

GEISINGER HEALTH PLAN

Frequently asked questions about

Geisinger Funding Alternative plans (level-funded)

Geisinger

Will groups get a new group number when moving to a Geisinger Funding Alternative (GFA) plan? Do the employees get new ID numbers and cards?

New GFA groups will receive a new group number. Members will also receive new ID numbers and cards.

Will groups need to register for employer portal access?

Yes. The email address listed on the employer group admin registration form provided will receive an email with a new PIN to register the new group number for online access. Any delegate access will also need to be granted by the administrator.

Members who have not previously registered their member ID number will need to do so to access the portal.

Download the member flyer for website guidance [here](#).

If a member has already registered for the member portal, they don't need to register again. However, members who have previously registered under an old member ID number will no longer have access to the data accumulated under that account. Call 800-504-0443 for help retrieving historical data.

What kinds of groups are eligible for a GFA quote?

Current ACA clients with a minimum of two enrolled employees will receive a GFA proposal with their ACA renewal. All other market segments (new groups, KYP groups and fully insured renewals) require a minimum of five enrolled employees to request a quote.

Is the group responsible for filing a 5500 form? Does Geisinger Health Plan (GHP) complete the form or give the information so the client can complete the 5500 form?

Yes, the group is responsible to determine if they have a compliance obligation to file a form 5500. Contact your GHP account executive to request the necessary information to complete the form.

What is the deadline to submit GFA groups, both new business and renewal deadlines?

The deadline is the 10th of the month before the effective date. This will guarantee that the group setup is complete, and members will have ID cards. If group submission is received after the due date, a [late implementation form](#) will need to be completed.

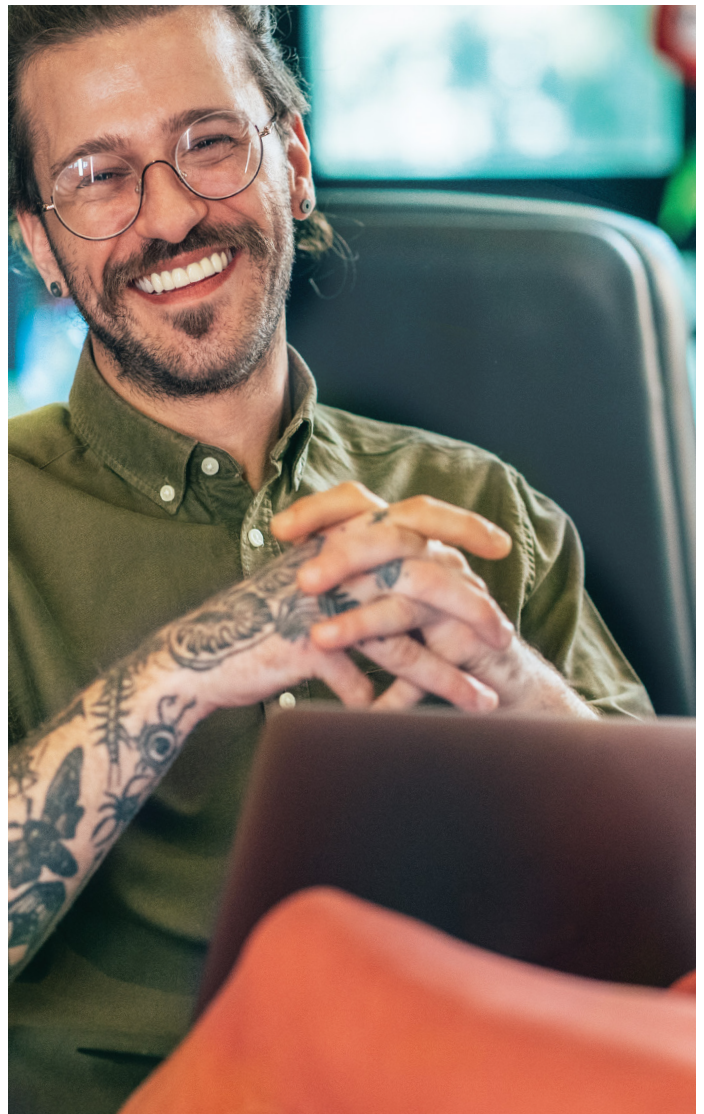
How do groups receive their monthly invoice?

GFA invoices will generate 17 days prior to the first of each month and are mailed to the group. Invoices can also be viewed on the employer service center, but the employer/broker needs to register for the portal. Directions on how to view invoices are available [here](#).

When does ACH debiting occur?

The GFA premium will be pulled on the first of the month for the current month's coverage. A reminder email will be sent to the group's email address on file. The employer should have funds available in their account before the premium is pulled.

