dental, up to the 300-TIN limit.

Eligibility, coverage & benefits

How do I access a member's coverage and benefits in the provider portal?

1. From the navigation toolbar, select **Patient Search**.
2. Enter the member's ID number or SSN and click **Search**.
3. From the **Select Patient** dropdown, choose the member you want to review.
4. Use the **View dropdown** to select **Coverage or Benefits**, depending on the information you need.

What should I do if no benefits appear after entering a member ID?

- Double-check that you entered the correct member ID (medical and dental have separate IDs).
- Confirm you have selected the correct patient from the dropdown list.
- Clear cache on your browser and refresh the page.
- If still unavailable, try searching with the member's Social Security number.

Why can't I see the benefits I expected for this year?

Make sure you've selected the current time period in the dropdown. If a past year is selected, you may not see current benefits.

Does the portal system show both ID numbers if patients have medical and dental?

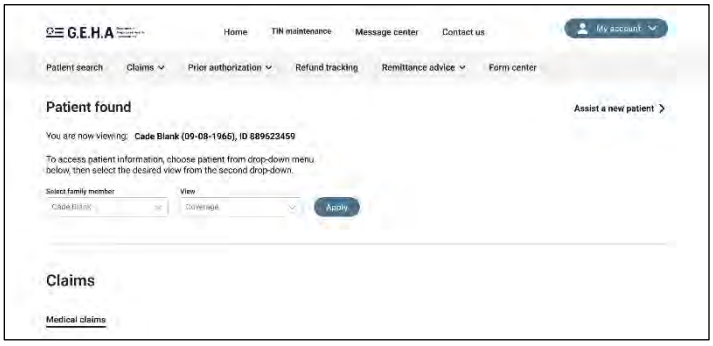
Not for providers. The provider will need to have the ID card for each type of member benefit. Members will have separate IDs for medical and dental.

Do members have separate ID numbers for medical and dental coverage?

Yes. Members receive separate ID cards for medical and dental coverage. If a member is enrolled in both, be sure to request both ID cards so you can enter the correct ID number for the benefit type you are checking.

How do I find a member's ID number?

The member's ID number is printed on their ID card. Providers should always refer directly to the ID card for the correct number. There is no need to call G.E.H.A to obtain it.



If I search with the SSN, will I see all active coverage?

Yes, you will be able to view all active lines of coverage if you search with the SSN.

How would I obtain the member ID number if they don't have their ID card?

Use the patient search function on the portal and enter the member's social security number in the search field. Then click Search. This will populate the member's ID number along with their plan information.

Can I see both medical and dental information in the portal at the same time?

- If a member has G.E.H.A FEHB medical coverage with dental benefits, you can toggle between medical and dental within the portal to see both.

- If the member has separate standalone dental coverage (such as FEDVIP or CD Plus), you will need to log in with the specific dental ID number shown on their dental card.

How does dental coordination of benefits (COB) work when a member has both FEHB medical and standalone dental coverage?

If a member has FEHB medical with dental benefits and is also enrolled in FEDVIP Dental or CD Plus Dental:

- The FEHB medical (with dental) coverage is primary.
- Any remaining balance may then be submitted to the secondary dental plan (FEDVIP Dental or CD Plus Dental), depending on the member's enrollment. If the member is enrolled in both G.E.H.A's FEHB medical plan and FEDVIP and/or CD Plus dental plans, you do not need to submit your claim to each plan. We will automatically transfer the claim for processing between the G.E.H.A plans.

What if I toggle between medical and dental but don't see dental coverage?

This may mean the member does not have any dental benefits under their medical plan. They may have a standalone dental plan (FEDVIP or CD Plus) which requires a separate search using the ID number on their dental card.

Does the portal show both medical and dental ID numbers if a patient has medical and dental through G.E.H.A?

The portal will display the medical and dental benefits based on the member ID that you enter in the portal. If a member is covered under FEDVIP or CD Plus it will NOT show for providers, as it is separate eligibility.

What does network level - traditional mean?

For dental plans, "traditional" means in-network providers, Connection Dental, Dentemax or Careington.

Claims/appeals

Can claims be submitted through the provider portal?

There are two options for medical/dental claims submission:

1. **Electronic claims submission:** Continue using your office's electronic claims submission portal with G.E.H.A EDI #39026. This method also supports dental orthodontic pre-determination requests.
2. **Provider Clearinghouse (PCH):** If your office does not use electronic claims submission, you can create an account with PCH and use G.E.H.A EDI #39026. The PCH platform is accessible via the G.E.H.A provider portal or directly through the PCH website.

Once submitted, you can check the status of claims and pre-determinations on the G.E.H.A provider portal. Please allow at least two business days for claims to appear.

Is there a fee associated with using the claims submission site?

No.

How do I search for a claim in the G.E.H.A provider portal?

