

Provider Reference Guide



PPC  **USA**[®]

THE PREFERRED NETWORK OF GEHA



This guide provides basic information about the PPO USA Network and its clients.

ABOUT GEHA

Established in 1937, Government Employees Health Association, Inc., or GEHA, is a not-for-profit membership association that provides health insurance to federal employees and retirees and their dependents. Our three fee-for-service health plans currently cover over 400,000 lives. For each premium dollar received, GEHA gives back 94 cents in health benefits to its members. Our health plans offer financial incentives for members to choose Participating Providers. GEHA also owns and operates the PPO USA Network, a non-risk bearing preferred provider organization (PPO).

ABOUT PPO USA NETWORK

GEHA developed the PPO USA Network to provide excellence in service for its health plan members and their dependents. One of the fastest-growing provider networks in the country, PPO USA Network continues to emphasize quality for Participating Providers and the members they serve. In 2005, GEHA was awarded Health Network Accreditation from URAC for its PPO USA Network.

ABOUT CLIENTS

GEHA markets the PPO USA Network to other clients who want to offer the benefits of a preferred provider organization to their employees, members and subscribers. Clients may contract with third party administrators (TPA) or insurance companies to perform such functions as verifying eligibility, billing, utilization review and claims processing.

ABOUT YOU

We created a website for you to keep you updated on our policies and to provide you with additional information. Visit us at www.ppousanetwork.com. You can also contact us through that website, or send your comments through the network evaluation form under the Newsletter tab.

Dear Participating Provider,

We welcome you as a participant of PPO USA Network, the preferred network of GEHA. We look forward to working with you and your staff to provide your patients and our members with the highest possible quality of service.

This guide provides you and your staff with basic information about GEHA, the PPO USA Network and payor clients.

You receive these and other advantages as a PPO USA Network Participating Provider:

- GEHA actively directs patients to Participating Providers.
- Benefit designs provide financial incentives to choose Participating Providers.
- The PPO USA Network logo will be on member identification cards and the name of the network will be on EOBs.
- GEHA has an online provider directory to assist you with referrals at www.geha.com.
- Instructional materials and educational training are available for your administrative staff.
- PPO USA Network's courteous and knowledgeable staff will assist you with network issues.
- GEHA offers online access to its members' claims and eligibility information. You may create your own secured provider web services account to access that information by going to Provider Web Services at www.geha.com and selecting Registration.
- GEHA accepts electronic claims through Emdeon (formerly WebMD).

Again, welcome to the PPO USA Network! If you need additional information or have any questions, please call the Provider Relations department at (800) 821-4991, Option 2.

Sincerely,
GEHA/PPO USA Network

Another GEHA Benefit

For GEHA High Option and Standard Option members and eligible dependents not covered by Medicare Part B, GEHA's Lab Card program offers covered outpatient laboratory testing at no cost through Quest Diagnostics. Provider collection and handling fees may apply. Providers may collect specimens in their offices and call (800) 646-7788 for pickup; Quest generally returns results to physicians the next day. Or, physicians may order tests to be taken at Lab Card collection sites; again, Quest will generally have results available to physicians the next day. Find Lab Card collection sites at www.LabCard.com or by calling (800) 646-7788.

The Lab Card logo will either appear on members' regular health care cards or on separate Lab Card cards, and members must verbally request to use the program.

NETWORK PROCEDURES

Provider Changes

- A Participating Provider must retain an unrestricted medical license and immediately notify GEHA of any adverse change in licensure status or Board certification.
- Participating Providers must be eligible to participate in Medicare and Medicaid programs, and must immediately notify GEHA of any sanction by such programs.
- Participating Providers must maintain general liability insurance and malpractice insurance in amounts that conform to prevailing standards in the Participating Providers' industry and service area, and that at least meet any minimum amounts required by state law(s). Participating Providers must notify PPO USA Network within five business days of any adverse change of insurance.
- A Participating Provider shall immediately notify GEHA of, and provide GEHA with, all information pertaining to any finding of guilt in a criminal prosecution or for any felony or offense related to the medical profession.
- Physician providers or their staff members should also notify the network in the event a physician's participation status has changed. Changes in status include retirement, change in employment and moving to another state.
- And finally, Participating Providers should notify the network regarding any professional name, address, telephone number or tax identification number changes.

