

**T09000000289**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

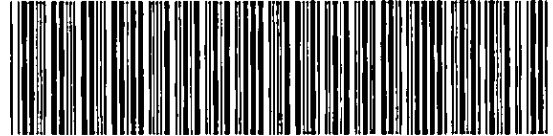
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000322236120

**R**

12/21/18--01023--019 \*\*87.50

FILED  
DEC 21 PM 12:09  
2018

N. CAUSSEAU

JAN 3 2019

Bank of America Tower  
50 North Laura Street, Suite 2600  
Jacksonville, Florida 32202  
Main: 904 598-6100  
www.sgrlaw.com

SMITH, GAMBRELL & RUSSELL, LLP  
Attorneys at Law

Kathy M. Hennessey  
Direct Tel: (904) 598-6134  
Direct Fax: (904) 598-6234  
khenmessey@sgrlaw.com

December 20, 2018

**VIA FEDERAL EXPRESS**



Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Renewal of Registration No. T09000000289—  
HEALTH OPTIONS (Class 44)

Ladies and Gentlemen:

Enclosed on behalf of our client, Blue Cross and Blue Shield of Florida, Inc., is a Mark Renewal Application, including samples of use and a check in the amount of \$87.50 made payable to the Florida Department of State to cover the renewal fee.

Please do not hesitate to call if you have any questions.

Sincerely,

A handwritten signature in cursive script, reading 'Kathy M. Hennessey', written over a horizontal line.

Kathy M. Hennessey  
Paralegal

Enclosures

cc: Joy Stanton  
Katharine F. Rowe



## MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Blue Cross and Blue Shield of Florida, Inc.  
4800 Deerwood Campus Pkwy., Bldg. 100-7  
Jacksonville, FL 32246

Return To: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

REC 21 PM 12:09

- 1) Mark Registered: HEALTH OPTIONS
- 2) Registration Number: T09000000289
- 3) Date Filed: 3/25/14 4) Renewal Date: ~~10/22/18~~ 3/25/19 5) Class(es) Filed: 44
- 6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.
- The mark is still in use in Florida.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: FL

Blue Cross and Blue Shield of Florida, Inc.

Typed or Printed Name of Owner

*Sarah Iselin*  
Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to and subscribed before me on this 3 day of December, 2018, Sarah Iselin  
(Name of Individual Signing)

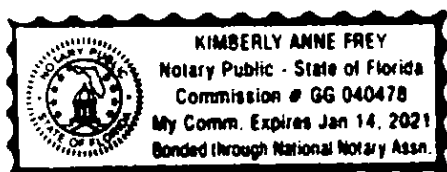
☒ who is personally known to me ☐ whose identity I proved on the basis of \_\_\_\_\_

(Seal)

*Kimberly Anne Frey*  
Notary Public's Signature

Fee: \$87.50 Per Class  
Certificate of Renewal : \$8.75 (Optional)  
CR2E005 (1/11)

*Kimberly Anne Frey*  
Notary Public's Printed Name



*Florida Blue*



In the pursuit of health



Manual for  
Physicians and Providers

## JOIN OUR NETWORKS

Florida Blue and Florida Blue HMO have several networks available to licensed providers that meet our contracting criteria and network needs. Participation in one network does not automatically mean that the provider participates in every network. Each network may correlate to multiple products; refer to your Florida Blue and or Florida Blue HMO provider Agreement to confirm your network participation.

Providers participating in our networks are reimbursed based on the terms of their Agreement for services to eligible members and have agreed to accept the Florida Blue allowed amount (less deductibles, coinsurance, and/or copayments) as payment-in-full for covered services. When members access participating providers, covered benefits are typically reimbursed at a higher benefit level, and their out-of-pocket costs are usually lower.

Physicians and providers are selected to participate in our networks based on an assessment and determination of the network's needs. To be considered for participation you must be a registered provider with us. If you are not currently registered, complete the registration process prior to moving forward with your request to participate.

To be considered for participation you must be a registered provider with Florida Blue. If you are not currently registered with Florida Blue, you must complete the registration process prior to moving forward with your request to participate in our Networks. To become a registered provider, complete the Provider Registration Form.

