



BLUE CROSS BLUE SHIELD OF FLORIDA'S INFO LINE



Blue Cross
Blue Shield
of Florida



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INTRODUCING INFO LINE!

Blue Cross Blue Shield of Florida's On-Ramp to the Information Super Highway

Brief System Overview

The Blue Cross Blue Shield of Florida's INFO LINE is a system that allows our Managed Care Provider partners the ability to do on-line Membership Eligibility, Provider Lookup, Referral Search, and Referral Entry.

The only equipment necessary is an IBM compatible PC, a modem, and standard communication software to enable the computer to use the modem. This will allow you to dial into our computer using a toll free line and get quick accurate information in a simple easy to use format.

How To Signon

The Blue Cross Blue Shield of Florida's INFO LINE is available to you immediately. You must add our toll free telephone number 1-800-840-6151 to the dialing directory of your communication software. When you dial that number you may hear a static like sound. This is our computers talking together and establishing a connection. You will then see prompts for the following information:

UserId

Your UserId is the Provider Number for a particular office location. Practices with multiple offices will have a different UserId for each office.

Password

You are prompted for a password each time you enter the INFO LINE system. You have been assigned a temporary password. The password must be changed every 30 days with a new one that is at least six positions long. See CHANGE PASSWORD section on the MAIN MENU.

Welcome Screen

The Welcome Screen displays an important message on the proper use of the information contained within the system. Please take a few minutes to read them.

Message prompt

The INFO LINE system will automatically check for new messages and display the subject each time you log onto the system. The message is saved for later review if you enter 'N'. If you want to read the message immediately then enter a 'Y' at the prompt.

WELCOME SCREEN

* * Blue Cross Blue Shield Info Line * *

THE AUTHORIZATION PROCESS IS FOR THE PURPOSE OF DOCUMENTING THE PCP'S APPROVAL OF A REFERRAL FOR A VISIT TO A SPECIALIST OR ER. AN AUTHORIZATION DOES NOT MEAN THAT SERVICES RECEIVED ARE PAYABLE UNDER THE MEMBER'S CONTRACT. ALL CLAIMS ARE SUBJECT TO THE WRITTEN TERMS OF THE CONTRACT.

THIS SYSTEM IS INTENDED FOR BUSINESS USE ONLY. ALL DATA HEREIN IS CONSIDERED CONFIDENTIAL AND PROPRIETARY. UNAUTHORIZED ACCESS, USE, MODIFICATION, DESTRUCTION, OR DISCLOSURE OF INFORMATION SUPPORTED BY THIS SYSTEM WILL RESULT IN PROSECUTION.

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Main Menu

[M]anaged Care System

Entering an 'M' will bring you to the Managed Care System Menu. This is where you can choose to do Membership Eligibility, Provider Searches, and Referral Search and Entry. These functions are described more fully under those sections.

[C]hange Password

Entering a 'C' will bring you to a screen that will allow you to change your password. It must be at least six positions. You will be prompted for a new password every 30 days.

[H]elp

Entering an 'H' will page someone to help you with technical problems you may be experiencing with the INFO LINE. Please call the Referral Authorization Program specialists if you have questions regarding the information displayed on the system or if you are experiencing difficulties with entering a referral. The number to call for HMO members is (305) 477-8960 for the Miami or toll free at 1-800-477-8960 if you are in the surrounding counties. The number for our Care Manager members is (305) 593-1556 or toll free at 1-800-593-1556.

Menu Command Line

This command line is displayed at the bottom of each menu screen.

[G]oodbye

Entering a 'G' will immediately log you off the INFO LINE system.

[T]op

Entering a 'T' will bring you directly to the Main Menu.

[E]mail

Entering an 'E' will bring you into the E-mail system. You may send a message to BCBSF via this option.

