



Farm Bureau
HEALTH PLANS

Tennessee



Quick Reference Guide

Medicare Advantage

2023

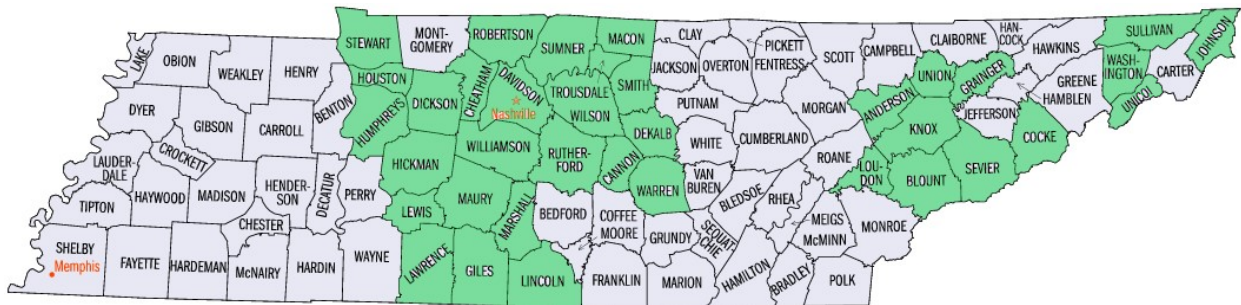


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2023 Service Area

The plan will be offered in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines for Plan Year 2023 for Medicare Eligible individuals in:

Anderson Co	Blount Co	Cannon Co	Cheatham Co
Cocke Co	Davidson Co	DeKalb Co	Dickson Co
Giles Co	Granger Co	Hickman Co	Houston Co
Humphreys Co	Johnson Co	Knox Co	Lawrence Co
Lewis Co	Lincoln Co	Loudon Co	Macon Co
Marshall Co	Maury Co	Robertson Co	Rutherford Co
Sevier Co	Smith Co	Stewart Co	Sullivan Co
Sumner Co	Trousdale Co	Unicoi Co	Union Co
Warren Co	Washington Co	Williamson Co	Wilson Co



Contact Numbers

Below are commonly requested departments within Farm Bureau Health Plans and numbers to reach those areas.

- | | |
|--|--------------------------------------|
| Eligibility Verification: (833) 999-0135 | Case Management: (800) 608-2667 |
| Appeals and Grievances: 800-608-2667 | Customer Service: (833) 999-0103 |
| Care Management: 800-608-2667 | Provider Service: (833) 999-0135 |
| Prior Authorizations: 800-608-2667 | Utilization Management: 800-608-2667 |

TTY/TDD: call 711



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- Supplemental Vendor Numbers
Delta Dental: (866) 327-0274 TruHearing: (888) 939-9557
Vision (VSP): (844) 290-8924 Pharmacy: pharmacyprovidercommunications@optum.com
- Claim Status Inquiries: <http://changehealthcare.com> ID Number: **RP061**
Phone: (866) 506-2830
- EFT Access: <http://changehealthcare.com> ID Number: **RP061**
Phone: (866) 506-2830

Identification Cards

Each Farm Bureau Health Plan member will receive a Farm Bureau Health Plans identification card. The card will provide information you need to process the patient through your system. Please see the sample card below.



Front of ID Card

Back of ID Card



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Prior Authorization Requirements

Farm Bureau Health Plans Medicare Advantage Plan is a Medicare Part C HMO. As such, some services require Prior Authorizations for services to be covered benefits under this plan. You can go to the Farm Bureau Health Plans website for more information.

Prior Authorization information can be found on the Provider Portal at:

<http://fbhp.com/portal-access>

<http://fbhp.healthtrioconnect.com>

Or by calling: 800-608-2667


Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary.

FBHP Advantage uses **InterQual** as the evidence-based guidance for coverage determinations. Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary.



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Prior Authorization instruction for the Provider Portal



Farm Bureau Health Plans - Prior Authorization Form

Phone: (800) 608-2667
Fax: (844) 263-1928

Instructions:

1. Please complete the Prior Authorization Form on page 2.
2. Include all clinical information (x-ray reports and diagnostic test results that support the procedure(s) requested).

