

BLUE EXPRESS
HEALTH OPTIONS, INC. AUTOMATED REFERRAL SYSTEM
CALL 1/800-397-7337

Blue Express is an automated physician referral line. The system offers physician's a fast, convenient way to authorize, modify, or inquire about a referral. Using a touch-tone telephone you may enter or access information for visits to specialists.

The following items are **NOT** available through Blue Express and require an authorization from a Precertification Representative at 477-8960 or 1/800-477-8960.

- * Diagnostic services referral
- * Inpatient admissions
- * Durable Medical Equipment (DME)
- * Home Health Care
- * Physical Therapy
- * Out-of-Network services
- * Prior approval (items)
- * Chiropractic/Podiatrist referrals
- * Plastic surgery
- * Mental Health referrals - Call Comprehensive Behavioral Care Inc. 1/800-541-3647
*for Metro Dade employees call Florida Psychiatric Management at 1/800-232-2604 or the local number 261-3433
- * Ophthalmology Referrals - call Eye Management Inc. at (305) 329-1152
- * Emergency Room Care
- * Radiation Therapy/Dialysis
- * Dental and Oral Surgeons

BLUE EXPRESS is available from:

7:00 am - 8:00 pm Monday - Friday
7:00 am - 4:30 pm - Saturday

To use the Blue Express you need the following:

- * Your provider number and your three (3) digit security code (BIN number)
- * Member ID number and/or authorization number
- * The provider number of the specialist or hospital where the member is being referred to
- * For new authorizations you also need the ICD-9 diagnosis code, and the number of visits authorized

New authorizations and changes to authorizations may only be entered by the Primary Care Physician to whom the member is assigned. Blue Express does not allow you to make retroactive referrals. If you need to discuss a retroactive referral please call 477-8960 or 1/800-477-8960, select menu option 2.

**POST EVALUATION SURVEY
FOR
BLUE EXPRESS**

Physician's Office: _____

Name: _____

Phone #: _____

- 1. Do you feel your office staff had adequate training on the System?**

Do you or your staff need any follow-up training?

- 2. Overall what is your opinion of the System?**

- 3. Is the system doing what you expected it to do? Did the system.....**

Exceed your expectations

Meet your expectations

Needs improvement

- 4. What enhancements or improvements would you like made to the system?**

- 5. Has your office realized any productivity increases since you began using the system?
If yes, please explain.**

- 6. Would you recommend this system to other physician's offices?**

- 7. Are you currently using any other type of automated system other than Blue Express? If yes, please give name.**

SPECIAL FEATURES:

SPEED DIAL - allows you to speed up the BLUE EXPRESS by entering your response any time, while being asked for information by a prompt of menu. You do not have to wait for all menu options to be listed before entering your response.

RETURN TO MAIN MENU - at any time you wish to return to the main menu, you may do so by pressing "9".

INSTRUCTIONS:

If your provider number has an alpha character (suffix), please follow the example below.

ALPHA CHARACTER ENTRY - to enter an alpha character, you must press three keys. Press *, press the key on which the letter appears, and press the number one, two, or three to indicate the position of the letter on that key.

EXAMPLES - the diagnosis code V222 is entered as *8322

T U V

8

*83

- the provider number 12345A is entered as 12345*21.

A B C

2

*21

*NOTE - the diagnosis code V222 should be entered for all Obstetric (pregnancy) referrals.

Date Format: (ER visits only)

Use the following date format for entering the date of service into the Blue Express:

MMDDYY

MM=Month of the year

DD=Day of the month

YY=Last two digits of the year

Example: January 12, 1994 = 011294

**HEALTH OPTIONS' BLUE EXPRESS
REFERRAL/ER AUTHORIZATION
WORKSHEET**

PCP/PROVIDER #: _____

SECURITY ID CODE: _____

MEMBER NAME: _____

MEMBER ID #: _____

DATE OF BIRTH: _____

SPECIALIST/HOSPITAL'S NAME & PROVIDER #: _____

RADIOLOGY CENTER: _____

NUMBER OF VISITS AUTHORIZED: _____

DIAGNOSIS CODE: _____

AUTHORIZATION NUMBER: _____

EXPIRATION DATE: _____

4. How many physicians are employed by your practice?

_____ *[For information only]*

5. Do any of the physicians participate in an insurance carrier's network?

Yes *[Continue]*

No *[Hold, inform moderator.]*

6. In which insurance carriers' networks do physicians participate?

Blue Cross Blue Shield of Florida *[Must mention to continue]*

Other _____ *[Please specify]*

7. Are you involved in or do you have significant influence in making decisions regarding the selection of office practice management systems?

Yes

[For information only]

No

8. Does your office have...*[Check all that apply. For information only.]*

Automated billing capabilities

Automated scheduling capabilities

An automated practice management system

9a. I'd like to invite you to participate in our discussion. It will last approximately 2 hours. As I previously mentioned, because we know your time is valuable, we would like to offer you \$75 as a token of appreciation for your participation.

Once again, the group is being conducted on:

Tuesday, August 1 at 6:00 PM

9b. Will you be able to attend?

Yes *[Continue]*

No *[Terminate]*

We appreciate your participation in this group. I think you will find it interesting and enjoyable. We will be sending you a map and letter about the group. You will be served a deli-style dinner. Please plan to arrive 10 - 15 minutes early so we can begin on time.

What is your current mailing address? *[Record on first page.]*

[Note: Give facility name and phone number to respondent.]

[Complete all portions of the screener which will be returned to the moderator.]

THANK YOU FOR YOUR HELP!