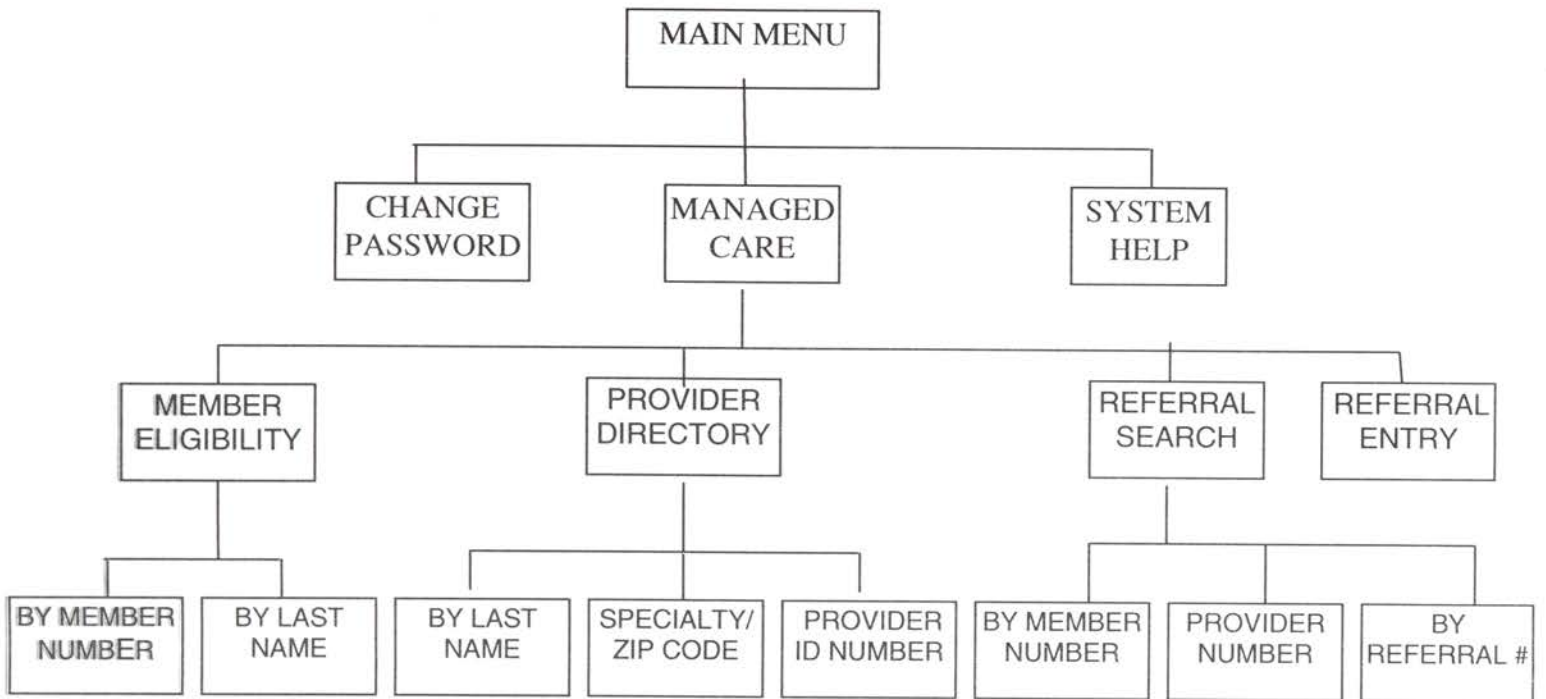
[L]ength of Call

Displays how long you have been on line.

[P]rev

Entering a 'P' will take you to your previous menu screen.

A MAP OF THE INFO LINE MENUS



Managed Care System Menu

This is the main module of the INFO LINE. From here you can obtain managed care information on members and providers and research a member's authorization history. If you are one of our Primary Care Providers you may directly enter your Referrals and avoid the delays involved with telephone referrals. The four menu choices are as follows:

[1] Member Eligibility

This option will provide the opportunity to search for member information by member number or name. The information provided will be similar to that found on the member's ID card and is updated daily. The benefit information displayed on the screen is not complete. It is, however, the most common information requested. Please call our Referral Authorization Program specialists to obtain more complete information if benefits for your services are not shown or the member is not found. The Miami phone number is (305) 477-8960 or you may call them toll free at 1-800-477-8960 for HMO members. The phone number for our Care Manager members is (305) 593-1556 or toll free at 1-800-593-1556.