There are two options for submitting your Prior Authorization Requests to us:

1. Submit your request on-line through the Prior Authorization Portal:
www.fbhp.healthtrioconnect.com. PLEASE NOTE this website is specific to MEDICAL prior authorization requests.
2. Fax your Request to: (844) 263- 1928.
3. To provide the information verbally, please call 1-800-608-2667.

Please contact our Prior Authorization Department at 800.608.2667 with any questions or concerns.

When registering for the Provider Portal for Electronic Funds Transfer, Claims Status and Remittance Advices you will need the Farm Bureau Health Plans Payer ID of **62045**.

When registering on the Provider Portal for claims submission you will need the Farm Bureau Health Plans EDI of **RP061**. Claims can only be submitted under the EDI number.



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Farm Bureau Advantage Prior Authorization form which can be downloaded from the Provider Portal if a faxed submission is needed.

Farm Bureau Health Plans - Prior Authorization Form Phone: (800) 608-2667 Fax: (844) 263-1928	
<u>PATIENT INFORMATION</u>	
Last Name: <input type="text"/> First Name: <input type="text"/> DOB: <input type="text"/> Insured ID #: <input type="text"/> Phone: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	
<u>PLEASE CHECK ONE OF THE FOLLOWING</u>	
<input type="checkbox"/> Routine <input type="checkbox"/> Expedited/ Urgent: (Applying the standard time-frame could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function)	
<u>REQUESTING PROVIDER INFORMATION:</u> Provider Name: <input type="text"/> Group Name: <input type="text"/> Specialty: <input type="text"/> Tax ID#: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Contact Name: <input type="text"/> Phone: <input type="text"/> EXT: <input type="text"/> Fax: <input type="text"/>	<u>SERVICES</u> DOS: <input type="text"/> DME ITEMS (CHECK ONE) <input type="checkbox"/> RENTAL <input type="checkbox"/> PURCHASE TYPE OF SERVICE: <input type="checkbox"/> OUTPT <input type="checkbox"/> NPT <input type="checkbox"/> Office <input type="checkbox"/> Surgery Center <input type="checkbox"/> SNF <input type="checkbox"/> Home <input type="checkbox"/> Other: <input type="text"/> Diagnosis Code(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CPT/HCPCS CODE(S): (INCLUDE NUMBER OF UNITS PER CODE) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PLEASE ATTACH SUPPORTING CLINICAL INFORMATION (E.G., PLAN OF CARE, MEDICAL RECORDS, LAB REPORTS, LETTER OF MEDICAL NECESSITY, PROGRESS NOTES, ETC.)
<u>PLACE OF SERVICE INFORMATION</u> Provider/ Facility: <input type="text"/> Group Name: <input type="text"/> Specialty: <input type="text"/> Tax ID#: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Contact Name: <input type="text"/> Phone: <input type="text"/> EXT: <input type="text"/> Fax: <input type="text"/>	
<u>Other/ Notes:</u> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<ul style="list-style-type: none"> ALL SECTIONS OF THIS FORM MUST BE COMPLETED. ON ADVERSE DETERMINATIONS, A RECONSIDERATION/EXPEDITED APPEAL MAY BE REQUESTED. <p>This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage.</p> <p>The information contained in this form, including attachments, is privileged and confidential & is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or the agent responsible to deliver to the intended recipient, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.</p> <p style="text-align: right;">H4863_FBTNOMS3221_C</p>	



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Information needed for registering for the Provider Portal.

<https://fbhp.healthtrioconnect.com/register>

User Information

If you are an existing user of the Connect system please login. [Click here to start your session.](#)

First Name *

Middle Initial

Last Name *

Title

E-Mail *

Confirm E-Mail *

Office Phone *
Example: (555) 555-5555

Extension #
Example: 123456

Office Fax
Example: (555) 555-5555

User Name *

Password *

Confirm Password *

Security Question 1 *

Security Answer 1 *
Your answer may not contain your username.

