

Geisinger Funding Alternative enrollment checklist

Complete and submit the following for a quick installation of your new Geisinger Funding Alternative (GFA) policy.

- Final proposal with rate signoff page**
 - Employer representative signature, date and EIN number needed on signoff page.
 - Check whether group is setting up an integrated HRA or HSA (HRA setup form required).
- Authorization agreement for prearranged payments (auto-debit)**
 - Because your premium funds the claims, GFA policies require an ACH pull at the first of the month to pay incoming claims.
- Employer group reporting (EGR) registration**
 - The EGR form is used to set up an account portal access to monthly reporting via MedInsight powered by Milliman. Besides the Geisinger-provided claims reporting that accompanies your GFA plan, MedInsight reporting lets you see KPI reports of the group's utilization.
- Group checklist for GFA**
 - This form is used to declare final key group information, such as the contribution and new hire policy requirements. Be sure to complete all information in "Employers" and "Brokers" fields.
- Employer portal registration**
 - The admin user form creates an account for your group on Geisinger's Employer Portal. This innovative and secure tool provides employers a direct connection to up-to-date information for everything your group needs.
 - Enrollments/disenrollments
 - Change employee demographics/primary care provider
 - View and request ID cards
 - View invoice statements and more

Without the above documentation, issues may arise, including:

ID cards – Members may not receive their ID cards by the effective date.

Enrollment – Providers may bill members if they are unable to verify eligibility.

Plan document/benefits – Members and providers may not have access to benefit documents. Members may not be able to access their benefits online. Our customer care team may not be able to advise members about their benefits.

Prescription drugs – Members may not be able to access their drug benefit and may have to purchase their drugs and file a claim form for reimbursement.

Vendors – Vendor interfaces such as HRAs and FSAs may not be set up in a timely manner.

I agree to submit the required documents and understand that without them, the above circumstances and delays may occur.

Authorized representative of employer: _____

Date: _____

Agent/broker: _____ Broker: _____

Date: _____