## BLUE SHIELD OF CALIFORNIA TANDEM PPO NETWORK TOOLS & TIPS (2024)

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Thank you for participating in Blue Shield of California's Tandem PPO Network. We hope this reference guide will be helpful in providing services for our Tandem plan members. Review the guide in its entirety or click the links below to go directly to the information you need.

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## Difference between Full PPO and Tandem PPO Networks

The Full PPO Network and Tandem PPO Network are different networks.



Participation in the Full PPO Network does not automatically mean you participate in the Tandem PPO Network.

It is important to determine if you are in the Tandem PPO Network before serving a Tandem member.

If a member uses non-emergency services from a provider who does NOT participate in the Tandem PPO Network, those services will be billed at out-of-network rates.

## Tandem PPO Network overview

- The Tandem PPO Network is a subset of our Full PPO Network.
- Available statewide, it offers members access to a quality network of providers, which includes all specialties and levels of care.
- Tandem members are automatically matched to primary care physician (PCP)\*, but they can change this match at any time.
  - Matched PCP names do not appear on the member ID card
- Tandem members are free to choose any doctor or specialist without referral in or out of the network.
- If members seek services from out-of-network providers or facilities, they pay a greater share of costs.<sup>±</sup>



- \* PCP match is based on location (within 10 miles of member's residence) and if panel is open to new patients.
- 1 Members with Tandem EPO plans do not have coverage for ANY out-of-network costs except emergency care. EPO plans utilize the Tandem PPO Network. See <u>page 5</u> for EPO plan names.

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## 2024 Blue Shield Tandem PPO plan names

Tandem plans are "off-exchange" group plans and are not available as Individual and Family Plans (IFP) through the Covered California exchange.

Tandem PPO plans for large groups (101 + employees)		Tandem PPO plans for small groups (1 to 100 employees)		Tandem EPO plans for large groups (101+ employees)*
Tandem PPO Combined Deductible	Tandem PPO Split Deductible	Bronze Tandem PPO 5500/65	Gold Tandem PPO 750/30	Tandem EPO
0-250 80/60	35-1000 80/60	(Off-Exchange)	(Off-Exchange)	10-250 90%
Tandem PPO Combined Deductible	Virtual Blue <sup>sM</sup> PPO Combined	Bronze Tandem PPO 6250/65	Gold Tandem PPO 1000/35	Tandem EPO
0-250 90/70	Deductible 20-250 80/60	(Off-Exchange)	(Off-Exchange)	20-500 80%
Tandem PPO Combined Deductible	Virtual Blue <sup>sM</sup> PPO Combined	Bronze Tandem PPO 6500/70	Platinum Tandem PPO 0/0	Tandem EPO
0-400 90/70	Deductible 20-250 90/70	(Off-Exchange)	(Off-Exchange)	25-1500 80%
Tandem PPO Combined Deductible	Virtual Blue <sup>sM</sup> PPO Combined	Bronze Tandem PPO 6850/55	Platinum Tandem PPO 0/10	Tandem EPO
10-250 90/70	Deductible 20-500 80/60	(Off-Exchange)	(Off-Exchange)	25-2500 80%
Tandem PPO Combined Deductible	Virtual Blue <sup>sM</sup> PPO Split Deductible	Bronze Tandem PPO 7500/65	Platinum PPO Tandem 250/10	Tandem EPO
15-250 90/70	20-1000 80/60	(Off-Exchange)	(Off-Exchange)	Per Admit 10-250
Tandem PPO Combined Deductible	Virtual Blue <sup>sM</sup> PPO Split Deductible	Silver Tandem PPO 2000/60	Platinum Tandem PPO 250/15	Tandem EPO
20-250 80/60	20-1500 80/60	(Off-Exchange)	(Off-Exchange)	Zero Admit 20
Tandem PPO No Network Deductible	Virtual Blue <sup>sM</sup> PPO Split Deductible	SilverTandem PPO 2350/65	Virtual Blue <sup>sm</sup> Bronze Tandem PPO	Tandem EPO
10 100/50	20-2000 70/50	(Off-Exchange)	7500/75 (Off-Exchange)	Zero Admit 30
Tandem PPO Split Deductible	Virtual Blue <sup>sM</sup> PPO Split Deductible	SilverTandem PPO 2550/70	Virtual Blue <sup>sM</sup> Silver Tandem PPO	Tandem EPO Facility Coinsurance
0-500 80/60	20-250 90/70	(Off-Exchange)	2700/75 (Off-Exchange)	20-20%
Tandem PPO Split Deductible	Virtual Blue <sup>sM</sup> PPO Split Deductible	Gold Tandem PPO 0/35	Virtual Blue <sup>sM</sup> Gold Tandem PPO	
0-1750 80/60	20-500 80/60	(Off-Exchange)	1500/45 (Off-Exchange)	
Tandem PPO Split Deductible	Virtual Blue <sup>sM</sup> PPO Split Deductible	Gold Tandem PPO 500/30	Virtual Blue <sup>s</sup> Platinum Tandem PPO	* Does not cover out-of-network costs except for emergency care.
10-250 90/70	20-750 80/60	(Off-Exchange)	250/20 (Off-Exchange)	
Tandem PPO Split Deductible 20-500 80/60	Virtual Blue <sup>sM</sup> PPO Split Deductible 50-1000 70/50			·
Tandem PPO Split Deductible 25-750 80/60	Virtual Blue <sup>SM</sup> PPO Split Deductible 50-3000 60/50			