There are two ways to search for claims:

1. **Advanced Claim Search**

- From the navigation bar, go to the **Claims** dropdown.
- Select **Advanced Claim Search**.
- You can search using the claim number, check number or patient account number (if available).

2. **Patient Search**
   - From the navigation bar, click **Patient Search**.
   - Enter the member ID and select the patient you want to review.
   - From the View dropdown, select **Claims/Claims Appeals** and click **Search**.
   - Adjust the time period or service date range if needed. The portal will display all claims submitted for that member within the chosen date range.

Why can't I see a claim for my office?

To view a claim, your provider TIN must be included in the TIN maintenance section of the portal. You will not be able to view a claim if the associated provider TIN is not included in your TIN library. When adding TINs to your TIN maintenance, please allow up to one hour for the system to update your account to view any associated claims. *Refer to the TIN maintenance section of this FAQ.*

When adding and editing TINs, if the legal name under the TIN includes all active providers in the practice who serve G.E.H.A members, will the claims appear?

If the active provider is billing using the group TIN, the user should be able to see all claims associated with the TIN.

Can a user view dental claims when the dental benefit is in the medical policy?

Yes, dental claims on the medical policy can be viewed by using the member's medical ID and accessing the claim under the medical or dental section (toggle) of the portal.

What is the lookback period for claims?

Claims are only available online for a rolling 24-month period, based on service date.

Looking for your Explanation of Benefits (EOB)?

EOBs are available online within seven to nine days from the date the claim is processed.

Is there any way to get more information when the claim is listed as pending or under review?

The portal displays status and indicates to check back in 72 hours for status updates. The status updates are consistent with the inventory system.

Can I submit an appeal on the provider portal?

Yes. Appeals can be submitted directly through the G.E.H.A provider portal for eligible claims.

What is the typical turnaround time for appeals?

Standard turnaround is 30 calendar days from the date of receipt. This may vary depending on the complexity of the appeal and the need for additional documentation.

Can I upload supporting documents with my appeal submission?

Yes. The portal allows you to attach supporting documentation when submitting an appeal. Files must meet the size and format requirements displayed in the upload field.

Can I submit multiple claims in one appeal?

No. Each appeal should be submitted for a single claim. If multiple claims need to be appealed, submit them separately to ensure proper tracking and review.

Where can I view the status of my appeal?

If you submitted an appeal on the provider portal, you can view the status by clicking **Claims Appeal Status Dashboard** from the claims dropdown on the navigation bar. You can search by a general timeframe (e.g., last 30 days) or by a specific timeframe by entering the transaction range into the date range field.

I submitted my appeal via fax/mail. Where can I find the status of my appeal on the portal?

All appeals submitted by U.S. mail, fax or OB form will not appear on the portal. For mailed or faxed appeals, you will receive notification by mail. Standard turnaround time for appeal completion is 30 days.

Who can I contact if I have questions about my appeal?

You can use the **Contact Us** function in the portal or call the Provider Service Center. Have your claim number and appeal reference number ready.

Prior authorizations

We make it easy to manage your treatment requests. Providers may submit prior authorization requests electronically and view updates online. Simply sign in to the **secure provider portal** and look up a patient using the **Member search** feature to find plan-specific prior authorization requirements and submit a request for review, if required. For step-by-step instructions, please see the G.E.H.A prior authorization submission guide.

The G.E.H.A provider portal prior authorization submission guide includes information on how to:

- Access and navigate the portal
- Search for member-specific prior authorization requirements
- Submit new requests and attach clinical documentation
- Interpret search results and decision IDs
- Track and update submitted cases
- Handle pre-service appeals and peer-to-peer review requests

How do I access the G.E.H.A provider portal to submit a prior authorization request?

To access the portal, sign in at **geha.com** using your One Healthcare ID. Navigate to the **Provider portal** and follow the steps outlined in the guide for authentication and access.

What information is needed to perform a prior authorization requirement search?

You'll need:

- Place of service
- Procedure and diagnosis codes
- Date of service
- Rendering provider's TIN

How can I check the status of a prior authorization request or view past submissions?

Use the **View cases** or **View individual cases** options in the portal to:

- Check status
- Update or complete drafts
- Retrieve results using a transaction number

What do the color-coded sections in the search results mean?

- **Orange**: Applies directly to entered criteria
- **Blue**: Additional conditions may apply
- **Gray**: Other relevant info (e.g., place of service)

What should I do if a provider is not found during the submission process?

