



### THIS ISSUE

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#### 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:**

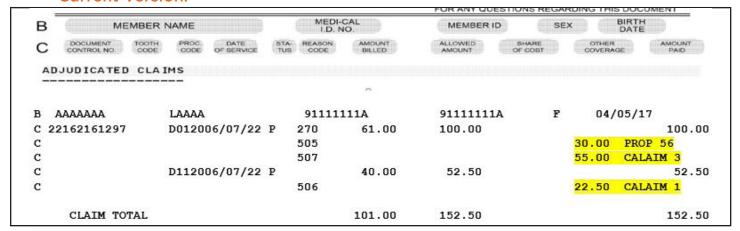
								FOR ANY QUES	TIONS RE	GARD	ING THIS DOO	UMENT
В	ME	MEMBER NAME					CAL IO.	MEMBER ID	SEX BIRTH DATE			
С	CONTROL NO.	CODE	PROC.	DATE OF SERVICE	STA- TUS	REASON	BILLED	ALLOWED	SHARE OF COST		OTHER COVERAGE	AMOUNT PAID
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C	2216216129	7 99	D0120	060722	P	270	61.00	100.00				100.00
C						505				30.	00 PROP	56
C						507				55.	00 CALAI	M CONT
С			D1120	060722	P		40.00	52.50				52.50
C						506				22	.50 CALAI	M PREV
	CLAIM T	OTAL					101.00	152.50				152.50

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# **Current Version:**



2. 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:**

## **Current Version:**

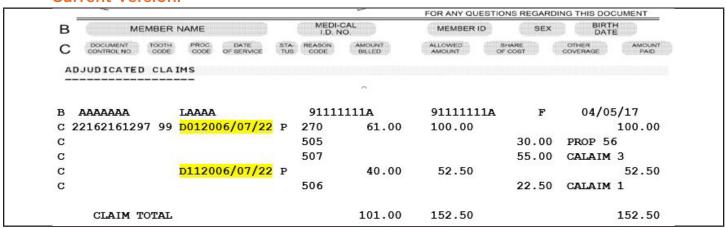
## **PLEASE NOTE:**

- <u>CALAIM CONT</u> refers to the <u>Continuity of Care Pay-for-Performance (P4P)</u> 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 <u>CalAIM P4P fee schedules</u> 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 <u>CalAIM P4P fee schedules</u> 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:**

В	MEMBER NAME					MEDI-CAL I.D. NO.		MEMBER ID		SEX	BIRTH	
С	CONTROL NO.	CODE	PROC.	DATE OF SERVICE	STA- TUS	REASON CODE	AMOUNT BILLED	ALLOWED	SHARE OF COST		COVERAGE	AMOUNT PAID
A	DJUDICATED	CLA	IMS									
-							0					
В	АААААА	AAAAAA LAAAA			91111111A		91111111A		F	04/05/17		
C :	22162161297	7 99	D0120	060722	P	270	61.00	100.00				100.00
С						505				30.	00 PROP	56
C C						507				55.	00 CALAI	M CONT
C			D1120	060722	P		40.00	52.50				52.50
-						506				22.	50 CALAI	M PREV
С												

#### **Current Version:**



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For more information about CalAIM, please read Provider Bulletin <u>Volume 38, Number 1</u>.

To view the latest criteria and submission requirements, including current CalAIM and Prop 56 supplemental fee schedules, please refer to the <u>Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances page</u>.