[1] Member Search by Member #

Enter the 11 digit member number in the field. It will automatically begin the search and display the results. The member number is usually the employee's social security number plus a two digit relationship identifier, that is, 01-Employee, 02 - Spouse, 03 - first child, 04 - second child, etc.. You will be able to go to the **(N)**ext record or the **(P)**revious record for members under that employee by entering the corresponding key. **(R)**eturn will bring you back to the search screen.

[2] Member Search by Last Name

You will be prompted for the member's Last Name and then the initial of their first name. The system will look for an exact match. It will not correctly search for partial names, for example, "Smi" for Smith. You may view the **(N)**ext record with the same last name, if any, or the **(P)**revious record with the same last name by entering the corresponding key. **(R)**eturn will bring you back to the search screen.

Member Display Screen

A successful search will bring you to the Member Display Screen.

Member Last Name, First Name

Address -- the first street address line of their record.

City -- the member's city of residence

State -- the member's state of residence

Zip -- the member's abbreviated or full zip code

Effective Date -- the date the member was assigned to the Primary Care Physician

Expiration Date -- the expiration date of the member's contract. 99999s mean that the contract has not expired.

Member Number -- the employee's social security number plus a two digit relationship identifier. 01 - employee, 02 - spouse, 03 - first dependent child, 04 - second dependent child..., 22 - second spouse , 33 - grandchild by first dependent child, etc..

PCP Name -- the Primary Care Physician's name as it appears on our Provider records.

PCP's Telephone # -- the Primary Care Physician's telephone number as it appears on our Provider records.

Date of Birth -- the members date of birth

Sex -- (M)ale or (F)emale

Coverage Type -- Single, Double, or Family

Benefit Information -- this is a duplicate of the benefit information that is printed on the member's ID card. Our pure HMO members will have 4-5 benefits shown. Our Open Ended HMO members, those with HMO/Traditional benefits, and Care Manager members will show up to 4 additional benefits that give co-insurance and deductible information that is applicable to out of network services.

[2] Provider Directory Menu

The provider directory module will allow you to search by name, specialty/zip code, or provider number. It will show whether the Provider is participating in our HMO or Care Manager programs. The screen also displays the Providers specialty and if they are a member of a capitated specialty network. We encourage you to use the capitated specialty networks whenever possible for HMO members as this helps you to hold down your patient's health care costs.

Our file contains over 50,000 providers so it is important that you verify that the provider found during the search is indeed the one you had in mind.

[1] Provider Search by Last Name

With this option you will be prompted to enter the Provider's last name and first initial. You may leave the first initial field blank that will result in a listing of all Providers with the same last name. The name on our records must match exactly the name you enter. You will not find Dr. Jane Smith-Allen by entering 'SMITH' at the last name prompt -- it must be 'SMITH-ALLEN.' Please contact one of our Referral Authorization Program specialists if you are experiencing problems finding the correct provider. The Miami telephone number is (305) 477-8960 or you may call toll free using 1-800-477-8960.

You may view the **(N)**ext record with the same last name or the **(P)**revious record with the same last name by entering the corresponding key. **(R)**eturn will bring you back to the search screen

[2] Provider Search by Specialty/Zip Code

This option will prompt you to enter a specialty code (See Appendix X) and a zip code. This search will only display providers who participate in our managed care programs for your area of the state. The specialty code must be an exact match. You have the option of leaving the zip code blank or you may enter a partial zip code, for example, '333' to find a provider close to your patient's location.

You may view the **(N)**ext record with the same specialty and zip code, if any, or the **(P)**revious record with the same specialty and zip code by entering the corresponding key. **(R)**eturn will bring you back to the search screen

[3] Provider Search by Provider Number

This option will prompt you to enter a provider number. It must be an exact match -- no incomplete provider numbers can be used.