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## How to check your participation in the Tandem Network

Take one of the following actions to check Tandem Network participation:

- 1. Search Blue Shield's *Find a Doctor* online directory. Instructions provided next page.
  - Note, failure to verify your directory information may result in suppression from our directory listings. If this is the case, you will not show in the member's Tandem Network.
  - To reinstate your information in *Find a Doctor*, your account manager (or a user with permission to edit provider data) must <u>log in to Provider Connection</u>, view your provider directory data, submit updates if necessary, and attest to the accuracy of your information.
  - For detailed instructions, see <u>Provider data management</u> in the Provider Connection *News & Education* section.
- 2. Contact...
  - Your IPA or medical group OR
  - Blue Shield Provider Information and Enrollment at (800) 258-3091 OR
  - Your Blue Shield Contract Manager (for hospitals and other facilities).

# Use Find a Doctor to check Tandem network participation

- 1. Go to <u>Find a Doctor</u>.
- Choose a provider type (e.g., Doctors & Specialists)



#### 3. Select **Continue as a guest**.

### Get personalized search results

Log in to get personalized search results for doctors, dentists, hospitals, urgent care, and more.



Creating an account is quick and easy. With an account, you can access and manage your health care plan and information.



4. Enter your ZIP code and click **Continue**.

### Where are you located?

Q	
O Use Current Location	③ <u>Search Outside U.S.</u>
Cont	inue

## Find a Doctor instructions (continued)

#### 5. Click Select a plan.

### Get personalized search results

Select a plan to show providers in that network

Select a plan	
Show popular plans	
Show all results	

 Select "Employer Group Plans"
OR "Small Business Tandem PPO" as *Plan type* and any Tandem PPO plan as *Subplan*.
Click Continue with this plan.

## Find your plan

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Plan year

Select the year you want your coverage to start

2024

Plan type

2024 Employer Group Plan (101+ Employees) 🗸

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Subplan
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Tandem PPO

Continue with this plan

 Click the name radio button, then enter your last name and click Search. If you display at the correct office location, you are in-network.



## Tandem PPO Network member ID card example

Subscriber MEMBER NAME	Group # Effective	W00020 12/01/2023
ID: XNK00000000	Coverage Plan	INDIVIDUAL PPO
Copayment Primary Care \$35 Spe Urgent Care Center \$35 Tel Emergency Room \$100 + 20%	RxBIN RxPCN adoc 0%	004336 77993333 500 80/60
L		<u> </u>
All Tandem member IDs begin with "XNK."	The member's plan name, which includes "Tandem," will always appear here.	The "Network Name" may or may not appear on the member ID card.

If members have questions about their benefits, claims, or referrals, refer them to the Shield Concierge or Member Customer Service phone number on the back of their member ID cards.



## Ensure Tandem member claims are processed as in-network

It's important to confirm that services are billed are under the right tax identification number (TIN), employer identification number (EIN), or social security number (SSN) to ensure correct claim processing.

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 TIN instead of the individual provider's TIN.	If the individual provider participates in the Tandem PPO Network, then 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 TIN instead of the medical group's TIN.	If the medical group participates in the Tandem PPO Network, then 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.

If claims are processed as out-of-network, members may be billed for the balance.



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