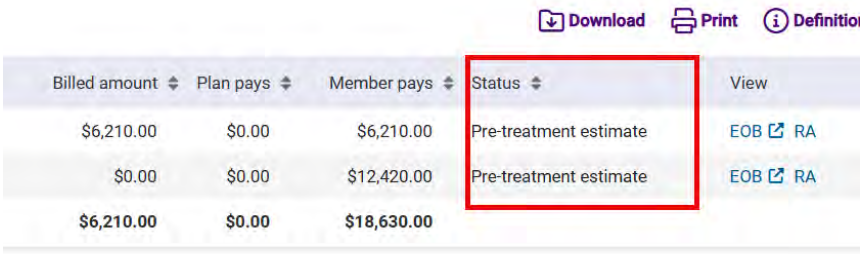
You can manually add a provider by entering required details in the **Add provider manually** section.

What's the difference between prior authorization and predetermination?

- Prior authorization: For **medical services only**; submitted before certain procedures are performed.
- Predetermination: For **dental services only**; provides an estimate of benefits before treatment is rendered. You can submit a predetermination by following the same process you would use to submit a claim.

How do I view the status of my predetermination (dental)?

You can view the status of your predetermination the same way you would view claims status. The **Status** column will show pre-treatment estimate.



Refund tracking & remittance advice

How do I track a pending refund?

Use the **Refund Tracking** feature in the portal. Enter the financial control number from your overpayment notification letter or remittance advice.

Where can I find my financial control number?

The number appears on your overpayment notification letter and on your remittance advice.

What if my financial control number is not 11 digits long?

All financial control numbers (FCNs) must be 11 digits long. If the number is shorter than that, add leading zeroes before searching.

Can I see all refunds associated with my TIN?

Yes, as long as the TIN is in your TIN maintenance library, you can search for and view all associated refunds.

How quickly is refund information updated in the portal?

Refund tracking updates when payments are processed and may take one to two business days after receipt or issuance to display.

How do I search for a remittance advice?

Navigate to the **Remittance Advice** dropdown from the top toolbar. Select "Advanced remittance advice search." You can search by payment number, claim number or patient account number.

Are providers automatically enrolled in electronic remittance advice (ERA)?

Yes. By default, all providers are enrolled in ERA.

Can I opt for paper remittance advice?

Yes. Select **Remittance Advice Preferences** in the portal, complete the form with requested information and submit the request.

How long does it take to process a paper remittance request?

Please allow 10 business days for the change to take effect.

Can I download a remittance advice from the portal?

Yes. Remittance advices can be viewed, saved or printed for your records directly from the portal.

Messaging & Provider Service Center

When calling the 1-800 number, will the office be able to speak to a live representative and get assistance?

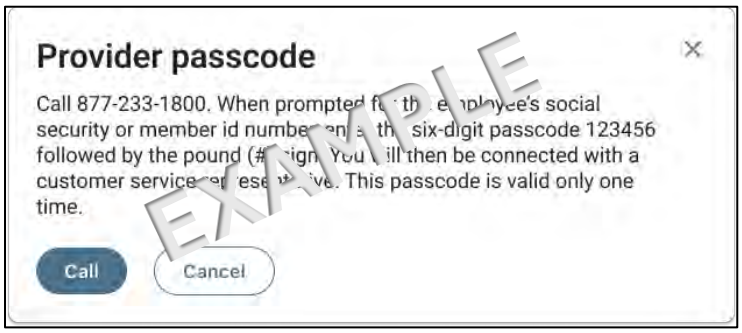
Yes, you will be able to speak with a live representative. **If you have a passcode number, you will be able to move through the call queue faster.** Business hours are Monday–Friday, 8:00 a.m. – 8:00 p.m. Eastern time (excluding holidays and weekends).

How do I get a passcode?

You can either obtain a passcode by the provider portal or by fax.

How to obtain a passcode in the provider portal:

1. Log in to the secure portal using your OHID credentials.
2. Enter the member ID number in the patient search box, then press the search button. Refer to the member ID card to locate the member ID number.
3. Scroll all the way down to the bottom of the page and select **Provider service center.** A pop-up box will display:



How to obtain a passcode by fax:

1. Please contact the appropriate number listed on the member's ID card:
   - **FEHB Medical:** 1-800-821-6136
   - **FEDVIP Dental:** 1-877-434-2336
   - **CD Plus Dental:** 1-800-793-9335
2. Select the "Provider" option when prompted.
3. Select the reason for the call to obtain the appropriate passcode.

Representatives are available Monday–Friday, 8:00 a.m. – 8:00 p.m. Eastern time (excluding holidays).

Is there a way to contact G.E.H.A without calling?

Yes. Use the **Contact Us** button in the portal, enter the member ID, select the inquiry type and submit your message. You may upload supporting documents.

How quickly will I receive a response?

Responses are sent to your secure Message Center within 24–48 business hours, with an email notification when available.

Does the Contact Us email option allow a provider to ask about a claim status for a member?

Yes.

Can I include multiple claims in one message?

- **Multiple members:** No; send one request per member.
- **Multiple dates for same member:** Yes, if the dates of service are for the same member.

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