Provider Display Screen

A successful search will bring you to the Provider Display Screen. It will give you the following information:

Provider Name -- the provider's Last Name and First Name. Enter the facility's name in the Last Name field if you are searching for a facility.

Provider No. -- the provider's number for use within the system

Specialty -- the primary(1) and secondary(2) specialties of the provider will be shown. If this is incorrect then please contact your Provider Relations Representative.

Status -- the display shows the provider's status in our two managed care networks

HMO -- is the provider's participation status within our HMO network. P = Participating, N = Non-Participating. If the provider is a capitated specialist then a box with "capitated specialist" will be displayed to the right of the status fields. A PCP is identified also by a display box. A non-participating provider will have a red display box with "NON-PAR Physician" message. Those par physicians whose referrals need to be telephoned in will display a red box with an "ineligible" message.

Care Manager -- this is the provider's status for the Blue Cross and Blue Shield of Florida's Care Manager program. Their status is either (P)ar or (N)on-Participating.

Address -- the provider's office street address. Please note that some provider's address and telephone information may reflect the central billing office they use.

City -- the city in which the office is located.

State -- the state in which the office is located.

Zip -- the provider's abbreviated or full zip code

Phone -- the provider's telephone number.

[3] Referral Search Menu

This module will allow you to view all referrals that have been generated to you or by you and those within your practice or specialty network. You will not be able to see services authorized for non-related providers.

[1] By Member (Contract) Number

This option will prompt you to enter the member's 11 digit contract number. The computer will search for all referrals and authorizations, whether called in or entered via INFO LINE, for the last 3 months. If you are a specialist then it will only display authorizations that have been referred to you or to those associated with your practice for this member. If you are a Primary Care Physician then it will display all the referrals and authorizations that you or an associate within your practice have approved for this member.

[2] By Specialist/Facility Provider Number

This option will prompt you to enter the specialist or facility's provider number. The computer will search for all referrals and authorizations, whether called in or entered via INFO LINE, for the last 3 months. It will display all authorizations that have been referred to this provider or to those associated with their practice.

[3] By Authorization Number

This option will prompt you for the 13 digit authorization number. The authorization will be displayed if it covers services that have been approved for you to perform.

[4] Referral Entry Menu

This module is available only to our Primary Care Physicians. Through this module you are able to enter referrals for your members to providers within our managed care network. The program verifies that the member is currently eligible and is assigned to either you or one of your practice associates. Currently you are only able to enter routine referrals to specialists, diagnostic centers, and ER facilities within the BCBSF/Health Options managed care networks. All inpatient, outpatient surgery, transportation, MRI's, etc. will continue to be phoned into our Referral Authorization Program specialists. Please see the list of exclusions on page 16.

Referrals for Plastic and Neuro Surgery will continue to be phoned in so our Referral Authorization Program specialists can help you determine which network is appropriate for the services ordered. INFO LINE will help remind you to call us if you attempt to enter a referral to a plastic or neuro surgeon.

You may also receive a message to call in the referral for a particular provider. This does not reflect on the quality of the provider, but is sometimes necessary given the complexity of our Provider and Member contracts. You may choose another provider or you may call one of our Referral Authorization Program specialists to personally handle your referral. They may be contacted at (305) 477-8960 in the Miami area or toll free at 1-800-477-8960.

Command Line

[A]dd -- begins the referral entry process

[R]eturn -- exits the entry program

How To Enter A Referral

The entry program has been designed to help you enter a referral as quickly and easily as possible. There are many edits going on in the background to insure the accuracy of the referral. ***Don't worry -- you can't blow it up!*** You will need to have the member number and ICD9 code handy. The rest is easy as pie. Just enter some of the following information and relax.

Member Number

The member number is 11 characters long. It consists of the employee's social security number and a two digit relationship identifier, e.g., 01-Employee, 02 - Spouse, 03 - first child, 04 - second child, etc.. The program will check to be sure the member is currently eligible to receive services and whether you are authorized to order care for the member. You must be their PCP or a practice associate of the PCP. The Member information is less than 24 hours old so you can be sure that the members are currently eligible for services. No more long waits to verify if the member is still active.