Some of our provider networks may be closed or open only in limited areas. Prior to moving forward, refer to the Network Status section to determine if we are currently accepting new requests.

If You are currently a registered provider with Florida Blue or have gone through the registration process and wish to be considered for participation in our network(s), complete the Request to Join our Networks form.

### Our Networks

Each Florida Blue and Florida Blue HMO network may correlate to multiple products; outlined are Florida Blue products and the corresponding provider Agreements (Insurance Base Contract or Health Options) and networks with checked boxes, use the Our Networks Table to understand how each network is associated to our products.

Some of our provider networks may be closed or open only in limited areas. Prior to moving forward, refer to the Network Status Table to determine if we are currently accepting new requests. Refer to your service type to determine if the network is open. If the network for your service type is open, complete the Join our Network request form.

**Note:** Providers must register with us in order to submit a request to participate. If you are not a registered provider, complete the Provider Registration Form. Once registered you may then complete the Join our Network form.

## Documentation of Care Review

The objective of performing periodic documentation of care reviews is to evaluate the quality and appropriateness of PCPs' office medical records documentation and to promote continuous improvements. Documentation is an important element in evaluating care and safety and promotes the delivery of continuity of care.

Documentation of care reviews evaluate medical records and do not define standards of care or replace a physician's judgment. They are performed on random samples of medical records annually. After a documentation of care review, Health Options will conduct a detailed follow-up with providers who have results less than 100 percent of documentation standards. Physicians will be notified in writing of deficiencies identified during the review, if applicable. Health Options will also provide guidelines and educational tools so physicians can improve medical records documentation.

Health Options requires that its physicians maintain a medical records system that is consistent with professional standards, protects the confidentiality of member records, and includes, but is not limited to, the following information and/or standards:

- The medical record is legible.
- Each page of office progress notes contains member identification (name and member ID number).
- The provider is identified on each entry in the record with a legible signature or initials.
- The medical record contains biographical data including date of birth, name, member identification number, and sex.
- The record contains a problem list or a summary of significant problems, medical diagnoses, and/or conditions and operative/invasive procedures.
- Current medications are documented on a medication list or listed in progress notes.
- Allergies and adverse reactions to medications are documented. If there are none, then documentation should indicate NKA (no known allergies).
- There is documentation whether or not the member age 18 and older has executed an advance directive.
- The reason for each office visit is clearly stated.
- All entries of the progress notes are dated.
- Prior problems are addressed at each visit.
- For children/adolescent members (ages 16 and under) there is a completed, up-to-date immunization record.
- The medical record contains a past medical history.
- For members ages 12 and over seen three or more times, there is documentation if inquiry/counseling regarding tobacco use.
- For members ages 12 and over seen three or more times, there are documentation of inquiry/counseling regarding history of alcohol/substance abuse.

- The medical record contains a complete physical examination.
- Objective findings are documented, including appropriate vital signs.
- Diagnosis is supported by subjective and objective findings.
- There is a documented treatment plan that is consistent with the diagnosis.
- Laboratory, X-ray, and diagnostic studies are present in the record and reflect primary care review.
- Consultations present in the record reflect primary care review.
- Follow-up plans documented at each visit in the medical record.
- There is evidence that appropriate preventive screenings and services are offered, ordered or completed for adults and children in accordance with Health Options' practice guidelines. Health Options has adopted guidelines from the USPSTF's Guide to Clinical Preventive Services. Visit the Agency for Healthcare Research and Quality website for the latest age/gender specific clinical recommendations.
- Records are stored securely/only authorized personnel have access/staff receives periodic training in member information confidentiality.

Each network may correlate to multiple products, outlined below are BCBSF products and the corresponding provider Agreements (Insurance Base Contract or Health Options) and networks with checked boxes.

- 1. BlueCross, BlueOptions, and some PPO products offer a wrap-around network option. Members may access the PPO/PFS/Traditional network and have balance-billing protection, but usually incur higher out-of-pocket costs associated with out-of-network benefits.
- 2. BlueMedicare HMO Plus products use the HMO Plus network for PCPs only. All other specialty/tertiary providers use the standard HMO network.
- 3. BlueMedicare Preferred HMO products use the AHC network. For more information go to: [AllAccessHealth Plus](http://AllAccessHealth Plus)