



KFB Health Plans FAQ for Agents

This is a collection of our most Frequently Asked Questions. The Table of Contents is hyperlinked so you can click below on a topic, and it will take you directly to that page. You can also use the search tool in Adobe Acrobat (CTRL+F) to search for specific terms.

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GENERAL INFORMATION

What is the KFB Health Plans website?

www.kfbhealthplans.com

What things do the people in Tennessee manage and how do I contact them?

Our friends in Tennessee manage our plans. The agent hotline number 1-833-282-5558 and their email is customerservice@kfbhp.com. They manage the following things:

- Online applications
- Application status
- Broker module
- Log-in information and passwords
- Underwriting
- Reconsideration
- Any health information or forms

What things do the people in Kansas manage and how do I contact them?

In Kansas, we manage the following things:

- Compensation
- Programming
- Plan details
- Marketing materials
- Printed materials
- KFBHP website
- General KFB Health Plans info

Our email is kfbhealthplans@kfb.org. You can also contact Erin Petersilie, KFB Health Plans manager, directly at 785-346-6185.

Do customers have to have a KFB membership to receive a quote?

No. Any person can put their basic information (name and age) in using the “Quote” function on the KFBHP website and get an idea of what coverage could cost. To receive an offer of coverage, an application, (which requires membership) must be filled out.

When you have somebody applying for KFBHP, they must have a paid membership. It is best practice to purchase the membership before entering the application system so you aren't timed out. Be sure and set up the new membership using Homefield so the membership is tied to you, then pay the membership online or by calling KFB Member Services to make a payment over the phone. Health applications will not be processed without a PAID membership.

What if I need help communicating with somebody in another language?

Call the agent hotline, 1-833-282-5558, and the call center will get you set up with a translator.

How am I going to get paid?

Agents are paid based on the number of completed applications. Payment will come to agents from FBFS like it currently does for other products sold. It is a one-time payment.

How are clients invoiced?

A client will receive an invoice and has 30 days to remit payment. After the first payment, electronic funds transfer (EFTs) will be done the first day of the month. There is no option for changing the date.

APPLICATIONS

How do I help a client with an application?

The Broker Module is what you'll use to create applications for your clients. To access it, go to www.kfbhealthplans.com. You will use the log-in information that was emailed to you after completing certification.

Any applications filled out in the Broker Module will be credited back to you.

How do I create a membership?

When you have somebody applying for KFBHP, they must have a paid membership. It is best practice to purchase the membership before entering the application system so you aren't timed out. Be sure and set up the new membership using Homefield so the membership is tied to you, then pay the membership online or by calling KFB Member Services to make a payment over the phone. Health applications will not be processed without a PAID membership.

Is an applicant's membership number automatically tied to the agent when filling out the application?

No. A member will still need to select their agent from the drop-down menu for the agent to get credit for that application.

If a member goes to the website on their own, will they have to select an agent?

No. They are not required to select an agent, however, there will be a drop-down menu with certified agents listed to be able to select from.

Can an agent get credit for an application after it is issued if a client mistakenly forgets to choose the agent's name?

Not at this time.

How do I find out where an application is in the process?

Contact Tennessee by calling 1-833-282-5558 or email customerservice@kfbhp.com.

Do we have access to paper applications?

No. All applications need to be filled out electronically either using the broker module, a member using the website, or by members calling the toll-free number, 1-833-282-5928.

How do acceptance/denial letters come to clients?

Acceptance and denial letters will come to clients via email and snail mail. If an agent was tagged on the application, they should receive a copy of the letter as well.

Our friends at Tennessee are copying agents on the correspondence manually so it's not a perfect process, but they are aware agents want to be kept in the loop.

If you have a question about coverage or correspondence, call the help center in Tennessee at 1-833-282-5558.

MEDICAL RECORDS

How do medical records work? Who pays for those?