If payment is not pulled or is returned as insufficient, claims will be pended until account is fully funded. Also, GIIC will immediately suspend payment of claims for covered services as of the first calendar day of the delinquent month. If the premium isn't funded within 10 days of the date of the letter, the group contract may be terminated.



Are GFA employee packets available for meetings?

Yes, contact your GHP account executive to request packets.

How far in advance can new GFA proposals be requested?

Proposals may be requested up to 90 days before the effective date.

When will benefit summaries for the GFA plans be available?

View and download GFA SOBs and SBCs by visiting [2024 GHP GFA small group benefit documents](#).

The GFA quote along with the ACA renewal states “final.” Does this mean medical questionnaires are not needed for the group to accept the GFA plan at renewal?

Correct. Since the group is a current GHP client, medical questionnaires are not needed for any size renewal groups.

What are the ACA fees and what paperwork is required by the client to pay the fees?

Pre-funded plans do not include ACA taxes and fees. PCORI fees are not included in the GFA pre-funded rates; groups will be responsible to pay this fee on their own.

How does a client register for the New York state fund?

The group will be expected to register with the State of New York prior to implementation of the administrative service organization (ASO) financial arrangement. We will pay applicable fees on the employer’s behalf if requested and the amount will be billed as a claim in your monthly reporting.

With the exception of the NY Surcharge, any surcharge or fees will not accrue toward aggregate or specific losses or be considered a part of any financial settlements that are part of this plan.

The group must register with the New York Department of Health that we will remit on their behalf; the group must communicate this request in writing to their GHP account executive.

The New York HCRA website, which includes reference materials, frequently asked questions and forms, can be found [here](#).

If the client enrolls in a GFA plan and elects not to renew, will they still receive the experience credit return?

Groups only receive experience credit back if they renew with Geisinger.

What paperwork is required for an ACA client to accept GFA at renewal?

The ACA client should reference the renewal checklist found in the proposal. We will need the signed proposal, auto debit form, the [employer admin registration form](#), renewal checklist and [HRA paperwork](#) (if applicable). Outstanding balances owed from the current plan must be paid prior to a group enrolling in the GFA product.

The group is required to have their first month’s premiums pulled on the first of the month of the group’s effective date. If the form is received after the first of the month of the effective date, the premium will be pulled on the date the form is received.

What applications/change forms will these groups use going forward?

We have a [subscriber application](#) and an [enrollment application change form](#) available for download.

Do we have GHP valid waiver forms to submit with the enrollment? What should a group submit to verify a valid waiver?

Download the [waiver form](#) and send to your account executive upon completion.



Do those indicating “waiving coverage” on the census need to submit a medical disclosure questionnaire?

No, they would not need to submit a medical disclosure questionnaire. However, they would need to fill out the [waiver form](#).

Are medical questionnaires needed to quote new business cases?

[Medical disclosure forms](#) are required for groups with five to nine enrolled. We will also accept a supplemental form with a competitor’s application.

Do employers who have a GFA HMO Extra plan have to be located in the Extra service area?

If a GFA HMO plan has an Extra component, the employer does not need to be located in the Extra counties to be eligible.

Reminder: All GFA All-Access HMOs are Extra plans. To find an Extra site, browse geisingerhealthplan.com/providersearch or view our Extra flyer [here](#).

Are GFA groups eligible for out-of-area coverage? Is out-of-area coverage still allowed at 40% for groups with five or more employees enrolling with one out-of-area employee?

Yes, out-of-area coverage is available through the First Health® network for PPO plans to eligible members. Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage. For groups with five or more employees enrolled, out-of-area coverage will be allowed.

We offer First Health out-of-area coverage to dependents on an HMO plan, for employees that reside in our service area.

Do First Health authorization forms need to be submitted for GFA?

Yes, an [authorization form](#) will need to be completed.

No, a disclosure statement is not needed.

What is the on-cycle termination policy?

Termination requests require 30 days’ notice for on-cycle terminations. Groups will not be permitted to terminate retroactively.

What type of reporting will groups receive?

All groups will receive month-by-month reports; groups with 10+ subscribers will receive a quarterly KPI report.

Download sample reports below:

- [KPI sample report](#)
- [GFA sample report](#)

Can groups elect multiple plan offerings?

Groups can elect up to three benefit offerings. Premier plans cannot be offered alongside Choices plans. The premium variance between plans must be less than 20%, calculated by taking the lowest to the highest single rate. Premium variance can be found in the proposal.

I have GFA now. Will my plan auto-renew?

No, GFA plans do not auto-renew. Every renewal period, you have the opportunity to review for changes, make adjustments and return the signed proposal to your AE. If we don’t receive a signed proposal, future payments and claims will be pended until a decision is confirmed or the plan is terminated.



¹The GFA product services are provided by Geisinger Indemnity Insurance Company.