



FARM BUREAU
HEALTH
PLANS

FARM BUREAU
ADVANTAGE

Farm Bureau Advantage

With Farm Bureau Advantage (HMO), medical, hospital and prescription drug coverage is combined into one affordable plan. Members have access to extras not covered by Original Medicare like dental, vision, hearing and a fitness program and expanded telehealth benefits. As a part of the Farm Bureau Health Plans family, members enjoy reliable support from our customer service team.

We thank you for being a part of the inaugural provider network of Farm Bureau Advantage to help manage this Medicare experience.

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Contacting the Plan

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

Prior Authorizations: 800-608-2667

Utilization Management: 800-608-2667

Provider Management 877-874-8323

TTY/TDD: call 711

Supplemental Vendors:

Delta Dental: (866) 327-0274

TruHearing: (888) 939-9557

VSP: (844) 290-8924

Rx: pharmacyprovidercommunications@optum.com

Provider Portal:

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

<http://healthtrioconnect.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

**Farm Bureau
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2023 Service Area



- | | | | |
|--------------|---------------|---------------|---------------|
| 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 |



ID Cards

Identification Cards

Each member of Farm Bureau Health Plans plan will have 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.



Sample Front of ID Card



Sample Back of ID Card



Prior Authorization

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://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.

Prior Authorization

The Prior Authorization information can be downloaded from the Provider Portal at:

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

<http://healthtrioconnect.com>

Or by calling: 800-608-2667

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



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.

Farm Bureau Advantage

Prior Authorization form instructions.



Prior Authorization

Farm Bureau Health Plans - Prior Authorization Form	
Phone: (800) 608-2667 Fax: (844) 263-1928	
PATIENT INFORMATION	
Last Name: _____	First Name: _____ DOB: _____
Insured ID #: _____	Phone: _____
Address: _____ City: _____ State: _____ Zip: _____	
PLEASE CHECK ONE OF THE FOLLOWING	
<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)	
REQUESTING PROVIDER INFORMATION:	SERVICES
Provider Name: _____	DOS: _____
Group Name: _____	DME ITEMS (CHECK ONE) <input type="checkbox"/> RENTAL <input type="checkbox"/> PURCHASE
Specialty: _____	TYPE OF SERVICE: <input type="checkbox"/> OUTPT <input type="checkbox"/> NPT
Tax ID#: _____	<input type="checkbox"/> Office <input type="checkbox"/> Surgery Center
Address: _____	<input type="checkbox"/> SNF <input type="checkbox"/> Home
City: _____ State: _____ Zip: _____	<input type="checkbox"/> Other: _____
Contact Name: _____	Diagnosis Code(s): _____
Phone: _____ EXT: _____	_____
Fax: _____	_____
PLACE OF SERVICE INFORMATION	CPT/HCPCS CODE(S): _____
Provider/ Facility: _____	(INCLUDE NUMBER OF UNITS PER CODE) _____
Group Name: _____	_____
Specialty: _____	_____
Tax ID#: _____	_____
Address: _____	_____
City: _____ State: _____ Zip: _____	_____
Contact Name: _____	PLEASE ATTACH SUPPORTING CLINICAL INFORMATION (E.G., PLAN OF CARE, MEDICAL RECORDS, LAB REPORTS, LETTER OF MEDICAL NECESSITY, PROGRESS NOTES, ETC.)
Phone: _____ EXT: _____	
Fax: _____	
Other/ Notes:	
<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>	
H4863_FBTNOMS3221_C	

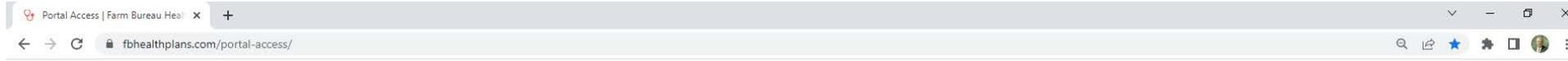
Farm Bureau Advantage

Prior Authorization form if you need to fax a PA request.

This form can be downloaded from the Provider Portal.



Prior Authorization



Provider Portals

Farm Bureau Health Plans uses UnitedHealthcare to administer claims for the majority of our plans. Medicare Supplement and Medicare Advantage Plan claims are processed by Farm Bureau Health Plans.

Medicare Supplement

If you have not previously filed a claim with us and would like to register for **OneConnection**, please complete [this form](#) first, so we can add you to our system. You will then be able to register successfully. Please email the completed form to providers@fbhealthplans.com or fax to 931-560-4278.

Medicare Advantage Network

For more information about joining our Medicare Advantage Network please contact us at providernetwork@fbhp.com or call 931-560-0041 Ext. 6450.

<https://fbhealthplans.com/portal-access/>

**The Provider Portal will be accessible
01/01/2023**



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Prior Authorization

HealthTrio connect - Provider Register

fbhp.healthtrioconnect.com/register/nonmember/userinfo/UserInformation?payor=1093&portal=Provider

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

© 2022 HealthTrio LLC, All rights reserved. | VPAT | Privacy Policy | System Requirements

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

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

**The Provider Portal will be accessible
01/01/2023**



Submitting Claims



Paper Claims Mailing Address:

Farm Bureau Health Plans

P.O. Box 981602

El Paso, TX 79998-1602



Electronic Claims:

Clearinghouse: Change Healthcare

EDI Billing Number: RP061

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Plan Overview

The Farm Bureau Health Plans Medicare Advantage Plan manage members' original Medicare. Original Medicare benefit limits and coverage requirements apply.

Farm Bureau Advantage has waived the 3-day stay requirement.

Farm Bureau Advantage offers Value Added Benefits that include:



Dental benefit that include Oral exam, cleaning, fluoride treatment, and x-rays.

**Farm Bureau
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Plan Overview

The Farm Bureau Health Plans Medicare Advantage Plan mirrors original Medicare. Original Medicare benefit limits and coverage requirements apply.

Farm Bureau Advantage offers Value Added Benefits that 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.

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Plan Overview

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Farm Bureau Advantage offers Value Added Benefits that include:



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,

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Farm Bureau Advantage offers Value Added Benefits that include:



Extractions one (1) simple extraction per year, with twenty percent 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.

Plan Overview

The Farm Bureau Health Plans Medicare Advantage Plan mirrors original Medicare. Original Medicare benefit limits and coverage requirements apply.

Farm Bureau Advantage offers Value Added Benefits that include:



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.

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Plan Overview

The Farm Bureau Health Plans Medicare Advantage Plan mirrors original Medicare. Original Medicare benefit limits and coverage requirements apply.

Farm Bureau Advantage offers Value Added Benefits that include:



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.

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Plan Overview

The Farm Bureau Health Plans Medicare Advantage Plan mirrors original Medicare. Original Medicare benefit limits and coverage requirements apply.

Farm Bureau Advantage offers Value Added Benefits that include:



The Fitness Benefit offers members:

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

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

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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.

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Fraud Waste and Abuse

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

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.

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Fraud Waste and Abuse

- **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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Reporting Your Concerns

U.S. Office of the Inspector General

Hotline: 1-800-447-8477 | TTY: 1-800-377-4950

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

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Reporting Your Concerns

Medicare

Customer Service Center: 1-800-633-4227

TTY: 1-877-486-2048

Website: [medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud](https://www.medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud)

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Questions ?

Questions can also be emailed to ProviderNetwork@fbhp.com.

Please coordinate questions from your team and send one email, if possible, to assist us with responding efficiently and quickly.



Thank you.

FARM BUREAU HEALTH PLANS

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