Medical records are needed for those over 40 and under 25 months. Members are responsible for obtaining them and any associated costs. If an agent receives medical information, email it to customerservice@kfbhp.com. Forms needed for new applications can be found at <https://kfbhealthplans.com/more/forms-and-resources>.

What are the Best Practices for Medical Records?

- Print off the Medical Records Request Form at <https://kfbhealthplans.com/more/forms-and-resources> under "Forms Used With A New Application."
- Have your client/applicant take forms to their medical professional.
- Make sure your client understands there could be a cost to obtaining their records. Client may want to keep a copy for their record (especially if they paid for them).
- Some clinics/hospitals will send the medical information directly to KFBHP for review.
- If client/applicant brings the medical records to you for submission, please submit to the appropriate address on the medical request form. There is email or fax.
- If there is a handwritten note, the physician needs to sign and date it.

Is a finger stick analysis of cholesterol, triglycerides and fasting glucose an acceptable read to submit for the health plans for those over the age of 40?

Yes as long as the information is documented with the name of the company on the paperwork that is doing the testing and signed by the medical professional.

If my client is over the age of 40, do they have to submit medical records on a Traditional Membership Plan?

No.

PLAN INFORMATION

How do I find my provider?

- Individual and family plans: www.umar.com
- Dental: www.deltadental.com
- Vision: www.vsp.com

Is there a list of covered medications?

Optum Rx will provide the drug coverage for the Under 65 plans. Visit their website, <https://www.optumrx.com>, to look at the formulary.

How long does underwriting take?

Once an application is complete (forms are filled out correctly and all medical records are turned in), the average time is 15 days. The process could take up to 45 days. To help with timeliness, applications should be completed correctly.

How do members get signed up for Teladoc?

Direct them to www.teladoc.com.

Can documented workers use KFB's Health Plans?

As long as a worker has a document such as a VISA or Green card, and they will be in the US for more than a year, they can purchase our plans. If they will be in the country shorter than a year, then they are only eligible for a short-term plan.

How do members make changes to their plans?

Life happens. People get married, have babies, change addresses and change bank accounts. To change any of this information, members will need to fill out a form that is located at www.kfbhp.com >Forms and Resources>Other Useful Forms.

TRADITIONAL MEMBERSHIP PLANS

What are the "knockout" questions?

These are the first 14 questions on the application. Remember, anyone under 19 (even with something listed below) will be covered as long as a parent also has coverage.

1. Heart Attack, Valve Replacement, Stent Placement, Congestive Heart Failure, Cardiomyopathy, Pacemaker, Defibrillator, Any Aortic Abnormalities, Any Heart Defect Pending Future Repair.
2. Cancer, Leukemia, Tumor (Not Skin Cancer)
3. Stroke, Transient Ischemic Attack (TIA)
4. Kidney Disease, Kidney Failure, Renal Insufficiency (excluding kidney stone)
5. Diabetes, Impaired Glucose Tolerance
6. Lung Disease, Emphysema, Cystic Fibrosis, COPD

7. Traumatic Brain Injury, Brain Aneurysm, Parkinson's, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease), Severe Cerebral Palsy, Multiple Sclerosis (MS), Muscular Dystrophy (MD), Alzheimer's, Dementia.
8. Liver Disease, Cirrhosis of the Liver, Hepatitis C
9. Rheumatoid Arthritis, Psoriatic Arthritis, Lupus, Chronic Granulomatous Disease, AIDS, HIV, Addison's Disease, Sjogren's Syndrome, Crohn's Disease, Mixed Connective Tissue Disease, Myasthenia Gravis, Antiphospholipid Syndrome (APS)
10. Gastric Bypass, Lap Band, Weight Loss Surgery of Any Kind
11. Alcohol Abuse, Drug Use/Abuse, Drug Overdose, Used Illegal controlled drugs (prescription medication), marijuana, cocaine, heroin, methamphetamine, intravenous (IV) drugs, Suicide Attempt
12. Bleeding Disorders, Hemophilia, Von Willebrand Disease
13. Received transplants of any major organ such as kidney, liver, heart, or lung or taking any anti-rejection medication
14. Any pending test, pending surgery or received abnormal test result(s) relating to any of the conditions/questions above

What is the look-back period for plans?