Security Question 2 *

Security Answer 2 *
Your answer may not contain your username.

Security Question 3 *

Security Answer 3 *
Your answer may not contain your username.

Local Admin As the primary registrant, you are automatically a local admin

powered by
HealthTrio LLC

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Unauthorized use of this system is strictly prohibited and will be prosecuted to the fullest extent of the law.



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Value Added Benefits

Farm Bureau Health Plans offers Value Added Benefits for Members in the Farm Bureau Health Plans Medicare Advantage Plan. Farm Bureau Advantage has waived the 3-day inpatient stay requirement.

The Value Added Benefits include:

The Dental Benefit offers members:

- Two (2) oral exams per year, with zero (\$0) co-pay,
- Two (2) prophylaxis (cleanings), with zero \$(0) copay,
- Two (2) fluoride treatments, with zero (\$0) copay,
- One (1) bitewing dental x-ray, with zero (\$0) copay,
- One (1) panoramic x-ray every five (5) years, with zero (\$0) copay.

Comprehensive Dental Benefit offers members:

- One (1) filling per year, with twenty percent (20%) copay,
- One (1) crown repair per five (5) year period, with fifty (50%) copay,
- Diagnostic services are unlimited, with zero (0) copay,
- Endodontics one (1) per year, with fifty percent (50%) copay,
- Periodontics one (1) per year, with fifty percent (50%) copay,
- Perio surgical one (1) per year, with fifty percent (50%) copay,
- Perio non-surgical one (1) per year, with fifty percent (50%) copay,
- Extractions one (1) simple extraction per year, with twenty percent (20%) copay,
- Other oral surgery, with fifty percent (50%) copay,
- Prosthodontics / Oral / Maxillofacial Surgery / other services one (1) per year, with twenty (20%) copay,
- Bridges one (1) per five-year period, with fifty (50%) copay,
- Dentures one (1) per five-year period, with fifty (50%) copay,
- Implant services one (1) per year, with fifty percent (50%) copay,
- Occlusal guards one (1) per year, with fifty percent (50%) copay.

The Vision Benefit offers members:

- Routine eye exams, one (1) per year, with zero (\$0) copay,
- Eyeglasses / contact lenses, a two hundred dollar (\$200) maximum benefit per year.

The Hearing Benefit offers members:

- Routine hearing exam one (1) per year, with zero (\$0) copay.
- Hearing aids two (2) per year which must be TruHearing brand and obtained from a TruHearing provider. The copay amount \$599 - \$899 depending on device and optional features.

The Fitness Benefit offers members:

- Home fitness Kit for a ten-dollar \$10 copay.



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Gym membership annual fee at a Silver and Fit participating fitness center, for a twenty five dollar (\$25) copay.

Claims Processing

Paper Claims Mailing Address:

Farm Bureau Health Plans

PO Box 981602

El Paso, TX 79998-1602

Electronic Claims:

Clearinghouse: Change Healthcare

EDI Billing Number: **RP061**

Appeals and Grievances

Farm Bureau Health Plans will accept and process any Prescription Drug Plan (PDP) or Medicare Advantage appeal from a member or an authorized representative expressing dissatisfaction with Farm Bureau Health Plans' adverse determination. In addition, Farm Bureau Health Plans will accept and process any additional evidence or allegations of law and fact related to the disputed issue.

Farm Bureau Health Plans will identify and remove any communication barrier that might impede members or representatives from effectively making appeals. Farm Bureau Health Plans will facilitate the request to file an appeal for a member who has a communication challenge affecting his/her ability to communicate or read through the following means:

- A TTY (711) line for the hearing impaired
- A translation service unable to speak English
- Additional accommodations for any member with special needs who is unable to follow the standard process

Farm Bureau Health Plans will provide a full and fair review of the appeal, including specialty review for clinical appeals. Appeals must be submitted within 60 calendar days from the date of the adverse determination notice, unless the member can demonstrate good cause.

