

Ohio Payor Policies

GEHA offers two dental plans to federal employees. One is the GEHA Connection Dental Federal Plan, which is a supplemental dental fee-for-service plan that is available to all federal employees and annuitants during the annual Open Season enrollment period that occurs at the end of each year. The second plan is Connection Dental Plus, which is a voluntary dental fee-for-service plan that is open to all federal employees and annuitants, all year long. GEHA also has limited dental benefits included in its federal health plan. GEHA's two dental plans have separate benefits and exclusions. However, both the GEHA Connection Dental Federal and Connection Dental Plus plans use similar claim edits to prevent overpaying claims and so do other Payors that use our dental network in Ohio. The effects of edits will depend upon the Payor's policies and procedures.

For the GEHA Connection Dental Federal and Connection Dental Plus plans, GEHA reviews dental claims with respect to dental necessity and justification of charges. GEHA limits dental benefits to the least costly covered service that accomplishes a result that meets accepted standards of professional dental care and reviews claims accordingly. GEHA also reviews claims for services not covered, such as missed appointments. GEHA's federal health plan does not use a claim edit program in the payment of claims. Information on covered services, limitations and exclusions of GEHA Connection Dental Federal, Connection Dental Plus and the GEHA federal health plan are in the respective plan brochures. To obtain copies of the Network Appeals/ Grievances policies and procedures for contract disputes, click here and go to page 31 of the Provider Manual.

Claims payment or benefits appeals must be sent directly to the Payor.

To obtain information about claims or benefits appeals for GEHA Connection Dental Federal, click here and go to the Disputed Claims Process on page 33 of the plan brochure. For information about claims or benefits appeals for Connection Dental Plus, click here and go to page 29 of the plan brochure. And for information about claims or benefits appeals for the limited dental benefits under the GEHA federal health plan, click here and go to page 78 of the plan brochure. To obtain specific information about claims appeals or claim edit programs for any other entities responsible for processing health care providers' claims in the State of Ohio, please call GEHA's Client Relations Department at 877.277.6872, and you will be directed to the entity's toll free telephone number, email address or website information. Click here to see a list of the contracting entities or Payors other than GEHA responsible for the processing of Participating Providers' compensation or payment in Ohio.