



Blue Choice

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BLUE CHOICE

Blue Choice is a PPO program. Blue Choice DOES NOT have a gatekeeper feature to manage health care costs. The benefit design offers incentives to seek care from network providers. Blue Choice was developed to fulfill the need for a statewide recognized PPO network. It allows BCBSKS to take advantage of provider discounts on a national level through BlueCard/ITS.

I. Identifying Blue Choice Members

The identification card issued will reflect the product name BLUE CHOICE on the identification card.

Blue Choice identification numbers will include an alpha prefix of XSB.

II. Blue Choice Provider Network

Professional Providers - all professional providers who contract with BCBSKS as CAP (Competitive Allowance Program) are considered Blue Choice providers.

Institutional Providers – to be considered a Blue Choice hospital, the hospital must agree to participate in the Blue Choice network. A special Blue Choice contract is offered to hospitals. (Blue Choice is synonymous with Choice Care)

Non-hospital Institutional Providers – (home health, hospice, end stage renal disease facility, substance abuse facility, birthing center, etc.) are considered a Blue Choice provider just as long as they are a BCBSKS CAP (Competitive Allowance Program) contracting provider. There is not a separate Blue Choice contract for these provider types.

To receive the maximum Blue Choice benefits, a member must receive services at a Blue Choice hospital. If a non Blue Choice hospital is used and the services are not life, limb or function threatening, the member will be penalized.

III. Prior Authorization

Admissions to Hospitals and Medical Care Facilities for inpatient care require prior authorization unless the admission is for a life-threatening, limb-threatening or function-threatening, condition or for obstetrical care. The member or physician should notify BCBSKS at least 72 hours in advance of the planned admission. If the admission required prior approval and the member is admitted without approval, there will be no coverage for that admission unless medically necessary. BCBSKS will review each admission for medical necessity.

If home health or hospice benefits are part of the benefit package, prior authorization is required.

For mental health or substance abuse inpatient or partial day services, New Directions should be contacted at 800-952-5906.