Referred To

Enter the Provider Number of the facility or specialist's office to whom you are referring the member. If you do not have the provider number then you may enter a question mark (?) into the field and a search window will "pop up." This window will prompt you for the provider's name and allow you to page forward (N)ext or backward (P)revious through the search results. These providers will be eligible to provide services for your patient. When you find the provider you are searching for just hit the ENTER key and that Provider Number will automatically be filled into the field. Plastic Surgeons and Neuro Surgeons are flagged as ineligible and the system will not allow you to choose them. Please call in all referrals for plastic and neuro services to one of our Referral Authorization Program specialists. We have flagged other providers as ineligible given the complexity of some of our provider and member contracts. We ask that you telephone in referrals for these providers also. The Miami telephone number is (305) 477-8960 or you may call toll free using 1-800-477-8960. For Care Manager members referrals please call (305) 593-1556 or 1-800-593-1556.

If you have chosen a provider with a specialty in OB/GYN then you will be asked if the referral is for OB services. Entering a 'Y' will prefill the rest of the fields with the appropriate information.

You can back date the effective date up to 7 days.

INFO LINE will automatically fill in the appropriate fields when you refer to a Chiropractor or Podiatrist.

See, we told you it would be easy.

Referral Type

The system automatically defaults to an 'RF' for referral. You may enter an 'ER' for Emergency Room referrals.

Cons-TX

You have the choice of entering an 'S' (for a consultation only referral) or a 'C' (for consult and treat). The consult and treat option will allow the specialist to perform services like lab, x-ray, or office surgery. The correct option is important because no claims are paid for services other than office visits when the 'S' (consultation only) option is used. INFO LINE puts you in the "driver's seat" in controlling your patient's costs by not paying for unwanted services or procedures.

No. Of Visits

You may enter up to 99 visits. The default is 1.

Effective Date

The effective date will default to today. You may enter any future date or backdate the referral for up to 7 days. This feature is nice to have if your patient received services and you are now just getting to enter the referral.

Expiration Date

For most services the expiration date will default to 60 days from the effective date of the referral. Chiropractic and Podiatric services will be good for one year. OB referrals are effective for 10 months.

Referred By

This will automatically be filled in using your Provider Number. It cannot be altered.

Prov. Name

This will automatically be filled in with your name by INFO LINE.

ICD9 Code

This is a **MANDATORY** field. A correct code needs to be entered. INFO LINE will remind you if the code is incorrect. You also have a search window that can be used by placing a question mark (?) in the entry field. INFO LINE will prompt you for a number and you can scroll through the ICD9 code list for the appropriate code. This can be handy if you know the general code, like 250 for diabetes, and want to find a more definitive code.

Comments

You may enter a 40 character description of what services you are approving. This helps the specialist when they review the referral and also our Claims department when it comes time to process the claim. This field is optional but highly recommended.

Add this entry Y/N?

Congratulations you are almost there! Enter a 'Y' if all the information is correct. This will complete the referral and automatically issue a 13 digit authorization number. You can print the screen and place it in the chart or send it with the patient.

Entering a 'N' means that the information is incorrect and will bring you back up to the member number prompt. Unfortunately the rest of the screen will blank out and you will have to reenter the Provider Number, dates, etc.

Care Manager Product

This exciting product uses our Primary Care Physicians as care managers or “gatekeepers” for referral to our Preferred Provider (PPC) network. INFO LINE helps our provider partners by:

- Automatically identifying Care Manger members by flashing a Care Manager message box on the member and referral entry display screens
- The Provider Search screens show whether a provider is participating in our Care Manager program..
- The referral entry program automatically limits provider selection to those who are participating in the Care Manger network.

The telephone number to speak to a Care Manager Referral and Authorization Program specialist is (305) 593-1556 in the Miami area and the out of area toll free number is 1-800-593-1556.