For traditional plans, there is a look back on medical conditions of seven years. For Medicare supplements, if members are not in their guaranteed issue period, the look back is five years.

If my client is over the age of 40, do they have to submit medical records on a Traditional Membership Plan?

No.

What if my doctor or hospital is not in network?

If a doctor or hospital is not in network, email KFB Health Plans at kfbhealthplans@kfb.org and encourage the client to ask their provider to join the UMR network.

It's important to have members/potential members talk to their providers about joining because providers want to and need to know their patients could be looking elsewhere. Members are seeing cost savings changing to a KFB health plan and now we need providers to help do their part.

What age do children age off our policy?

Dependents are covered until the date of their 26th birthday. They have 60 days from the birthday to do the paperwork to transfer to like coverage with no underwriting or consideration of pre-existing conditions. Their new plan is effective and billed from the date of their 26th birthday.

Is there dental included within the Traditional Membership Plans?

Advanced and Classic Choice Plans use UMR Managed Dental plans. To see a list of dental providers, visit [this link](#) and click on "UMR Managed Dental."

Can agents get a copy of the height and weight requirements for underwriting?

No, that is propriety information.

When a client uses the doctor or hospital, do they have to submit their own claims?

No. When using the doctor or hospital, the client will present their card and the billing staff will send claims on their behalf.

Is vaping considered tobacco use?

Vaping is NOT considered tobacco use.

Will clients receive a 1095 form?

KFB Health Plans will not send out a 1095 form because Traditional Membership Plans are not technically insurance.

Will this coverage avoid the ACA penalties?

No. Right now there is no penalty for not having coverage, so it is not an issue. If the penalty were to be reinstated, the client would be subject to those penalties.

Where do I look at the contracts that our members are being sent?

Go to www.kfbhealthplans.com/fbfsagents.

High Deductible Health Plans

Clients do not have to set up an HSA if they're purchasing a High Deductible Health Plan. IF a client wants an HSA, they need to find an HSA custodian. Some banks do this, but not all of them. Our friends in Tennessee promote [HealthEquity](#) which can fill the gap if a customer does not have a local bank.

For more information on High Deductible Health Plans and HSAs, go to <https://www.bookstore.ksre.ksu.edu/pubs/MF3301.pdf>

What happens when there is an emergency and you don't get to choose doctor/hospital and it ends up being out of network?

The plan will pay 80/20 after the deductible if it is an emergency. If you are electively choosing to go out of network, the plan will pay 60/40 after the deductible is met.

What happens if I end up in surgery and the anesthesiologist or pathologist doesn't take my plan?

The plan will pay 80% subject to deductibles and copays for those "ologists" that you have no control over who you are seeing.

MEDICARE SUPPLEMENTS

Are Medicare supplements guaranteed issued?

If a member is enrolling in a Medicare supplement within the first 6 months of the effective date of their Part B, yes. If the member has been on Medicare Part B longer than 6 months, they will go through medical underwriting with a 5 year look back.

Are our plans Advantage Plans and do they include prescription coverage?

Our plans are NOT Advantage Plans and we do not offer prescription coverage. If you have a client that would like information on prescription coverage, they can visit www.medicare.gov. Clients can purchase their supplements through us and have prescription coverage through someone else--they do not have to be combined.

You can also direct clients to Senior Health Insurance Counseling for Kansas (SHICK) at 1-800-860-5260. SHICK is a free program offering Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues.

How do I know if it is good idea for a Medicare-aged person to switch their supplement?