Medicare Advantage Plans: Notification of the decision will be issued within the following time frames from the date the request is received (with the exception of Medicare Part B drugs):

- Expedited – As expeditiously as the member's health condition requires, but no later than 72 hours
- Preservice – As expeditiously as required based on the member's health, but no later than 30 calendar days



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- Postservice – 60 calendar days from the receipt of the request

The time frames for Medicare Part B drugs are:

- Expedited – No later than 72 hours (no extensions permitted)
- Standard Preservice – No later than seven days (no extensions permitted)

Time frames for decisions might be extended for expedited and preservice appeals up to 14 calendar days if the:

- Member requests the extension
- Farm Bureau Health Plans justifies the necessity for additional information and documents, in the best interest of the member

The extension notification to the member must occur prior to the expiration of the decision time frame and must include the right to file an expedited grievance if the member disagrees with the extension.

Medicare Prescription Drug Plans: Notification of the decision will be issued within the following time frames from the date of receipt of the request:

- Expedited – As expeditiously as the member's health condition requires, but no later than 72 hours
- Standard – Seven calendar days If the initial determination is upheld during the appeal process, the resolution letter from Farm Bureau Health Plans will provide additional information on next-level appeals.

Fraud, Waste and Abuse

Fraud, Waste and Abuse costs taxpayers billions of dollars each year and can put your health and welfare at risk. Healthcare fraud can increase the cost of services and expenses, such as premiums and amounts you pay out-of-pocket. Farm Bureau Health Plans is committed to detecting, preventing and reporting healthcare fraud, waste and abuse.

What is Fraud, Waste and Abuse?

Fraud is knowingly and willingly misrepresenting or deceiving a healthcare program for the purpose of receiving money or services not owed.

Waste is the overutilization of services that, directly or indirectly, results in unnecessary costs to the healthcare program.

Abuse is an action that may, directly or indirectly, results in unnecessary costs to the healthcare program.



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Examples of member and/or beneficiary fraud, waste, or abuse:

- Misrepresentation of status: A member or a beneficiary misrepresents identity, eligibility, or medical condition to illegally receive the drug benefit or medical service.
- Identity theft: Perpetrator uses another person's Farm Bureau Health Plan Member Identification card and/or original Medicare card to obtain services of prescriptions.
- Doctor shopping: A member or a patient consults several doctors to try to obtain multiple prescriptions for narcotic painkillers or other drugs.
- Improper Coordination of Benefits: A member or a beneficiary fails to disclose all insurance policies or leverages multiple policies to "game" the system and receive more benefits than allowed.
- Prescriptions forging, altering or diversion: Someone changes a prescription without the prescriber's approval in order to increase quantities or get additional refills of drugs, usually narcotics.
- Resale of drugs on black market: A member or a beneficiary falsely reports loss or theft of drugs or fakes an illness to obtain drugs for resale on the black market.

Reporting your Concerns

Providers, Members and other individuals can submit information to the Compliance Officer in writing or by calling the toll-free Compliance Reporting Hotline:

Contact:
Tom Tutaj
Medicare Compliance Officer
ttutaj@fbhp.com
(844) 223-3451

Farm Bureau Health Plans Compliance Mailing Address:

Compliance Department
Farm Bureau Health Plans Office
147 Bear Creek Pike
Columbia, TN 38401

Online Reporting: www.fbhp.ethicspoint.com



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U.S. Office of the Inspector General

Hotline: (800)-447-8477 | TTY: (800) 377-4950 | Website: oig.hhs.gov/report-fraud/index.asp

Mail: U.S. Department of Health and Human Services
Office of Inspector General
ATTN: OIG Hotline Operations
PO Box 23489
Washington, DC 20026

Medicare

Customer Service Center: (800) 633-4227 | TTY: (877) 486-2048

Website: medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud

Additional Information

To locate Provider forms, resources and other information, please visit the Farm Bureau Health Plan website.

Provider forms and additional resources please go to: <http://fbhp.com>

Provider Network Management can be reached at ProviderNetwork@fbhp.com



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Attestation

This attestation confirms receipt of training information for Farm Bureau Health Plans Medicare Advantage Plan.

Please click **HERE** to submit the attestation form.

Thank you,

Farm Bureau Health Plans