BLUE SHIELD OF CALIFORNIA TANDEM PPO NETWORK TOOLS & TIPS (2025)

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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 confirm you are in the Tandem PPO Network at the address where the member will be receiving services.

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. Tandem PPO Network contracts are locationspecific.
- 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 a 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 PPO Network members are free to choose any doctor or specialist without referral – in or out of the network.
- If Tandem PPO Network 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.

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Tandem PPO Network member ID card examples

All Tandem PPO Network member IDs begin with "XNK" and have the word "Tandem" on the card.

Subscriber MEMBER NAME ID: XNK000000000	Group # Effective Coverage Plan	W00020 01/01/2025 INDIVIDUAL PPO	
Copayment Primary Care \$35 Specialist \$35 Urgen t Care Center \$35 Teladoc 0% Emergency Room \$100 + 20%	R×BIN R×PCN	026696 77993333	

	Virtu	ua lBlue ™
Subscriber MEMBER NAME ID: XNK00000000	Group # Effective Coverage Plan	W0051 01/01/2025 INDIVIDUAL TANDEM PPO
CopaymentVirtual Blue Care\$0Primary Care\$30Specialist\$40Urgent Care Center\$30Emergency Room\$200	RxBIN RxPCN	026696 77993333
		PPO.

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.

CalPERS PERS Gold plan

	e 🕅		PERS Gold	Members: Use Blue Shield of Californi maximum benefits. Providers: Please file all claims with service area the member received serv all claims with Medicare. For more in blueshieldca.com/provider	a preferred providers to rev your local BCB5 licensee ces or, when Medicare is j formation visit:	ceive : in whose primary, file	blueshieldca.com/calper (855) 633-4436 Included included 711 TTY (855) 633-4436 Locate ;	rs Health Member Services nealth.com/calpers providers outside of CA*
Subscriber (Name)	ID# XEA9999999999	(PPO Primary Care Phy (310) 999-9999	01/01/25		Deductible	Out-of-pocket maximum	(800) 541-6652 CA Provi include: (include: (855) 633-4436 Nurse Tr	ider Customer Service s hospitals for pre-auth) iage*
				Individual in-network medical Individual out-of-network medical Family in-network medical Family out-of-network medical	\$1,000 \$2,500 \$2,000 \$5,000	\$7,200 \$0 \$14,400 \$0	(855) 505-8110 Pharmac (866) 443-1095 Pharmac *Included Health and Phar with group	y Šervices* ists Only* macy contracts directly
Group # Effective Copayment	W0051411 01/01/2025	Plan RxBIN RxPCN	PPO 610011 IRX					
Assigned PCP \$ Other PCP \$ Specialist \$	10 Urgent Care \$35 35 ER \$50 35	RxGroup	CALPBSCP	CA Medical claima to: Blue Shield of (CA 95927-2530	alifornia, P.O. Box 27253	D, Chico,	Blue Shield of California, an inde Blue Shield Association, provides	pendent member of the s administrative services only and do
		CALPERS	PRO	Member Services: included	ealth.com/calpers		not assume any financial risk or	obligation with respect to claims. blue coliformina

Beginning 1/1/2025, CalPERS members on the PERS Gold plan will utilize the Tandem PPO Network. PERS Gold plan member IDs start with the XEA prefix.

This plan provides in-network access to a SUB-SET of physician practice locations and acute care hospitals within Blue Shield's Full PPO Network in California.

All other provider types and facilities who participate in Blue Shield's Full PPO Network in California are innetwork for PERS Gold members.

Tandem PPO Network Virtual Blue Plan

A virtual-first plan delivering convenience, access, and choice.

Tandem PPO Virtual Blue members:

- Choose from a diverse selection of virtual primary care physicians and maintain an ongoing relationship.
- Pay a \$0 copay for virtual primary, specialists, and mental health visits no referral required. Offers 20 specialist services including cardiologists, endocrinologists and more.
- Enjoy short appointment lead times with online booking for virtual care via the Blue Shield app or the Accolade Care app.
- Receive support from a virtual team including their chosen primary care physician plus access to other health professionals such as behavioral therapists, specialists, health and mental health coaches, social workers, etc.
- Most Tandem PPO Network Virtual Blue plans will obtain in-person care through the Tandem PPO Network no referral required. Deductibles and cost sharing, where applicable.

Click <u>here</u> for more information about the Tandem PPO Virtual Blue care model.

Options for confirming participation in the Tandem PPO Network

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

- 1. Log in to Provider Connection and use the *Verify eligibility* tool to check your network status for a specific member. <u>See instructions</u> in this guide.
- 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).
- Search Blue Shield's <u>Find a Doctor</u> online directory. Note, you must display at the office location contracted with the Tandem PPO Network to be in-network. <u>See instructions</u> in this guide.
 - 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 PPO Network.
 - To reinstate your information in *Find a Doctor*, your Provider Connection 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.



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Check Tandem PPO Network participation on Provider Connection

Provider Connection can tell you if you are in a member's Tandem PPO Network via the Check eligibility tool available after login.

- 1. To begin, use the *Check eligibility tool* to search for your member (not shown). If the member is in our system, a member's *eligibility results* screen displays.
- 2. Click **Details** to expand the results screen for additional information about the member. The first item you will see is *Network status*.
- If you have one Tax ID/SSN and one Blue Shield Provider ID (PIN), Network status will automatically populate with either in- or out-of-network status for Tandem.

If you have more than one Tax ID (TIN) registered with Blue Shield or multiple PINs, you will see a *Check status* link in the *Network status* section. Click that link to launch a network status search. <u>See</u> <u>instructions on the next page</u>.





Check Tandem PPO Network participation on Provider Connection continued

If you have more than one TIN registered with Blue Shield and/or multiple PINs, Provider Connection will ask you to search for network status. Based on your TIN/PIN configuration, it will ask you to complete one or more popups:

- Identify the appropriate Tax ID by selecting or searching in the pop-up. Click **Continue**.
 - Select from a list if you have between 1-5 Tax IDs
 - Enter search criteria if you have 6+ Tax IDs



- Select from a list if there are 2-5 providers linked to the Tax ID
- Enter search criteria if there are 6+ providers





- If the location you select IS NOT IN the Tandem PPO Network, you will see an **Out of network** indicator. Click **Back** to select a different location if appropriate. Click **Close** to return to the *Details* page.
- If the location you select IS IN the Tandem PPO Network, you will see an In network indicator. Click Close to return to the *Details* page.
- Network status either in or out will display on the Details page with the location you selected.

Use Find a Doctor to check Tandem PPO 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.



 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

Plan year

Select the year you want your coverage to start

2025	~
Plan type	
2025 Employer Group Plan (101+ Employees)	~]
Subplan	
Tandem PPO	~
Continue with this plan	

 Click the name radio button, then enter your last name and click Search. If you display at the office location contracted with Tandem PPO, you are innetwork.



Ensure Tandem PPO Network claims are processed as in-network

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

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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