It comes down to doing the math. If I am 68 with a Plan G supplement paying \$148/mo with company XYZ, and I can pay \$138.52/mo with KFB, then it makes sense to try and switch. Remember they will answer medical questions and go through underwriting. It does not matter what company you are with, all Plan Gs offer the same benefits.

If I currently have Plan F and want to switch to a Plan G, remember that with Plan F they are not seeing any bills when it comes to their doctor or hospital. If they take Plan G, they will be responsible for the first \$185 (this number will go up over time as the government sees fit) per year. If I am 81 and paying \$220 per month with company XYZ, is it better to come to KFB and do a Plan G?

Company XYZ Plan F is \$220/mo. times 12 months which equals \$2,640.

KFB Plan G is \$216.34/mo times 12 months which equals \$2,596.08 plus \$185 (This deductible is currently covered by Plan F, so we need to add it because it is a cost they are responsible for). That total is \$2,781.08

In the second example, it probably doesn't make sense to change plans.

Can a member get a Medicare Supplement if they are on Medicare Disability?

If they are in their open enrollment period that happens within 6 months of Medicare Part B starting, they are not subject to medical underwriting

If they are outside of their Open Enrollment period, they will be subject to medical underwriting. They will fill out an application and wait to see if they are accepted.

When they turn 65, they will get a new Open Enrollment period of 3 months before they turn 65, the month they turn 65, and 3 months after they turn 65. During this time, they are guaranteed issued and can submit an application without going through underwriting.

TRAINING

When does training need to be completed?

Training can be completed at any time through the LMS website. Once you have completed training, it could take up to a week for your name to appear in the drop-down menu on the online application. You will know you have been added when you receive login information to access the Broker Module.

Is there an agent manual?

There is no agent manual at this time.

If the member would like to complete the application on their own after you have started it, there is a button to send them an email with the link. (You will still be considered the agent of record.)

Information on Home Field

Don't forget, past webinars, commonly asked questions and more are available on Home Field.

MARKETING

How do I order more product materials?

You can order more printed product materials by going to <http://bit.ly/kfbhealthplansmarketing>. This is a separate system and website from the broker module.

There are static items and items that can be personalized with agent photos and contact information. Personalized items cost more because it includes the printing of the personalized information plus shipping. Static materials only the cost the amount to ship.

Marketing materials

Pre-approved marketing materials (print, radio and social media ads, banners, etc.) can be found in your Marketing Toolkit provided by FBFS.

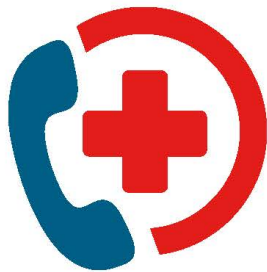
Are there marketing documents in other languages?

There are Spanish materials available at www.kfbhealthplans.com/fbfsagents. They will soon be available pre-printed on the online store at <http://bit.ly/kfbhealthplansmarketing>.

Is there a presentation I can use?

County Farm Bureau coordinators have access to a PowerPoint presentation created for agents and counties. It includes scripted notes of where it is appropriate for each person to talk and talking points if you are not comfortable with the material.

WHO DO I CONTACT?



KFB Health Plans Who Do I Contact?

PLAN ADMINISTRATION IN TENNESSEE

Call 1-833-282-5558, the Agent Hotline Number

Email: CustomerService@kfbhp.com

- Online applications
- Application status
- Broker module
- Log-in information and passwords
- Underwriting
- Reconsideration
- Any health information or forms

KFB HEALTH PLANS IN KANSAS

Call: 785-346-6185, KFB Health Plans Manager Erin Petersilie

Email: kfbhealthplans@kfb.org

- Compensation
- Programming
- Plan details
- Marketing materials
- Printed materials
- KFBHP website
- General KFB Health Plans info

Help Us Remain HIPAA Compliant.

DO NOT send client information or personal health information (PHI) to Kansas.

Send any medical information to Customer Service in Tennessee by emailing CustomerService@kfbhp.com.