BLUE SHIELD OF CALIFORNIA
TANDEM PPO NETWORK
TOOLS & TIPS
(2023)
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.

<table>
<thead>
<tr>
<th>Page</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Difference between Full PPO and Tandem PPO Networks</td>
</tr>
<tr>
<td>4</td>
<td>Tandem PPO Network overview</td>
</tr>
<tr>
<td>5</td>
<td>2022 Blue Shield Tandem PPO plan names</td>
</tr>
<tr>
<td>6</td>
<td>How to check your participation in the Tandem PPO Network</td>
</tr>
<tr>
<td></td>
<td>• How to use Find a Doctor to check Tandem Network participation</td>
</tr>
<tr>
<td>9</td>
<td>How to identify a patient who uses the Tandem Network</td>
</tr>
<tr>
<td>11</td>
<td>Tandem PPO member ID card example</td>
</tr>
<tr>
<td>12</td>
<td>How to ensure Tandem member claims are processed as in-network</td>
</tr>
</tbody>
</table>
Difference between Full PPO and Tandem PPO Networks

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

![Diagram showing Full PPO and Tandem PPO](image)

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.‡

---

* PCP match is based on location (within 10 miles of member’s residence) and if panel is open to new patients.
† 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 page 5 for EPO plan names.
## 2023 Blue Shield Tandem PPO plan names

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

<table>
<thead>
<tr>
<th>Tandem PPO plans for large groups (101+ employees)</th>
<th>Tandem PPO plans for small groups (1 to 100 employees)</th>
<th>Tandem EPO plans for large groups (101+ employees)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tandem PPO Combined Deductible 0-250 80/60</td>
<td>Bronze Tandem PPO 5500/65 (Off-Exchange)</td>
<td>Tandem EPO 10-250 90%</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 0-250 90/70</td>
<td>Bronze Tandem PPO 6250/65 (Off-Exchange)</td>
<td>Tandem EPO 20-500 80%</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 10-250 90/70</td>
<td>Bronze Tandem PPO 6500/70 (Off-Exchange)</td>
<td>Tandem EPO 25-1500 80%</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 0-400 90/70</td>
<td>Bronze Tandem PPO 6850/55 (Off-Exchange)</td>
<td>Tandem EPO 25-2500 80%</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 15-250 90/70</td>
<td>Bronze Tandem PPO 7500/65 (Off-Exchange)</td>
<td>Tandem EPO Per Admit 10-250</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 20-200 90/70</td>
<td>Silver Tandem PPO 2000/60 (Off-Exchange)</td>
<td>Tandem EPO Zero Admit 20</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 20-250 80/60</td>
<td>Silver Tandem PPO 2350/65 (Off-Exchange)</td>
<td>Tandem EPO Zero Admit 30</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 25-250 80/60</td>
<td>Silver Tandem PPO 2550/70 (Off-Exchange)</td>
<td>Tandem EPO Facility Coinsurance 20-20%</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible 25-250 90/60</td>
<td>Gold Tandem PPO 0/25 (Off-Exchange)</td>
<td>Tandem Gold PPO 750/30 (Off-Exchange)</td>
</tr>
<tr>
<td>Tandem PPO Combined Deductible Value 10-1000 90/70</td>
<td>Gold Tandem PPO 500/30 (Off-Exchange)</td>
<td>Virtual BlueSM Gold Tandem PPO 1500/45 (Off-Exchange)</td>
</tr>
<tr>
<td>Tandem PPO No Network Deductible 10 100/50</td>
<td>Tandem PPO Savings Two-Tier Embedded Deductible 1500/3000/3000</td>
<td>Gold Tandem PPO 1000/35 (Off-Exchange)</td>
</tr>
<tr>
<td>Tandem PPO Split Deductible 0-500 80/60</td>
<td>Virtual BlueSM PPO Combined Deductible 20-250 80/60</td>
<td>Virtual BlueSM Bronze Tandem PPO 7500/75 (Off-Exchange)</td>
</tr>
<tr>
<td>Tandem PPO Split Deductible 0-1750 80/60</td>
<td>Virtual BlueSM PPO Split Deductible 50-1000 70/50</td>
<td></td>
</tr>
<tr>
<td>Tandem PPO Split Deductible 10-250 90/70</td>
<td>Virtual BlueSM PPO Split Deductible 50-3000 60/50</td>
<td></td>
</tr>
</tbody>
</table>

*T Does not cover out-of-network costs except for emergency care.
How to check your participation in the Tandem Network

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

1. Search Blue Shield’s Find a Doctor online directory. Instructions provided on pages 8-9.
   - 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, log in to Provider Connection, view your provider directory data, submit updates if necessary, and attest to the accuracy of your information.
   - For detailed instructions, see Provider data management in the Provider Connection News & Education section.

2. Contact your IPA or medical group.

3. Call Blue Shield Provider Information and Enrollment at (800) 258-3091.

4. Contact your Blue Shield Contract Manager (for hospitals and other facilities).
Use **Find a Doctor** to check Tandem Network participation

1. Go to **Find a Doctor**.
2. Choose a provider type (e.g., **Doctors & Specialists**).

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

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

**Get personalized search results**

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

**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.

- **Log in**
- **Create an account**
- **Continue as a guest**

**Where are you located?**

- **Use Current Location**
- **Search Outside U.S.**

---

Blue Shield of California
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

6. 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
- Plan year: 2023
- Plan type: 2023 Employer Group Plan (101+ Employees)
- Subplan: Tandem PPO

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

You can narrow your search by clicking these options, then scroll down to click Apply.
How to identify a patient who uses the Tandem Network

You can verify member 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.

2 Enter the Subscriber ID or Last name, First name, and Date of birth, then click Search to display the member’s record.
3 If the member has a Tandem plan, it will display under *Plan name*.

4 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.
All current Tandem member IDs begin with “XNK.”

The “Network Name” may or may not appear on the member ID card.

The member’s plan name, which includes “Tandem,” will always appear here.

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.

<table>
<thead>
<tr>
<th>Claims may be processed as out of network if:</th>
<th>How to avoid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>If the individual provider participates in the Tandem PPO Network, then use the individual provider’s SSN/EIN/TIN on the claim.</td>
</tr>
<tr>
<td>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.</td>
<td>If the medical group participates in the Tandem PPO Network, then use the medical group’s SSN/EIN/TIN on the claim.</td>
</tr>
<tr>
<td>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.</td>
<td>Be sure claims reflect the Group or Provider TIN for the locations participating in the Tandem PPO Network.</td>
</tr>
</tbody>
</table>

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