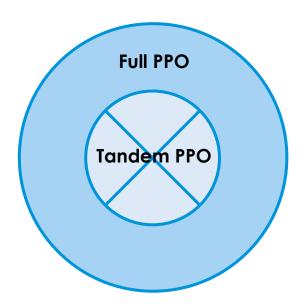


Agenda

- Difference between Full PPO and Tandem PPO Networks
- 2) 2021 Tandem PPO plan names
- 3 How to check provider participation in the Tandem PPO Network
- 4 How to update your provider demographic information
- 5 How to check patients for Tandem eligibility before providing care
- 6 Tandem member ID card example
- 7 How to ensure Tandem member claims are processed as in-network

Difference between Full PPO and Tandem PPO networks

The Tandem PPO Network and Full PPO Network are different networks, and just because a provider is participating in the Full PPO Network, does not automatically mean they are participating in the Tandem PPO Network.



2021 Blue Shield Tandem PPO plan names

Tandem PPO plans for large groups with 101 or more employees

Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
0-250 90/70	0-500 80/60	
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
10-250 90/70	0-1750 80/60	
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
0-400 90/70	10-250 90/70	
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
15-250 90/70	20-500 80/60	
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
20-200 90/70	25-750 80/60	
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
20-250 80/60	30-1500 80/50	
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
25-250 80/60	35-1000 80/60	
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	
0-250 80/60	40-3000 70/50	
Tandem PPO Combined Deductible 25-250 90/60	Tandem PPO Savings Embedded Deductible 3000	
Tandem PPO Combined Deductible Value	Tandem PPO Savings Embedded Deductible	
10-1000 90/70	4425	

Tandem PPO No Network Deductible 10 100/50

2021 Tandem PPO plan names continued

Tandem EPO plans for large groups with 101 or more employees	
Tandem EPO Per Admit 10-250	
Tandem EPO Zero Admit 20	
Tandem EPO Zero Admit 30	
Tandem EPO Facility Coinsurance 20-20%	

2021 Tandem PPO plan names continued

Tandem PPO plans for small groups with 1 to 100 employees

Tandem Bronze PPO 6250/70 (Off-Exchange)	Tandem Platinum PPO 0/10 (Off-Exchange)
Tandem Bronze PPO 6850/65 (Off-Exchange)	Tandem Platinum PPO 250/10 (Off-Exchange)
Tandem Bronze PPO 7500/50 (Off-Exchange)	Tandem Platinum PPO 250/15 (Off-Exchange)
Tandem Silver PPO 1950/50 (Off-Exchange)	Tandem Bronze PPO Savings 5700/40% (Off-Exchange)
Tandem Silver PPO 2225/50 (Off-Exchange)	Tandem Bronze PPO Savings 7000 (Off-Exchange)
Tandem Silver PPO 2400/55 (Off-Exchange)	Tandem Silver PPO Savings 2100/25% IND (Off-Exchange)
Tandem Gold PPO 0/25 (Off-Exchange)	Tandem Silver PPO Savings 2100/25% FAM (Off-Exchange)
Tandem Gold PPO 500/30 (Off-Exchange)	Tandem Silver PPO Savings 2600/35% IND (Off-Exchange)
Tandem Gold PPO 750/30 (Off-Exchange)	Tandem Silver PPO Savings 2600/35% FAM (Off-Exchange)
Tandem Gold PPO 1200/35 (Off-Exchange)	Tandem Gold PPO Savings 1750/15% IND (Off-Exchange)
Tandem Platinum PPO 0/0 (Off-Exchange)	Tandem Gold PPO Savings 1750/15% FAM (Off-Exchange)

Checking your Tandem PPO Network participation ensures:

- Members can find you on <u>Find a Doctor</u>
- Members are not turned away by Tandem contracted providers
- Full PPO providers don't unknowingly provide out-of-network services resulting in bills sent to Tandem members for remaining balances
- Providers and Tandem members can make in-network referrals to avoid out-of-network member claims

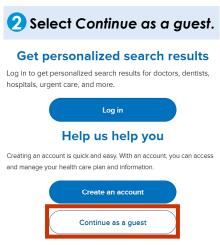


How to check provider participation in the Tandem Network

You can either:

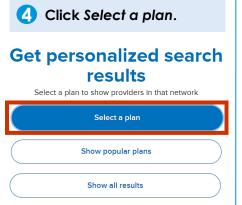
- Contact your IPA or medical group
- Call Provider Information and Enrollment at (800) 258-3091
- Contact your Blue Shield Contract Manager (for hospitals and other facilities) Or use <u>Find a Doctor</u> and follow these steps:







How to check provider participation in the Tandem Network





Search by provider's last name and then click the provider's name and scroll down for in-network verification.



You may need to narrow your search radius by clicking on these options then scroll down to click *Apply*.

How to update your provider demographic information

1 <u>Provider Connection</u> Account Managers just need to click the link at the top of their screen to update their provider demographic information.

