

Participation in Blue Shield’s Tandem PPO Network: Frequently Asked Questions

1. Why am I receiving this FAQ?

This document provides you with some of the information you will need as an existing or newly participating practitioner, group, or provider organization in the Blue Shield of California **Tandem PPO Network** which is available to Tandem PPO benefit plan members and, effective **January 1, 2025**, will also be the preferred network for **California Public Employees’ Retirement System (CalPERS) beneficiaries with the 2025 PERS Gold (PPO) benefit plan**.

We want to ensure you are reimbursed correctly and promptly for the valuable care you provide to our Tandem PPO and (CalPERS) PERS Gold plan members. Please review the information below, along with the *2025 Tandem PPO Network Tools & Tips* guide, available online at our Provider Connection website. To download the guide, visit blueshieldca.com/provider and navigate to the *News & education* section. Under Learning Resources, select *Products, plans, and networks*. You can also link directly to the guide to download the PDF document by entering TINYURL.COM/TandemPPOguide into your web browser.

We recommend that you download and keep the guide as a handy reference for details about the Tandem PPO Network, the 2025 Tandem PPO plan names, and step-by-step instructions, including:

- How to check provider and practice location participation in the Tandem PPO Network
- How to check for Tandem PPO and PERS Gold plan member eligibility
- How to ensure Tandem PPO and PERS Gold member plan claims are processed as in-network claims.

2. What is the Blue Shield of California Tandem PPO Network?

The Tandem PPO Network is a narrow network within Blue Shield’s Full PPO Network. Not all participants or **practice locations** in the Full PPO Network participate in the Tandem PPO Network, which provides a high-performance option that is more affordable for members than some other benefit plans. Additionally, participation is done by **practice location (where services are provided)**.

3. What do I need to know about participating in Blue Shield’s Tandem PPO Network?

Blue Shield considers geographical **service location** when determining participation in the Tandem PPO Network by an individual provider, group, or organization. In order to provide more affordable options, Tandem PPO Network participants and service locations are carefully selected within each region of California; so, a service location is one of the identifying factors for being in or out of this network. There are instances where one of your practice locations may be part of the Tandem PPO Network, while others are not.

4. How do I check provider and practice location participation in the Tandem PPO Network?

Please refer to the *Blue Shield Tandem PPO Network Tools & Tips* resource guide for details and instructions on checking your participation status, by location. As a reminder, you can link directly to the guide by entering TINYURL.COM/TandemPPOguide into your web browser.

If you have additional questions about your participation in the Tandem PPO Network, please call Provider Information and Enrollment at (800) 258-3091, Monday through Friday, 6 a.m. to 6:30 p.m. PT.

5. As a participant in the Blue Shield Full PPO Network, why can’t I see Tandem PPO or PERS Gold plan members as an in-network provider?

The Tandem PPO Network is a sub-set (narrow network) within our Full PPO Network. Your participation in Blue Shield’s Full PPO Network does not guarantee that you participate in the Tandem PPO Network, and, if you are in the Tandem PPO Network, it is important to check the practice location, as well (where services to these members are provided).

6. What happens if a Tandem PPO or PERS Gold plan member receives services from me and I am not participating in the Tandem PPO Network at that location, or not at all?

If you and the member wish to proceed with healthcare services, knowing that you are not participating in the Tandem PPO Network at a specific practice location, please inform the member. If a Tandem PPO or PERS Gold plan member obtains services from you in a location where you are not designated as a Tandem PPO Network participant, your claim for the service will be processed as an out-of-network claim. This means you will receive lower reimbursement and the member's out-of-pocket cost may be higher.

In order to maintain the affordability of our Tandem PPO plans and minimize member out-of-pocket costs, it is important that our Tandem PPO and PERS Gold plan members see only those individual providers, groups, and organizations at the **participating service locations** identified in our Find a Doctor directory at blueshieldca.com, when they are seeking non-emergency care.

7. How can my office staff avoid inadvertently accepting Tandem PPO or PERS Gold plan members for care at a location that is not in the Tandem PPO Network?

When you schedule an appointment for a Tandem PPO or PERS Gold plan member or follow up on an appointment scheduled by the patient, please ensure your staff verifies whether the clinician who will be providing the care, **at the location requested, is a Tandem PPO Network participant**. If you have any questions about your **participation** in any of Blue Shield's PPO Networks, please call Blue Shield Provider Information & Enrollment at (800) 258-3091, Monday through Friday, 6 a.m. to 6:30 p.m. PT.

If the prospective patient is a Tandem PPO or PERS Gold plan member, and you have confirmed that you, your group, or the service location where the patient wants to receive services does not participate in the Tandem PPO Network, please ask the member to call the Member Services phone number on the back of their Blue Shield member ID card for assistance in finding an in-network provider.

8. How do I ensure claims for services to a Tandem PPO or PERS Gold member are processed as in-network claims?

To ensure accurate claim processing, it is important to confirm that services are billed under the correct tax identification number (TIN), employer identification number (EIN), or Social Security number (SSN) for the Tandem PPO Network participant's **service location**.

Detailed instructions for billing, with specific examples, are available in the *Blue Shield Tandem PPO Network Tools & Tips* guide.

9. If a Tandem PPO or PERS Gold member obtains services from a provider at a location that does not participate in the Tandem PPO Network, how does it impact the member's cost share?

If a member obtains services from a provider at a location that is not in the Tandem PPO Network but the provider does participate in Blue Shield Full PPO network, **the services are still considered to be out-of-network**. Members are responsible for any cost share for receiving services from a non-participating provider, and the cost varies depending on their benefit plan; they may be billed for any remaining balance.

10. Who may I call if I have questions about participating in the Tandem PPO Network, or submitting claims for Blue Shield Tandem PPO or PERS Gold plan members?

If you have any questions about your **participation** in any of Blue Shield's PPO Networks, please call Provider Information & Enrollment at (800) 258-3091, Monday through Friday, 6 a.m. to 6:30 p.m. PT.

If you have questions about **providing services or submitting claims** for Tandem PPO or PERS Gold plan members, please contact Blue Shield Provider Customer Service at (800) 541-6652, 6 a.m. to 6:30 p.m. PT., Monday through Friday.