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SERVICES EXCLUDED FROM THE INFO LINE SYSTEM

The following services are currently excluded from the INFO LINE automated referral system and need to be telephoned to our Referral and Authorization Program specialists. These exclusions are applicable to our HMO and Care Manager products in the South Florida Region.

- Inpatient Admissions
- Hospital Outpatient Diagnostics
- Outpatient Surgery
- Durable Medical Equipment/Prosthetic Devices
- Home Health Care
- Injectables
- Transportation
- Physical Therapy
- Chemotherapy
- Radiotherapy
- MRI's/MRA's/PET Scans
- Cosmetic Surgery
- Infertility Treatment
- Dental Services/Oral Surgery
- Requests to Non-Participating Specialist
- Services beyond 60 days of initial referral
- Out-of-Area services
- Rehabilitative services including Cardiac & Pulmonary

FOR THOSE TIMES WHEN YOU HAVE TO CALL

Please follow the script below when you are required to contact our Referral Authorization Program specialists. The appropriate Menu Selections for telephone referrals are as follows:

- ⇒ Referral authorization or outpatient diagnostics, press (2)
- ⇒ Emergency Room, outpatient procedures and obstetrical admissions, press (4)
- ⇒ For precertification of inpatient hospitalization and outpatient surgery, press (5)
- ⇒ For a discharge Planning or Concurrent Review Nurse, press (6)
- ⇒ For durable medical equipment, transportation, injectables, and medical supplies, press (7)
- ⇒ Verification of approved services, press (8)

Precertification phone numbers are 477-8960 or 1-800-477-8960

SPECIALTY CODES IN ALPHABETICAL ORDER

050	ACUPUNCTURE	015	OBSTETRICS
003	ALLERGY	085	ONCOLOGY, INT. MED.
005	ANESTHESIOLOGY	018	OPHTHAMOLOGY
006	CARDIOVASCULAR DISEASE	017	OPHTHAMOLGY, OTOLOGY,
046	CHILD PSYCHIATRY	041	OPTOMETRY
093	CHIROPRACTIC	019	ORAL SURGERY (DENTIST)
049	CLINIC, PA GROUP	061	ORTHODONTICS
092	CLINICAL PSYCHOLOGY	020	ORTHOPEDIC SURGERY
060	DENTISTRY	021	PATHOLOGIC ANATOMY
007	DERMATOLOGY	022	PATHOLOGY
081	EMERG. MED/GEN PRACTICE	036	PEDIATRIC ALLERGY
082	EMERG. MED/GEN SURG.	064	PEDIATRIC DENTISTRY
083	EMERG. MED/INT MED	035	PEDIATRICS
084	ENDOCRINOLOGY, INT. MED.	037	PEDIATRIC CARDIOLOGY
063	ENDODONTICS	067	PERIODONTICS
004	ENT	023	PERIPHERAL VASCULAR
008	FAMILY PRACTICE	025	PHYSICAL MEDICINE
010	GASTROENTEROLOGY	043	PHYSICAL THERAPY
001	GENERAL PRACTICE	024	PLASTIC SURGERY
002	GENERAL SURGERY	070	PODIATRIST
038	GERIATRICS	028	PROCTOLOGY
009	GYNECOLOGY	065	PROSTHODONTICS
040	HAND SURGERY	026	PSYCHIATRY
048	HEMATOLOGY/ONCOLOGY	027	PSYCHIATRY, NEUROLOGY
051	IMMUNOLOGY	029	PULMONARY DISEASES
044	INFECTIOUS DISEASE	032	RADIATION THERAPY
011	INTERNAL MEDICINE	030	RADIOLOGY
012	MANIPULATIVE THERAPY	042	RESPIRATORY THERAPY
045	NEONATOLOGY	086	RHEUMATOLOGY, INT. MED.
039	NEUROLOGICAL SURGERY	031	ROENTGENOLOGY, RADIO
014	NEPHROLOGY	033	THORACIC SURGERY
013	NEUROLOGY	034	UROLOGY
016	OB/GYN	047	VASCULAR SURGERY



