

FRAUD WASTE and ABUSE

The goal of FBHP Compliance Program is to ensure that all business operations are conducted in a manner that is compliant with ethical standards, contractual obligations, and all applicable federal and state statutes, regulations, and rules pertaining to all product lines.

FBHP is dedicated to the detection, prevention, investigation, and reporting of potential health care fraud, waste, and abuse. As such, FBHP's Compliance department maintains a comprehensive plan, which addresses how FBHP will uphold and follow State and Federal statutes and regulations pertaining to fraud, waste, and abuse. FBHP also addresses fraud, waste and abuse prevention and detection along with the education of appropriate employees, vendors, Providers and associates doing business with FBHP.

One of the most important steps to help prevent Member fraud is as simple as reviewing the Member identification card to ensure that the individual seeking services is the same as the Member listed on the card. It is the first line of defense against possible fraud. Learn more at www.fighthealthcarefraud.com

If you suspect cases of fraud, waste, or abuse, you must report it by contacting the FBHealthPlan.EthicsPoint Hotline. This is an external telephone and web-based reporting system hosted by NAVEX Global, a leading Provider of compliance and ethics hotline services. FBHealthPlan.EthicsPoint Hotline telephone and web-based reporting is available 24 hours a day, seven days a week, and 365 days a year. When you make a report, you can choose to remain confidential or anonymous. If you choose to call FBHealthPlan.EthicsPoint Hotline, a trained professional at NAVEX Global will note your concerns and provide them to the FBHP Compliance department for follow-up. If you elect to use the web-based reporting process, you will be asked a series of questions concluding with the submission of your report. Reports to FBHealthPlan.EthicsPoint Hotline can be made from anywhere within the United States with telephone or internet access.

Under the terms of the contract between FBHP and the Provider, the Provider is required to report suspected cases of FWA.

Examples of these types of suspected activities are:

- Changing, forging or altering a prescription
- Changing medical records
- Changing referral forms
- Letting someone else use their I.D. card to get medical services
- Misrepresentation of eligibility status
- Identity theft
- Prescription drug diversion and inappropriate use
- Billing for services that were not done
- Double billing, upcoding, and unbundling
- Intentionally submitting false claims

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To report FWA activities, Providers can contact:

Farm Bureau Health Plans
Compliance Hotline: (844) 208-2110

Mail: Farm Bureau Medicare Compliance Officer
P. O. Box 313
Columbia, TN 38402-0313

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