



FARM BUREAU
HEALTH
PLANS

FARM BUREAU
ADVANTAGE

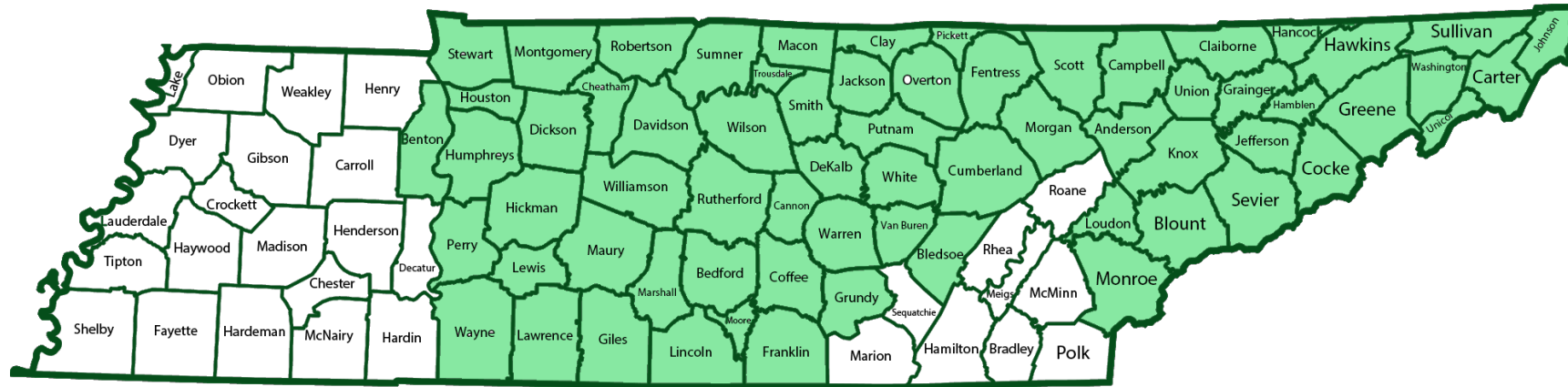
Farm Bureau Advantage

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 provider network of Farm Bureau Advantage to help manage this Medicare experience.

Farm Bureau
HEALTH PLANS
Tennessee

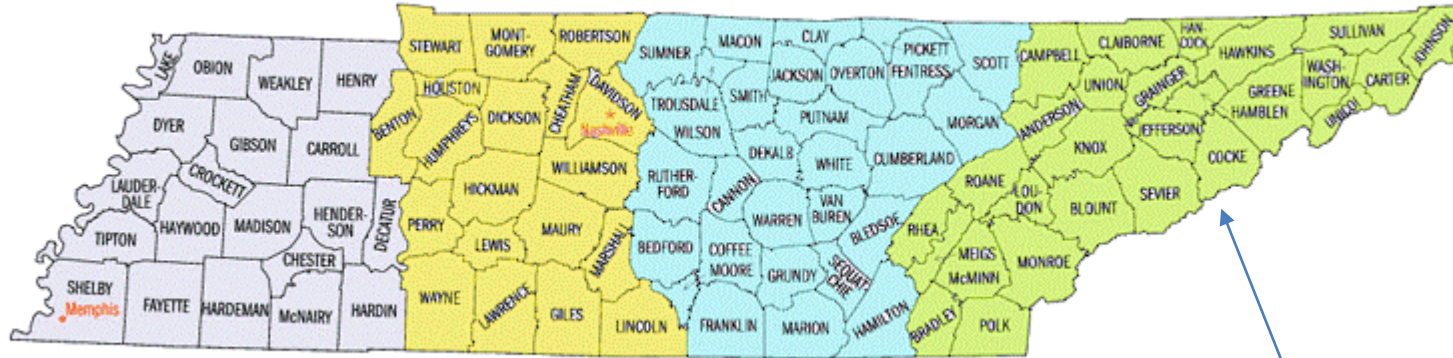
2024 Service Area



Anderson	Bedford	Benton	Bledsoe	Blount
Campbell	Cannon	Carter	Cheatham	Claiborne
Clay	Cocke	Coffee	Cumberland	Davidson
DeKalb	Dickson	Fentress	Franklin	Giles
Grainger	Greene	Grundy	Hamblen	Hancock
Hawkins	Hickman	Houston	Humphreys	Jackson
Jefferson	Johnson	Knox	Lawrence	Lewis
Lincoln	Loudon	Macon	Marshall	Maury
Monroe	Montgomery	Moore	Morgan	Overton
Perry	Pickett	Putnam	Robertson	Rutherford
Scott	Sevier	Smith	Stewart	Sullivan
Sumner	Trousdale	Unicoi	Union	Van Buren
Warren	Washington	Wayne	White	Williamson
		Wilson		