To notify PPO USA Network of any changes, please provide the information in writing. You may send the information to: GEHA/PPO USA Network, c/o Provider Relations Department, P.O. Box 6707, Lee's Summit, MO 64064-6707, send the information by fax to (816) 257-4437, or go to our website at www.ppousanetwork.com and select the Contact Us tab.

How to File a Clean Claim

"Clean Claim" means a properly completed billing form with CPT, ICD-9, DRG or HCPCS coding, where applicable, and includes all information needed to determine plan benefits are payable.

You may contact the individual payor directly for specific claim filing information. GEHA's customer service telephone number is (800) 821-6136. Participating Providers must follow the appeals procedures established by the payor for disputes regarding benefits or claims.

Benefits/Claims Payment Disputes

For GEHA: Follow this process if you disagree with GEHA's decision on the claim or request for services, drugs or supplies – including a request for preauthorization/prior approval of a service.

1. Write to GEHA within six months from the date of GEHA's decision; and send your request to:
GEHA
P.O. Box 4665
Independence, MO 64051-4665
2. Include a statement about why you believe our initial decision was wrong, based on specific benefit provision in the brochure; and
3. Include copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records and explanation of benefits (EOB) forms.

Find more information about GEHA's disputed claims process in the GEHA Plan Benefit Brochure at https://webaccounts.geha.com/public/forms_request/gf_member/online_forms.asp, or request a brochure by calling (800) 821-6136.

For other Payors: Please contact the Customer Service department of the applicable plan.

Network Appeals

Contract/Claims Payment Disputes

Follow this process if you disagree with a discount being taken or if you believe a claim was not paid in accordance with the PPO contract provisions. Below is an excerpt from the Network Appeals/Grievances policy. You may find the full Network Appeals/Grievances policy in the Provider Manual at www.ppousanetwork.com/PDFs/ProviderManual_PPOUSA.pdf, or request a copy by calling the Provider Relations department at (800) 821-4991, Option 2.

1. Provider appeal must be in writing.
 - Appeal must be submitted within six months from the date of the decision.
 - Included with the appeals letter shall be the EOB, copy of the actual claim and description of the dispute.

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Network Appeals *(continued)*

2. Provider appeal must be sent directly to the Network and not the Payor at: GEHA/PPO USA Network, c/o Provider Relations Department, P.O. Box 6707, Lee's Summit, MO 64064-6707, or you may fax the appeal and supporting documentation to (816) 257-4437.
3. Network shall respond in writing within 90 days of receipt of Provider's appeal.
4. Network shall respond in writing to insurer and Provider with a letter of decision.

The Network reserves the right to request additional information deemed necessary in order to settle the dispute in a timely manner. If the Participating Provider disagrees with GEHA's response to its appeal, the dispute shall be resolved in accordance with the Provider's agreement with GEHA.

Client List

GEHA markets the PPO USA Network to other clients. Prospective payors appreciate that our network features excellent access in rural and less populated areas and that we maintain good relationships with our Participating Providers. To obtain a client list for the PPO USA Network, call (800) 821-4991, Option 2.

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC. (GEHA)

GEHA offers health and dental plans to federal employees, federal retirees and their dependents. Covered agencies include but are not limited to:

NASA	Veterans Administration	Dept. of Justice	Health and Human Services
Army	Dept. of Treasury	Dept. of Labor	Social Security Administration
Navy	Dept. of Agriculture	Dept. of Commerce	Housing & Urban Development
Air Force	Dept. of Transportation	Postal Service	Environmental Protection Agency
Other Defense Depts.	Dept. of Forestry	Internal Revenue Service	

Send Claims to:

Government Employees Health Association
PO Box 4665
Independence, MO 64051-4665

Phone: (800) 821-6136

To precertify inpatient stays, call ENCOMPASS at (888) 372-3190 or submit electronic hospital precertification requests to: ENCOMPASSONLINE.COM.

Other helpful GEHA telephone numbers are on the back of the member identification cards.

General:

Ask the patient for his or her identification card. Verify benefits, eligibility and precertification requirements by calling the phone numbers provided on the patient's identification card.

A summary of benefits for GEHA health plan members can be found at www.geha.com.

PO Box 6707, Lee's Summit, MO 64064-6707
310 Northeast Mulberry, Lee's Summit, MO 64086
Phone: (800) 821-4991
Fax: (816) 257-4437



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