



# Provider Bulletin

MARCH 2022  
Volume 38, Number 10



## THIS ISSUE

pg 3 New Explanation of Benefits Update

## TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).

**Please note:** Due to the COVID-19 pandemic, all seminars will be held as webinars.

## PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday  
8am - 4pm

## PROVIDER EMAIL LIST SIGN-UP

Registration is quick and easy! Join the [provider email distribution list](#) and get the latest Medi-Cal Dental updates straight to your Inbox.

## New Explanation of Benefits Update

The California Advancing and Innovating Medi-Cal (CalAIM) initiative went into effect on January 1, 2022. As part of this implementation, the Medi-Cal Dental Explanation of Benefits (EOB) form was updated to reflect CalAIM payment amounts. Providers can refer to Provider Bulletin [Volume 38, Number 9](#) to learn about the initial CalAIM EOB update.

Effective March 16, 2022, the EOB form will be updated to further clarify CalAIM performance payment amounts. Please continue reading for details.

### What's New

1. CalAIM performance payment amounts will now be denoted on EOBs by **"CALAIM CONT"** (Continuity of Care) and **"CALAIM PREV"** (Preventive Services) under the Claim Service Line (CSL). **"CALAIM CONT"** replaces "CALAIM 3" and **"CALAIM PREV"** replaces "CALAIM 1".

### NEW Version:

FOR ANY QUESTIONS REGARDING THIS DOCUMENT											
B	MEMBER NAME				MEDI-CAL I.D. NO.		MEMBER ID		SEX	BIRTH DATE	
C	DOCUMENT CONTROL NO.	TOOTH CODE	PROC. CODE	DATE OF SERVICE	STA-TUS	REASON CODE	AMOUNT BILLED	ALLOWED AMOUNT	SHARE OF COST	OTHER COVERAGE	AMOUNT PAID
<b>ADJUDICATED CLAIMS</b>											
B	AAAAAAA	LAAAA		91111111A		91111111A	F	04/05/17			
C	22162161297	99	D0120	060722	P	270	61.00	100.00			100.00
C						505			30.00	PROP	56
C						507			55.00	CALAIM	CONT
C			D1120	060722	P		40.00	52.50			52.50
C						506			22.50	CALAIM	PREV
<b>CLAIM TOTAL</b>							101.00	152.50			152.50

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**Current Version:**

FOR ANY QUESTIONS REGARDING THIS DOCUMENT											
B	MEMBER NAME			MEDI-CAL I.D. NO.	MEMBER ID	SEX	BIRTH DATE				
C	DOCUMENT CONTROL NO.	TOOTH CODE	PROC. CODE	DATE OF SERVICE	STA-TUS	REASON CODE	AMOUNT BILLED	ALLOWED AMOUNT	SHARE OF COST	OTHER COVERAGE	AMOUNT PAID
<b>ADJUDICATED CLAIMS</b>											
B	AAAAAAA		LAAAA			91111111A		91111111A	F	04/05/17	
C	22162161297		D012006/07/22	P	270		61.00	100.00			100.00
C					505					30.00	PROP 56
C					507					55.00	CALAIM 3
C			D112006/07/22	P			40.00	52.50			52.50
C					506					22.50	CALAIM 1
<b>CLAIM TOTAL</b>							<b>101.00</b>	<b>152.50</b>			<b>152.50</b>

- CalAIM performance payment totals now appear as “**CALAIM CONT**” and “**CALAIM PREV**” on the EOB after the Claims/Adjustment section under “**SUMMARY OF TOTAL AMOUNT INCLUDED IN THE PAID LINES FOR THIS CHECKWRITE**”.

**NEW Version:**

<b>SUMMARY OF TOTAL AMOUNT INCLUDED IN THE PAID LINES FOR THIS CHECKWRITE:</b>			
*****			
* TOTAL PROP 56	:	33.00	*
* TOTAL CALAIM PREVENTIVE (PREV)	:	106.50	*
* TOTAL CALAIM CONTINUITY (CONT)	:	55.00	*
*****			

**Current Version:**

<b>SUMMARY OF TOTAL AMOUNT INCLUDED IN THE PAID LINES FOR THIS CHECKWRITE:</b>			
*****			
* TOTAL PROP 56	:	33.00	*
* TOTAL CALAIM 1	:	64.50	*
* TOTAL CALAIM 2	:	.00	*
* TOTAL CALAIM 3	:	55.00	*
*****			

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**PLEASE NOTE:**

- **CALAIM CONT** refers to the **Continuity of Care** Pay-for-Performance (P4P) CalAIM initiative.
  - » As a reminder, this is a flat rate of \$55 paid once per calendar year, per member on procedures D0120, D0145, or D0150 if – *and only if* – an exam procedure was paid to the same dental provider service office location by Medi-Cal Dental in the previous year.
  - » Please refer to the [CalAIM P4P fee schedules](#) to view the flat rate amount in addition to the Schedule of Maximum Allowances (SMA) for each procedure code.
- **CALAIM PREV** refers to the **Preventive Services** P4P CalAIM initiative.
  - » Please refer to the [CalAIM P4P fee schedules](#) to view the performance payment amounts for select eligible procedure codes.

3. For easier viewing, a **space** will be added between the procedure code and date of service, and the “ / “ in the date of service will be removed for each CSL.

**NEW Version:**

FOR ANY QUESTIONS REGARDING THIS DOCUMENT											
B	MEMBER NAME			MEDI-CAL I.D. NO.			MEMBER ID	SEX	BIRTH DATE		
C	DOCUMENT CONTROL NO.	TOOTH CODE	PROC. CODE	DATE OF SERVICE	STA-TUS	REASON CODE	AMOUNT BILLED	ALLOWED AMOUNT	SHARE OF COST	OTHER COVERAGE	AMOUNT PAID
<b>ADJUDICATED CLAIMS</b>											
B	AAAAAAA		LAAAA			91111111A	91111111A	F	04/05/17		
C	22162161297	99	D0120	060722	P	270	61.00	100.00		100.00	
C						505			30.00	PROP 56	
C						507			55.00	CALAIM CONT	
C			D1120	060722	P		40.00	52.50		52.50	
C						506			22.50	CALAIM PREV	
<b>CLAIM TOTAL</b>							101.00	152.50	152.50		

**Current Version:**

FOR ANY QUESTIONS REGARDING THIS DOCUMENT											
B	MEMBER NAME			MEDI-CAL I.D. NO.			MEMBER ID	SEX	BIRTH DATE		
C	DOCUMENT CONTROL NO.	TOOTH CODE	PROC. CODE	DATE OF SERVICE	STA-TUS	REASON CODE	AMOUNT BILLED	ALLOWED AMOUNT	SHARE OF COST	OTHER COVERAGE	AMOUNT PAID
<b>ADJUDICATED CLAIMS</b>											
B	AAAAAAA		LAAAA			91111111A	91111111A	F	04/05/17		
C	22162161297	99	D012006	07/22	P	270	61.00	100.00		100.00	
C						505			30.00	PROP 56	
C						507			55.00	CALAIM 3	
C			D112006	07/22	P		40.00	52.50		52.50	
C						506			22.50	CALAIM 1	
<b>CLAIM TOTAL</b>							101.00	152.50	152.50		

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For more information about CalAIM, please read Provider Bulletin [Volume 38, Number 1](#).  
To view the latest criteria and submission requirements, including current CalAIM and Prop 56 supplemental fee schedules, please refer to the [Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances page](#).