2024 Provider Relations Area



Robin Bigham
Sr. Provider Engagement
Account Representative
rbigham@fbhp.com
(615) 900-8071

Jennifer Rigsby
Sr. Provider Engagement
Account Representative
jrigsby@fbhp.com
(615) 633-6013

Deb Higgs
Sr. Provider Engagement
Account Representative
dhiggs@fbhp.com
(865) 803-8635



Contacting the Plan

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

Eligibility Verification: (833) 999-0135

Appeals and Grievances: 800-608-2667

Care Management: 800-608-2667

Prior Authorizations: 800-608-2667

Case Management: (800) 608-2667

Customer Service: (833) 999-0103

Provider Service: (833) 999-0135

Utilization Management: 800-608-2667

TTY/TDD: call 711

Supplemental Vendor Numbers

Delta Dental: (866) 327-0274

TruHearing: (888) 939-9557

Vision (VSP): (844) 290-8924

Pharmacy: pharmacyprovidercommunications@optum.com

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Provider Portals

Farm Bureau Advantage has two portals for providers. Farm Bureau Advantage utilizes the services of Change Healthcare (<https://www.changehealthcare.com/>) for:

- Electronic Claims Submission,
- Claims status information,
- Electronic Funds Transfer (EFT).

Providers should register for this portal or ensure their clearinghouse can interact with Change Healthcare to access these services.

Providers will need the following identifiers in order to register for Farm Bureau Advantage through Change Healthcare.

Farm Bureau Medicare Advantage Plan **EDI number** – **RP061** (R, P, zero, 6,1), and the Farm Bureau Medicare Advantage **Payer ID, 62045**.

Provider Portals

Providers will need to register for Farm Bureau Health Plans Medicare Advantage HMO with the payer ID number 62045 and the electronic data interchange (EDI) number RP061 (R, P, zero, 61). If there are questions

Change Healthcare can be reached at:

- Claim Status Inquiry - (866) 506-2830
- EFT Access - (866) 506-2830

Provider Portals

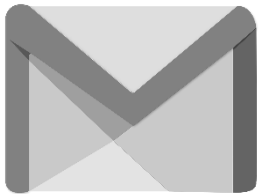


Electronic Claims:

Clearinghouse: Change Healthcare

EDI Billing Number: RP061

Payer ID Number: 62045



Paper Claims Mailing Address:

Farm Bureau Health Plans

P.O. Box 981602

El Paso, TX 79998-1602

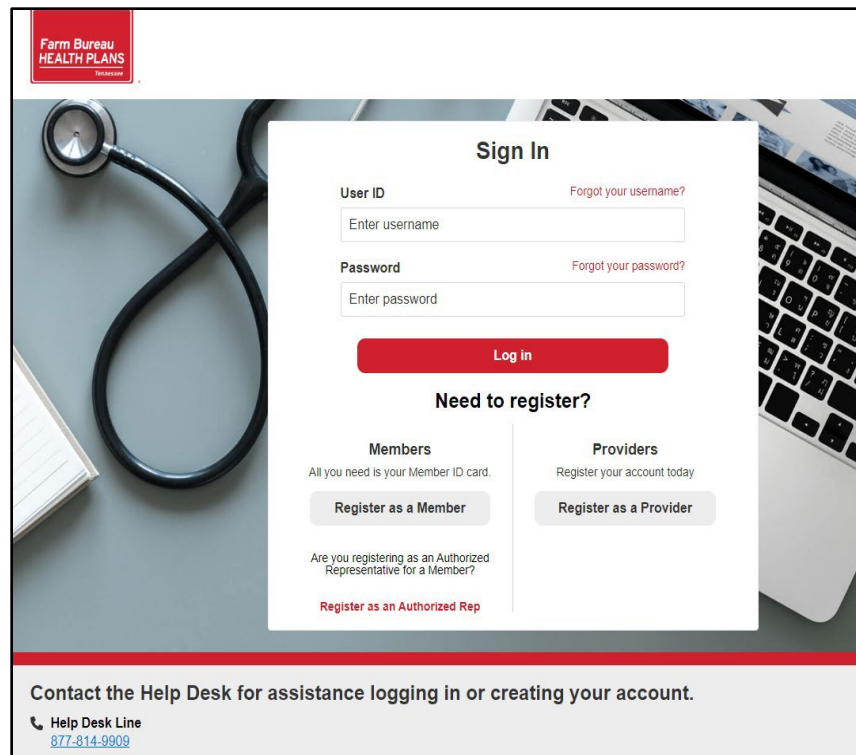
**Farm Bureau
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Provider Portals

The second portal providers should register to utilize for services related to Medical Management and requesting Prior Authorizations is:

Providers should go to: <https://fbhpbeta.healthtrioconnect.com/app/index.page?> to get to the registration page for this portal.



