

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



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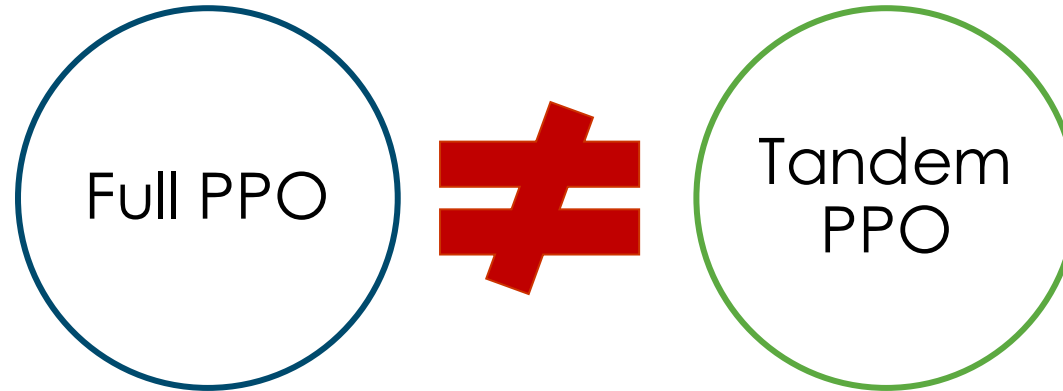
Thank you for participating in Blue Shield of California's Tandem PPO Network. We hope this reference guide will be helpful in providing services for our Tandem plan members. Review the guide in its entirety or click the links below to go directly to the information you need.

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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.†



* 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.

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 0-250 80/60	Tandem PPO Split Deductible 20-500 80/60	Bronze Tandem PPO 5500/65 (Off-Exchange)	Platinum Tandem PPO 0/0 (Off-Exchange)	Tandem EPO 10-250 90%
Tandem PPO Combined Deductible 0-250 90/70	Tandem PPO Split Deductible 25-750 80/60	Bronze Tandem PPO 6250/65 (Off-Exchange)	Platinum Tandem PPO 0/10 (Off-Exchange)	Tandem EPO 20-500 80%
Tandem PPO Combined Deductible 10-250 90/70	Tandem PPO Split Deductible 30-1500 80/50	Bronze Tandem PPO 6500/70 (Off-Exchange)	Platinum PPO Tandem 250/10 (Off-Exchange)	Tandem EPO 25-1500 80%
Tandem PPO Combined Deductible 0-400 90/70	Tandem PPO Split Deductible 35-1000 80/60	Bronze Tandem PPO 6850/55 (Off-Exchange)	Platinum Tandem PPO 250/15 (Off-Exchange)	Tandem EPO 25-2500 80%
Tandem PPO Combined Deductible 15-250 90/70	Tandem PPO Split Deductible 40-3000 70/50	Bronze Tandem PPO 7500/65 (Off-Exchange)	Bronze Tandem PPO Savings 5700/40% (Off-Exchange)	Tandem EPO Per Admit 10-250
Tandem PPO Combined Deductible 20-200 90/70	Tandem PPO Savings Embedded Deductible 3000	Silver Tandem PPO 2000/60 (Off-Exchange)	Bronze Tandem PPO Savings 7000 (Off-Exchange)	Tandem EPO Zero Admit 20
Tandem PPO Combined Deductible 20-250 80/60	Tandem PPO Savings Embedded Deductible 3000 100%	Silver Tandem PPO 2350/65 (Off-Exchange)	Silver Tandem PPO Savings 2300/25% (Off-Exchange)	Tandem EPO Zero Admit 30
Tandem PPO Combined Deductible 25-250 80/60	Tandem PPO Savings Embedded Deductible 4425	Silver Tandem PPO 2550/70 (Off-Exchange)	Silver Tandem PPO Savings 2600/35% HDHP PreRx (Off-Exchange)	Tandem EPO Facility Coinsurance 20-20%
Tandem PPO Combined Deductible 25-250 90/60	Tandem PPO Savings Embedded Deductible 5500	Gold Tandem PPO 0/25 (Off-Exchange)	Gold Tandem PPO Savings 1750/15% HDHP PrevRx (Off-Exchange)	
Tandem PPO Combined Deductible Value 10-1000 90/70	Tandem PPO Savings Embedded Deductible 6350 100%	Gold Tandem PPO 500/30 (Off-Exchange)	Bronze Tandem PPO Savings 5700/40% (Off-Exchange)	* Does not cover out-of-network costs except for emergency care.
Tandem PPO No Network Deductible 10 100/50	Tandem PPO Savings Two-Tier Embedded Deductible 1500/3000/3000	Tandem Gold PPO 750/30 (Off-Exchange)	Virtual Blue SM Gold Tandem PPO 1500/45 (Off-Exchange)	
Tandem PPO Split Deductible 0-500 80/60	Virtual Blue SM PPO Combined Deductible 20-250 80/60	Gold Tandem PPO 1000/35 (Off-Exchange)	Virtual Blue SM Bronze Tandem PPO 7500/75 (Off-Exchange)	
Tandem PPO Split Deductible 0-1750 80/60	Virtual Blue SM PPO Split Deductible 50-1000 70/50			
Tandem PPO Split Deductible 10-250 90/70	Virtual Blue SM 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 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).











