

FAQ

Connection Dental Network

Connection Dental Network provider support

Starting Jan. 1, 2025, you can receive support around member eligibility, claims payment or benefit verification by going online to geha.com or calling **877.434.2336** for assistance. If you need support regarding your GEHA Connection Dental Network contract, fee schedule, credentialing data or network participation effective dates, please go to connectiondental.com or call **800.505.8880**.

What is changing?

For the 2025 plan year, returning GEHA members and their dependents have received new member ID cards and new ID numbers. The old ID numbers will no longer locate your patients; the new member ID numbers must be used to obtain member information.

The following is an example of the new ID card:

FEDVIP ID card — card will identify High Option or Standard Option plan

Connection Dental Plus dental plan ID card

Plan Name: High

GEHA Government Employees Health Association

Issuer (80840) 911-39026-02

Member ID: G73902064 Group Number: 76-416933

Member:
CADE BLANK 00

Dependents:
ELIZABETH BLANK 01
SAMUEL BLANK 02
KARYN BLANK 03

Present this card to the dentist before you receive services. This card is for identification purposes only and is not a guarantee of coverage.

GEHA Connection Dental Network.

5014

This card is for identification purposes only and is not a guarantee of coverage. Printed: 06-03-2024

Please refer to your Benefit Booklet for a complete outline of your benefit plan.

For Members:
Dental: GEHA.com 800-793-9335

For Providers:
Dental: GEHA.com 800-793-9335
Claims: ED# 39026
GEHA, PO Box 21191, Eagan, MN 55121

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Dental: GEHA.com 877-434-2336

For Providers:
Dental: GEHA.com 877-434-2336
Claims: ED# 39026
GEHA, PO Box 21191, Eagan, MN 55121

GEHA dental claims should be submitted to the following address:

GEHA Claims: EDI# 39026
P.O. Box 21191
Eagan, MN 55121

How will I be reimbursed as a GEHA Connection Dental Network contracted provider?

Reimbursements will continue to be based on your GEHA Connection Dental Network contracted rate. For details, please review your Connection Dental contract.

I enrolled in EFT last year; do I need to enroll again?

Yes, you will need to enroll again for 2025 to ensure your information is up-to-date and your enrollment remains active.

How do I enroll in Electronic Fund Transfer (EFT) for GEHA member plans?

To enroll on EFT click [Login](#) and follow the online instructions. Click on the “how to enroll” option on the navigation bar for additional enrollment support resources.

How can I stop receiving payments via Virtual Credit Card (VCC) through VPay?

Call VPay at 888-704-0096 and ask to opt out. They should either be directed to enroll for ACH (Automated Clearing House) payments or have the option to receive checks.

Where can I check the status of my current credentialing application?

If you have questions about your credentialing status, you can either:

- Utilize the IVR system at **800.505.8880**, option 1.
- Chat with a live GEHA Connection Dental Network Representative 8 a.m.–4:30 p.m. Central time at **800.505.8880**, option 5.

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.

What is the process for submitting an appeal on a GEHA claim or a claim for reconsideration?

Post-service appeals can be submitted to:

GEHA Post-Service Appeals
P.O. Box 21324
Eagan, MN 55121

You can find information on digital submission at **geha.com/Appeals**.

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.

Are pre-determinations required?

No. Pre-determinations are not required for GEHA dental plans but encouraged to ensure no member surprises around cost share.

How can I request a pre-determination?

Pre-determinations can be submitted to P.O. Box 21191, Eagan, MN 55121, or electronically utilizing EDI# 39026. Pre-determinations should be submitted on a claim form but identified as a pre-determination.

Is there be a new provider portal?

Yes. Visit **geha.com** and locate the sign in or register drop down on the upper right hand tool bar, then select provider portal. If this is your first time you’re using the new secure portal, you will need to establish a OneHealthcare ID. For sign up and navigation resources Click **HERE**. If you need further assistance, you can call the One Healthcare ID customer service line at: 855-819-5909 option 3 .

Do I have to have a login for every provider in the office?

No, you don't need a separate login for each provider in the office. You can set up an administrative account that allows you to access information for all office providers easily

Why is One Healthcare now asking me to add a different authentication method?

Starting March 27, One Healthcare ID (OHID) will no longer support email as a secondary option to authenticate users' identity for signing into geha.com. If you have not already set up a different multi-factor authentication (MFA) method, such as phone, authenticator, or passkey, you will be required to do so by this date to continue using your account.

How can I verify member eligibility and benefits?

- **Online:** Sign into the provider portal on geha.com. You will need to use the member's **new** ID number, including the prefix 'G,' that can be found on their 2025 ID card. You can also use the members SSN.
- **Phone:** Call the provider service number on the back of the member's ID card. Due to a high volume of calls you may experience longer than usual wait times. We encourage self-service options on the provider portal.

I received a check without an Explanation of Benefits (EOB) how can I reconcile service with the payment.

You will no longer be receiving an EOB with your batch payments. You can look up the service in the provider portal using the advanced claim search option and claim number on the check. Once you input the claim into the system you will have the option to view the EOB or the Remittance Advice (RA). If you prefer to continue with paper RA, use this [FORM](#) and follow the submission instructions.

Can I have an EOB faxed to my office?

Unfortunately, No. Given HIPAA regulations and potential security risks we are unable to fax EOBs. You can research an EOB by member using their member ID, SSN or advance claim search using the claim number on the provider portal.

Can I change the method I receive Remittance Advices?

Yes, if you are registered for EFT with Optum, Click [here](#) to fill out the GEHA Remittance Advice Preference Change to change your preference.

Are patients required to select a general dentist or receive a referral to see a specialist?

No.

Where can I direct my patients if they have questions?

GEHA members can call **877.434.2336** or visit geha.com for more information.