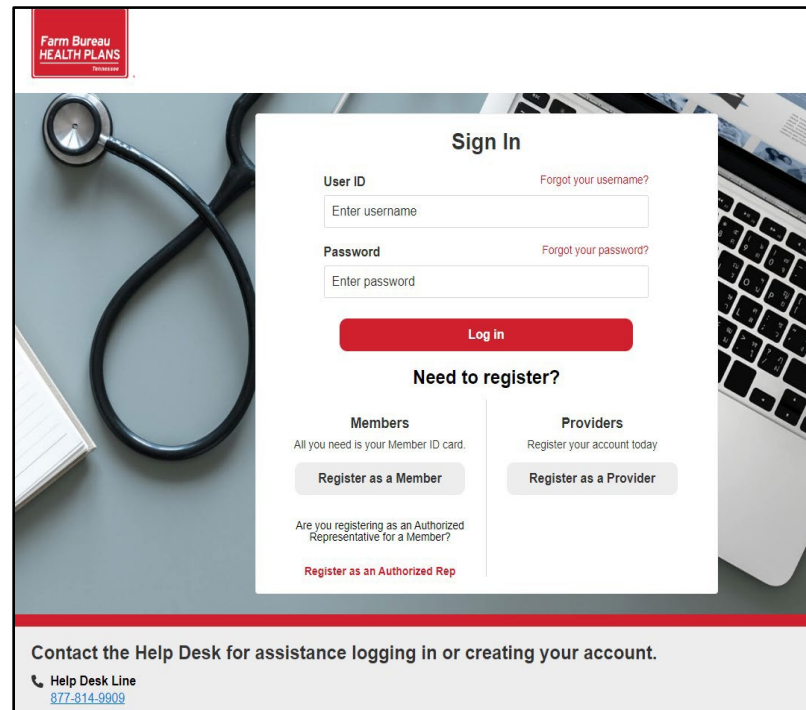
The screenshot shows the Farm Bureau Health Plans website interface. At the top left is the logo. The main content area is titled "Sign In" and contains two input fields: "User ID" with a "Forgot your username?" link and "Password" with a "Forgot your password?" link. Below these is a red "Log In" button. Underneath is a "Need to register?" section with two columns: "Members" (with a "Register as a Member" button) and "Providers" (with a "Register as a Provider" button). A link for "Register as an Authorized Rep" is also present. At the bottom, there is a footer with contact information for the Help Desk Line: 877-814-9909.

**Farm Bureau
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Provider Portals

Providers will need their basic demographics and their tax identification number and appropriate NPI numbers.

If multiple people from the Provider's practice will have access to this portal, the Provider must determine a point person to be the Provider's administrator for access to this portal.



The screenshot shows the Farm Bureau Health Plans website interface. At the top left is the logo for Farm Bureau Health Plans Tennessee. The main content area is titled "Sign In" and contains two input fields: "User ID" with a "Forgot your username?" link, and "Password" with a "Forgot your password?" link. Below these is a red "Log in" button. Underneath is a "Need to register?" section with two columns: "Members" (with a "Register as a Member" button) and "Providers" (with a "Register as a Provider" button). A link for "Register as an Authorized Rep" is also present. At the bottom, there is a footer with the text "Contact the Help Desk for assistance logging in or creating your account." and the "Help Desk Line 877-814-9909".



Provider Resources

Providers have access to training and resource documents including the most current Prior Authorization Grid. This information for providers is available at <https://fbhealthplans.com/mapd-provider/> or scan this QR code.



