

BLUE SHIELD OF CALIFORNIA TANDEM PPO NETWORK TOOLS & TIPS



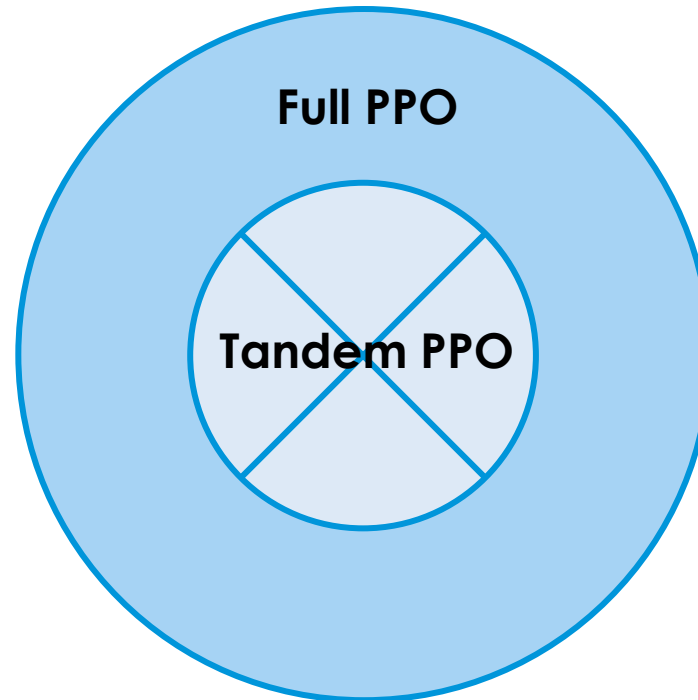
Thank you for participating in Blue Shield of California's Tandem PPO Network. We hope this reference tool will be helpful in providing services for our Tandem plan members. Review the guide in its entirety or click the links below to go directly to the information you need.

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Difference between Full PPO and Tandem PPO Networks

The 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.



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

2021 Blue Shield Tandem PPO plan names

Tandem PPO plans for large groups with 101 or more employees		Tandem PPO plans for small groups with 1 to 100 employees	
Tandem PPO Combined Deductible 0-250 90/70	Tandem PPO Split Deductible 0-500 80/60	Tandem Bronze PPO 6250/70 (Off-Exchange)	Tandem Platinum PPO 0/10 (Off-Exchange)
Tandem PPO Combined Deductible 10-250 90/70	Tandem PPO Split Deductible 0-1750 80/60	Tandem Bronze PPO 6850/65 (Off-Exchange)	Tandem Platinum PPO 250/10 (Off-Exchange)
Tandem PPO Combined Deductible 0-400 90/70	Tandem PPO Split Deductible 10-250 90/70	Tandem Bronze PPO 7500/50 (Off-Exchange)	Tandem Platinum PPO 250/15 (Off-Exchange)
Tandem PPO Combined Deductible 15-250 90/70	Tandem PPO Split Deductible 20-500 80/60	Tandem Silver PPO 1950/50 (Off-Exchange)	Tandem Bronze PPO Savings 5700/40% (Off-Exchange)
Tandem PPO Combined Deductible 20-200 90/70	Tandem PPO Split Deductible 25-750 80/60	Tandem Silver PPO 2225/50 (Off-Exchange)	Tandem Bronze PPO Savings 7000 (Off-Exchange)
Tandem PPO Combined Deductible 20-250 80/60	Tandem PPO Split Deductible 30-1500 80/50	Tandem Silver PPO 2400/55 (Off-Exchange)	Tandem Silver PPO Savings 2100/25% IND (Off-Exchange)
Tandem PPO Combined Deductible 25-250 80/60	Tandem PPO Split Deductible 35-1000 80/60	Tandem Gold PPO 0/25 (Off-Exchange)	Tandem Silver PPO Savings 2100/25% FAM (Off-Exchange)
Tandem PPO Combined Deductible 0-250 80/60	Tandem PPO Split Deductible 40-3000 70/50	Tandem Gold PPO 500/30 (Off-Exchange)	Tandem Silver PPO Savings 2600/35% IND (Off-Exchange)
Tandem PPO Combined Deductible 25-250 90/60	Tandem PPO Savings Embedded Deductible 3000	Tandem Gold PPO 750/30 (Off-Exchange)	Tandem Silver PPO Savings 2600/35% FAM (Off-Exchange)
Tandem PPO Combined Deductible Value 10-1000 90/70	Tandem PPO Savings Embedded Deductible 4425	Tandem Gold PPO 1200/35 (Off-Exchange)	Tandem Gold PPO Savings 1750/15% IND (Off-Exchange)
Tandem PPO No Network Deductible 10 100/50		Tandem Platinum PPO 0/0 (Off-Exchange)	Tandem Gold PPO Savings 1750/15% FAM (Off-Exchange)
Tandem EPO Per Admit 10-250	Tandem EPO Zero Admit 30	EPO plans don't cover any out-of-network costs except for emergency care. All Tandem plans are "off-exchange" group plans and are not available as Individual and Family Plans through the Covered California exchange.	
Tandem EPO Zero Admit 20	Tandem EPO Facility Coinsurance 20-20%		