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Use *Find a Doctor* to check Tandem Network participation

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

What are you looking for? Search Blue Shield of California's extensive provider network.

 DOCTORS & SPECIALISTS	 PRIMARY CARE PHYSICIAN		
 FACILITIES	 DENTISTS	 VISION CARE	 MENTAL HEALTH
 ALTERNATIVE MEDICINE	 PHARMACIES	 EQUIPMENT & SUPPLIES	 URGENT CARE

- 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.

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

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

Where are you located?

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

Continue



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

Select the year you want your coverage to start

2023

Plan type

2023 Employer Group Plan (101+ Employees)

Subplan

Tandem PPO

Continue with this plan

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

< 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 can narrow your search by clicking these options, then scroll down to click **Apply**.

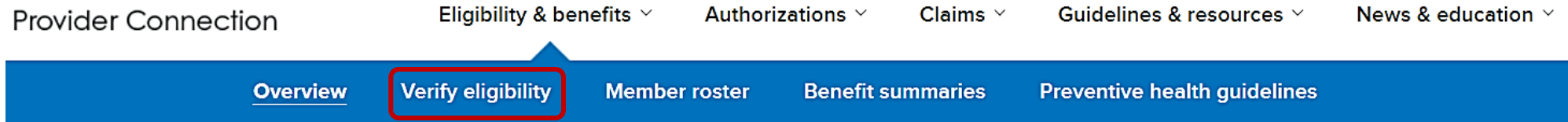


How to identify a patient who uses the Tandem Network

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.

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: **Search** Clear form

OR

SEARCH BY MEMBER NAME

Last name: First name: Date of birth:

Search Clear form



How to identify a patient who uses the Tandem Network *continued...*

3 If the member has a Tandem plan, it will display under *Plan name*.

Member name MEMBER, 123	Status ✓ Eligible	Details ID Card Benefits Claims	
Subscriber ID 00000000	Date of birth 11/04/1965	Gender Female	Member address 000 MEMBER STREET ANYTOWN, CA 90000
Plan name Unified School District ASO Tandem PPO 1000 90/50	Plan type Commercial PPO	Coverage effective / start date 01/01/2023	Coverage end / redetermination date Present >
Relationship to subscriber Subscriber/Insured	Subscriber name MEMBER, 123	PCP name N/A	Office visit copay In-network-\$40

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.



Tandem PPO member ID card example

blue shield of california	
Subscriber MEMBER'S NAME	Group # GH009121
	Effective 02/01/2017
	Coverage INDIVIDUAL
ID# XNK000000000	Plan Type PPO
Network Name Tandem PPO	RxBIN 600428
	RxPCN 01910000
	TANDEMS200

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 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.





Blue Shield of California is an independent member of the Blue Shield Association A52191-W (2/21)