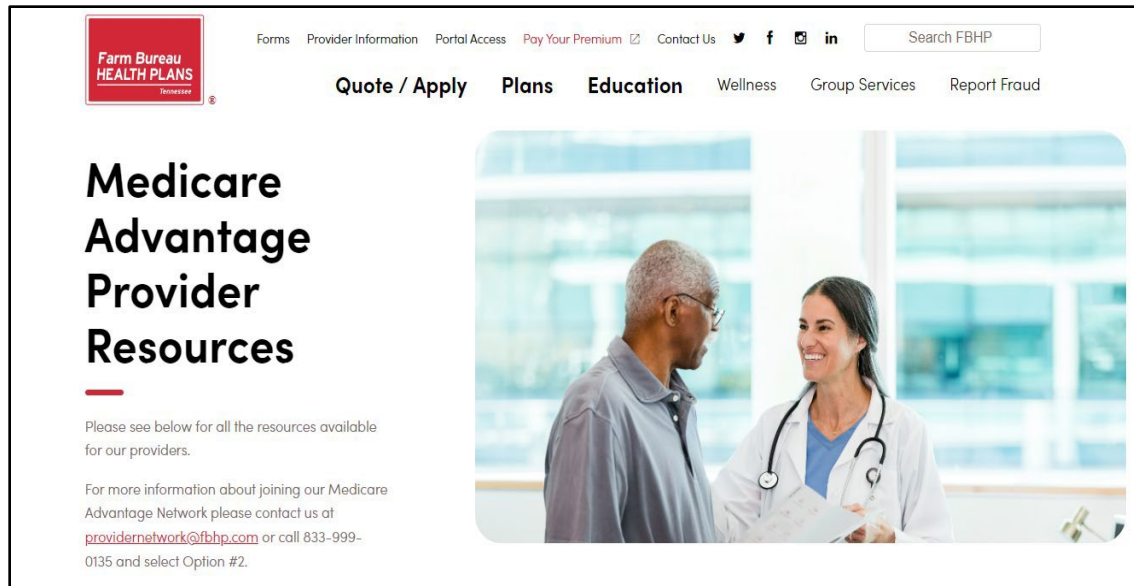
Information available at this site includes, Provider Manual, Quick Reference Guide, Prior Authorization code list and other resources which will assist you in navigating information to help with your needs as you provide services to Farm Bureau Advantage members.

Provider Resources

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

<https://fbhealthplans.com/mapd-provider/>

Or by calling: 800-608-2667



The screenshot shows the top navigation bar of the Farm Bureau Health Plans Tennessee website. It includes the logo, a search bar, and various menu items like 'Forms', 'Provider Information', and 'Portal Access'. Below the navigation, there are links for 'Quote / Apply', 'Plans', 'Education', 'Wellness', 'Group Services', and 'Report Fraud'. The main content area features a large heading 'Medicare Advantage Provider Resources' and a photograph of a doctor talking to an elderly patient. Text below the heading provides information on where to find resources and how to contact the provider network.

Farm Bureau HEALTH PLANS Tennessee

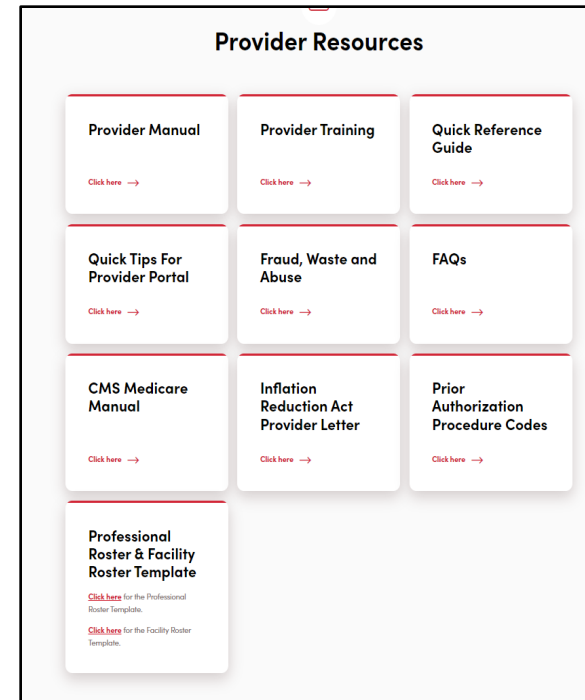
Forms Provider Information Portal Access [Pay Your Premium](#) [Contact Us](#) [f](#) [i](#) [in](#) Search FBHP

[Quote / Apply](#) [Plans](#) [Education](#) [Wellness](#) [Group Services](#) [Report Fraud](#)

Medicare Advantage Provider Resources

Please see below for all the resources available for our providers.

For more information about joining our Medicare Advantage Network please contact us at providernetwork@fbhp.com or call 833-999-0135 and select Option #2.