Checking your Tandem PPO Network participation ensures that:

- Members can find you on [Find a Doctor](#)
- 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 PPO Network

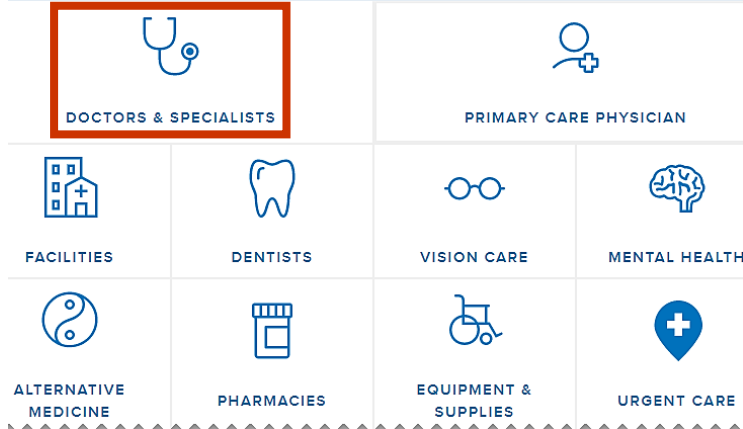
You can either:

- 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 [Find a Doctor](#) and follow these steps:

1 Choose a provider type (e.g., *Doctors & Specialists*).

What are you looking for?

Search Blue Shield of California's extensive provider network.



2 Select *Continue as a guest*.

Get personalized search results

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

Log in

Help us help you

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

Create an account

Continue as a guest

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3 Enter the provider's ZIP code and click *Continue*.

Where are you located?

[Use Current Location](#) [Search Outside U.S.](#)

Continue



How to check provider participation in the Tandem PPO Network

4 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

5 Select either “Employer Group Plans” or “Small Business Tandem PPO” as the *Plan type* and any Tandem PPO plan as the *Subplan*.

Find your plan

Plan year

Select the year you want your coverage to start

2021

Plan type

2021 Employer Group Plan(101+ Employees)

Subplan

Tandem PPO

Continue with this plan

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

< Search Doctors

Tandem PPO >

☐ Doctor Type ☒ Doctor Name

Enter last name

search

7 Doctors found within 15 Miles of San Francisco, CA 94116, USA

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

It's important that our provider records are accurate so members can find you on the [Find a Doctor](#) search tool. If providers do not update their demographic information, regulators require us to remove them from [Find a Doctor](#).

1

[Provider Connection](#) 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 continued

3

Click the icons to update information.

Demographic and billing details

Provider details

Provider name

Provider type

Blue Shield provider ID (PIN)

PIN assignment date

National Provider Identifier (NPI)

Primary specialty

Other specialties

Accepting new patients

Location details

Physical address

Phone

Fax

Email

Office hours

Wheelchair access

Languages

Clinical staff languages

Medical interpreter languages

Additional information

Areas of special expertise

Telehealth capability

Billing information

Billing address

Tax ID for claims processing

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How to check patients for Tandem eligibility before providing care

You can verify eligibility:

- On [Blue Shield member ID cards](#)
- By calling Provider Customer Service at (800) 541-6652
- By asking all Blue Shield PPO plan members for the full name of their plan as it appears on their [Blue Shield member ID card](#)
- Online at [Provider Connection](#). Here's how:

1 Under the *Eligibility & Benefits* tab, click *Verify Eligibility*

Provider Connection Eligibility & Benefits Authorizations ▾ Claims ▾ Guidelines & resources ▾ News & education ▾

Overview **Verify eligibility** Member roster Benefit summaries Preventive health guidelines

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

Home > Eligibility and benefits > Verify eligibility > Single search

Verify eligibility

SEARCH SINGLE MEMBER SEARCH MULTIPLE MEMBERS

Verify eligibility of a single member. All fields are required unless noted otherwise. [Help](#)

Member coverage / card type

☒ Blue Shield of California / Promise Health Plan ☐ Other Blue Plan ☐ Federal Employee Program

SEARCH BY SUBSCRIBER ID

Subscriber ID

9-16 characters

[Search](#) [Clear form](#)

