

T090000000289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

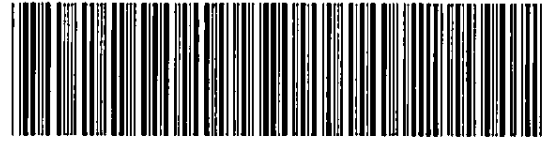
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/24--01007--016 **87.50

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MAR 25 2024

2024 APR -3 PM 1:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

K. SALY

APR -4 2024

4/3

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



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

March 20, 2024

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

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 that reads "Kathy M. Countryman".

Kathy M. Countryman
Paralegal

Enclosures

cc: Joy Farris
Katharine F. Rowe



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2024

SMITH GAMBRELL RUSSELL / KATHY M. COUNTRYMAN
BANK OF AMERICA TOWER
50 N LAURA ST, STE 2600
JACKSONVILLE, FL 32202

SUBJECT: HEALTH OPTIONS
Ref. Number: T09000000289

We have received your document for HEALTH OPTIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specimens submitted are not acceptable, someone felt the need to circle the words of the mark. Now the specimens are defaced.

The specimen you submitted to renew your service mark is not acceptable. We need one permanent specimen. We do not accept camera ready copies or specimens which have been altered or defaced in any manner. To renew your service mark, we need one specimen from which we can determine the service(s) being rendered. We will accept a brochure, newspaper, or magazine advertisement, or a business card; however, we must be able to determine the services you are rendering from your specimen. The specimen must specifically reflect/list the service(s) the mark is being used in connection with. If your mark is registered under more than one class, we need one specimen for each class. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimen(s) to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 524A00006510

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APR 03 2024

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

1) Mark Registered: HEALTH OPTIONS

2) Registration Number: T09000000289

3) Date Filed: 3/25/09 4.) Renewal Date: 3/25/24 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

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75

(Optional)

Blue Cross and Blue Shield of Florida, Inc.

Typed or Printed Name of Owner

Alayna Oram
Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF DUVAL

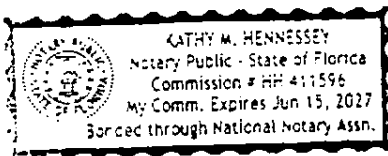
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 21st day of March, 2024, by (Alayna Oram).

numeric date

month

year

name of person making statement



Kathy M. Hennessey
Notary Public's Signature

Kathy M. Hennessey

Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

CR2E005 (1/20)

FILED
2024 APR -3 PM 1:43
TALLAHASSEE, FLORIDA



Manual for Physicians and Providers



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Durable Medical Equipment and Orthotic/Prosthetic

Details for NetworkBlue

Authorization is required for all DME and Orthotic/Prosthetic needs provided by providers participating in the CareCentrix network. All authorizations are to be requested through CareCentrix, Florida Blue's statewide provider for these services.

Physician/Provider offices that have historically supplied and billed for equipment/supplies from their offices, as a result of patient treatment, can continue to do so and do not need to work through CareCentrix; these items may or may not require authorization.

For physician/provider offices or any DME and Orthotics/Prosthetic provider that does not participate in CareCentrix network, the [Florida Blue website](#) contains [Medical Policies \(Medical Coverage Guidelines\)](#) showing requirements for specific DME and Orthotics/Prosthetics. Please review the specific [Medical Policies \(Medical Coverage Guidelines\)](#) before providing equipment or a supply.

Note: If a provider participating in the CareCentrix network does not submit the request or provides equipment CareCentrix does not authorize, the claim will be denied and the provider may not bill or collect payment from CareCentrix, Florida Blue, or the member.

For providers NOT participating in the CareCentrix network that require authorization for specific equipment, please contact Florida Blue directly.

Submit authorization requests electronically through Availity®.

Details for BlueSelect and Health Options

Requests for all DME, Medical Supplies, and Orthotics/Prosthetics must be coordinated statewide through [CareCentrix](#) for all Health Options (BlueCare, myBlue, SimplyBlue and BlueMedicare HMO) members.

BlueSelect members have no coverage for DME, MS, and O&P items supplied by a non-participating BlueSelect provider or a provider who is not an Exclusive Provider for non-emergency services. For approval of DME for our Blue Select product, medical supply (MS), and Orthotic/Prosthetic (O&P) items listed below when a participating BlueSelect provider supplies the items. If a non-participating BlueSelect provider or a provider who is not an Exclusive Provider is requested to supply DME for emergency services, then a BlueSelect authorization is required for claim payment.

Florida Blue will continue to monitor the usage of DME, MS, and O&P items, and will have the right to audit records pursuant to the provider's contract with BlueSelect.