The screenshot shows a 'Provider Resources' page with a grid of nine links to various documents and guides. Each link is accompanied by a 'Click here' button with a right-pointing arrow.

Provider Resources

Provider Manual Click here →	Provider Training Click here →	Quick Reference Guide Click here →
Quick Tips For Provider Portal Click here →	Fraud, Waste and Abuse Click here →	FAQs Click here →
CMS Medicare Manual Click here →	Inflation Reduction Act Provider Letter Click here →	Prior Authorization Procedure Codes Click here →
Professional Roster & Facility Roster Template Click here for the Professional Roster Template. Click here for the Facility Roster Template.		



Provider Resources

Prior Authorization Requirements

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.

Prior Authorization instruction for the Provider Portal

Submit Prior Authorization request via the portal at www.fbhealthplans.com/mapd-provider or **fax your request to (844) 263-1928**. You may also call with Prior Authorization request at (800) 608-2667.

The Prior Authorization request form can be located at <https://fbhealthplans.com/mapd-provider>. Submit Prior Authorization request via the portal at www.fbhp.healthtrioconnect.com or fax your request to (844) 263-1928. You may also call with Prior Authorization request at (800) 608-2667.

The Prior Authorization request form can be located at <https://fbhealthplans.com/mapd-provider> .

Provider Resources

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: <input type="checkbox"/> 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: _____ Group Name: _____ Specialty: _____ Tax ID#: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Name: _____ Phone: _____ EXT: _____ Fax: _____	DOS: _____ DME ITEMS (CHECK ONE) <input type="checkbox"/> RENTAL <input type="checkbox"/> PURCHASE TYPE OF SERVICE: <input type="checkbox"/> OUTPT <input type="checkbox"/> INPT <input type="checkbox"/> Office <input type="checkbox"/> Surgery Center <input type="checkbox"/> SNF <input type="checkbox"/> Home <input type="checkbox"/> Other: _____ Diagnosis Code(s): _____ _____ CPT/HCPCS CODE(S): _____ (INCLUDE NUMBER OF UNITS PER CODE) _____ _____ _____ PLEASE ATTACH SUPPORTING CLINICAL INFORMATION (E.G., PLAN OF CARE, MEDICAL RECORDS, LAB REPORTS, LETTER OF MEDICAL NECESSITY, PROGRESS NOTES, ETC.)
PLACE OF SERVICE INFORMATION	
Provider/ Facility: _____ Group Name: _____ Specialty: _____ Tax ID#: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Name: _____ 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> <p style="text-align: right;">H4863_FBTNOMS3221_C</p>	

Prior Authorization Requirements

You can find the fillable Prior Authorization Request Form on the Provider Resources page (<https://fbhealthplans.com/mapd-provider/>) if you choose to fill it in and fax your request.

**Farm Bureau
HEALTH PLANS**

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Identification 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



Plan Benefits

Farm Bureau Advantage covers the same services offered by traditional Medicare. Our Value-Added Benefits include:

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

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.

Plan Benefits

Farm Bureau Advantage covers the same services offered by traditional Medicare. Our Value-Added Benefits 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,
- 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,

Plan Benefits

Farm Bureau Advantage covers the same services offered by traditional Medicare. Our Value-Added Benefits include:

Comprehensive Dental Benefit offers members:

- 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 Benefits

Farm Bureau Advantage covers the same services offered by traditional Medicare. Our Value-Added Benefits 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.

Plan Benefits

Farm Bureau Advantage covers the same services offered by traditional Medicare. Our Value-Added Benefits 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. .

Plan Benefits

Farm Bureau Advantage covers the same services offered by traditional Medicare. Our Value Added Benefits 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.

Plan Benefits

Farm Bureau Advantage covers the same services offered by traditional Medicare. Our Value Added Benefits include:

The Over the Counter Card (OTC) Benefit offers members:

- **New benefit for 2024**
- This card supplies the Farm Bureau Advantage member with one hundred (\$100) per quarter to be used within the quarter.
- The \$100 allotment per quarter does not roll over from quarter to quarter.
- The card can be used for medical needs and the Medicare FSA eligible items.

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.

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.

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**

**Farm Bureau
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Tennessee

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

**Farm Bureau
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Reporting Your Concerns

Medicare

Customer Service Center: 1-800-633-4227

TTY: 1-877-486-2048

Website: <https://www.medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud>

Questions ?

Call Provider Network at: (866) 477-0722, ext. 6450

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.

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



Thank you.

FARM BUREAU HEALTH PLANS