OR

SEARCH BY MEMBER NAME

Last name First name Date of birth

Doe John MM/DD/YYYY

[Search](#) [Clear form](#)



How to verify patient eligibility, continued

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

Blue Shield of California Search Results							
Information is valid and up to date as of: 5:14 PM 10/03/2015							
Patient Name	Subscriber ID	Relationship	Plan Type	Effective/End Date	Copay for In-Network Physician Office Visit	Portion of individual in-network deductible met YTD	Details
NAME DOB: 01/01/1801 CITY, CA	AAA111111111	Subscriber – 00	Tandem	10/06/2014 to Present	In network: \$20 Details Not subject to deductible Applies to annual copay max. Out-of-network information	No deductible for this plan	<ul style="list-style-type: none">• Quickview• Eligibility• Benefits• PCP• Claims• Authorizations• Member ID Card

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 PPO member ID card example

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Subscriber	Group #	G#000121
MEMBER'S NAME	Effective	02/01/2017
	Coverage	INDIVIDUAL
ID# XNK000000000	Plan Type	PPO
Network Name Tandem PPO	RxBIN	000428
	RxPCN	01910000
	TANDEM\$200	

All current Tandem member IDs begin with "XNK."

The "Network Name" appears on some versions of the member ID card, but not all versions, so always check member eligibility before providing non-emergency services.

The member's plan name appears here on all member ID cards.

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.

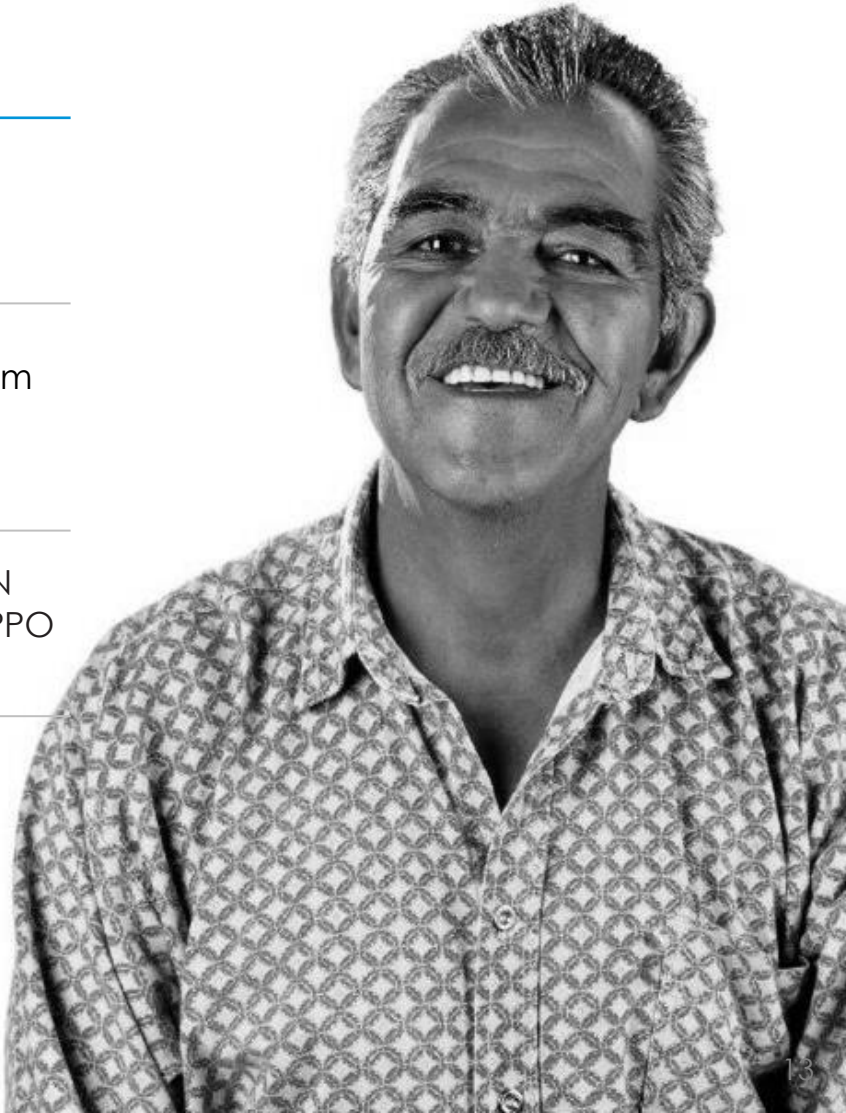


How to ensure Tandem member claims are processed as in-network

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 Tax ID instead of the individual provider's Tax ID.	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 Tax ID instead of the medical group's Tax ID.	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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