Provider Connection

Log out | Message center

Account management

2 Scroll down to the Provider demographic information section and click Update your provider's information.

Account management

Provider demographic information

Update this information regularly! It appears on your provider's page in our Find a Doctor search. Our members rely on this information, including office hours and whether a doctor is accepting new patients.

Update your provider's information



How to update your provider demographic information



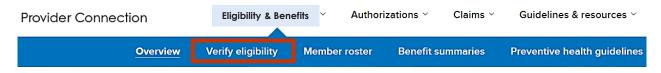
Click the icons to update information.

Demographic and billing details Provider details Location details Provider name Physical address Provider type Phone Blue Shield provider ID (PIN) Fax PIN assignment date Email National Provider Identifier (NPI) Office hours Primary specialty Other specialties Wheelchair access Accepting new patients Additional information Languages Clinical staff languages Areas of special expertise Medical interpreter languages Telehealth capability Billing information Billing address Tax ID for claims processing

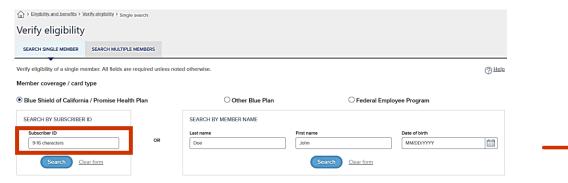
Check patients for Tandem eligibility before providing care

You can verify eligibility: On member ID cards • By calling Provider Customer Service at (800) 541-6652 • By asking all new Blue Shield patients to name their specific plan as it appears on their Blue Shield member ID card • or Online at <u>Provider Connection</u>:

1 Under the Eligibility & Benefits tab, click Verify Eligibility

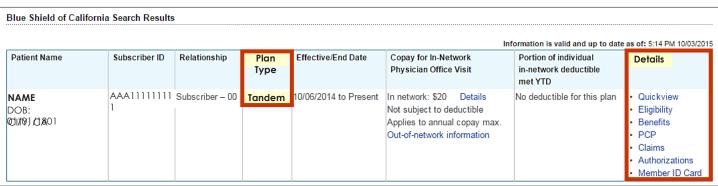


Enter the Subscriber ID or - the Last name, First name, and Date of birth – then click Search to display the member's record



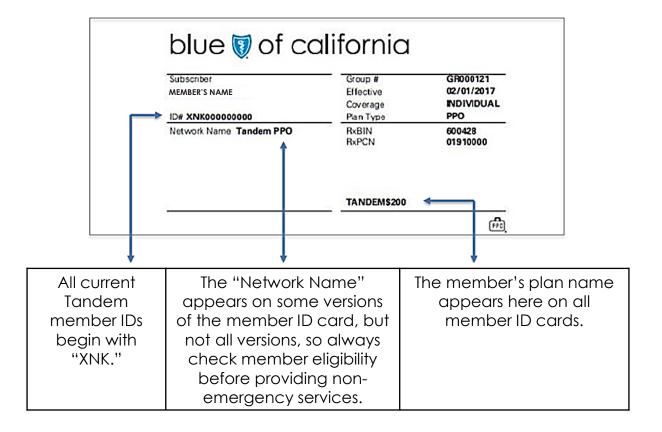
How to verify patient eligibility, continued

3 If the member has a Tandem plan, it will display in the Plan type column.



The Details column on the far right provides options for drilling deeper into the member's eligibility, benefits, claims, etc. There's also a link to the member's ID card.

Tandem member ID card example



Ensure Tandem member claims are processed as in-network

Claims may be processed as out of network if:	How to avoid:
An individual provider is contracted with the Tandem PPO Network, but the medical group is not, and services are billed using the group Tax ID instead of the individual provider's Tax ID.	If the individual provider participates in the Tandem PPO Network, use the individual provider's SSN/EIN/TIN on the claim.
A medical group is contracted with the Tandem PPO Network, but a provider also has an individual agreement and uses the individual provider's Tax ID instead of the medical group's Tax ID.	If the medical group participates in the Tandem PPO Network, use the medical group's SSN/EIN/TIN on the claim.
A medical group or provider doesn't participate in the Tandem PPO Network at all its locations, and a provider renders services at a location that is not participating in the Tandem PPO Network.	Be sure claims reflect the Group or Provider TIN for the locations participating in the Tandem PPO Network.



Provider education

blueshieldca.com/provider.com



News and education

Attend live webinars, view recorded webinars and tutorials, and access other educational materials and news on topics important to you and your organization.

Provider webinars | Using this website | Tools and tutorials - Working with Blue Shield | Tools and tutorials - Patient care and programs | News and announcements

Click the Provider Education links to ...

- Register for webinars.
- View tools on topics related to you, your patients, and Blue Shield.
- Read Blue Shield <u>news and announcements</u>.

Information



For	Call
Authorizations, billing, eligibility, benefits, claims, and website issues	Provider customer service help line: (800) 541-6652
Network confirmation and contract questions	Provider information and enrollment: (800) 258-3091

For hospitals, please contact your Blue Shield Contract Manager