



## **Medi-Cal Share of Cost Provider FAQ**

### **What is Share of Cost?**

Share of Cost (SOC) is a monthly dollar amount which a client is required to pay, or obligate to pay, for health care costs before he/she becomes eligible with Medi-Cal. SOC must be cleared before Medi-Cal will pay for claims exceeding that amount for the given month. The SOC determination is based on criteria supplied by the client to the county Department of Social Services.

### **Is a Share of Cost the same as a Co-Pay?**

No, a Medi-Cal recipient's SOC is similar to a private insurance plan's out-of-pocket deductible. This SOC is a monthly 'deductible' and is based on the amount of income a recipient receives in excess of their "maintenance need" level, as determined by the State. Medi-Cal rules require that recipients pay income in excess of their "maintenance need" level toward their own medical bills before Medi-Cal begins to pay.

### **What is SOC vs. UMDAP?**

Medi-Cal Share of Cost is a federally required monthly amount that a client is required to pay. UMDAP is a State required annual amount that is also based on household size, income, assets, and allowed expenses.

### **What is the role of a PFI in SOC?**

A client's Client Financial Information (PFI) is necessary to make an assessment of a client's ability to pay SOC or UMDAP. A client's PFI should be reviewed on regular basis and at a minimum, at least annually or when a client's family income changes.

### **How do I know if a client has SOC?**

Providers can get information on a client's SOC from Avatar using the *Share of Cost Maintenance* function (you may search using Avatar Help by typing in *share of cost*). You can also get this information using the Medi-Cal POS device, via telephone, or the Medi-Cal website.

### **Why does a client's SOC amount change?**

Depending upon fluctuations in the client's monthly income, SOC amounts may change from month to month. Additionally, if a client's SOC is partially met by multiple providers, different 'remaining' SOC amounts will appear during eligibility verification, until the total SOC is satisfied for that month. Medi-Cal eligibility should be verified at every visit to get updated SOC information. Further, SOC can even be adjusted in a single month by the Social Services department. On occasion, due to decreased income, a Medi-Cal beneficiary who previously had a SOC may become eligible with *no* SOC. In rare instances, a member's SOC might even have retroactive adjustments whereby the SOC paid to a provider, or obligated to be paid in a particular month, is reduced.

### **Who collects SOC?**

A client can pay or obligate to pay his/her SOC with any Medi-Cal provider. SOC can also be met with providers outside of CBHS such as pharmacy, primary care, and non-Medi-Cal providers.

### **What do I do if a client cannot pay their SOC?**

If a client cannot pay their SOC, the client can make an arrangement with the provider to pay based on their UMDAP. The obligation to pay and specific arrangements are between the client and the provider. When arrangements are made for SOC or to accept UMDAP, the entire SOC amount can be cleared.

### **What if I think the client's Medi-Cal SOC is wrong?**

Clients can have a large SOC requirement even if they are low income. Additionally, client's financial status may have changed that could lower their SOC. However, since SOC is a Medi-Cal requirement, SOC amounts are determined by Medi-Cal, not CBHS. Refer the client to their county Department of Social Services to report changes in financial status to Medi-Cal.

### **When does a SOC client become Medi-Cal eligible?**

When the client meets SOC and the provider spends down the amount paid or obligated.

### **What does "meeting Share of Cost" mean?**

This means a client's total SOC amount is paid or obligated.

### **What does "spending down SOC" mean?**

This means the provider has applied or cleared SOC with the State.

### **Who Clears SOC?**

All mental health and substance abuse providers are required to clear SOC for clients with a Medi-Cal share of cost. SOC clearance is not required if a client does not have a Medi-Cal share of cost.

### **How do I clear SOC?**

Providers collect payments from the client or accept the client's obligation to pay for services that are rendered up to the SOC amount. The amount collected is recorded in Avatar using the *Avatar Share of Cost Maintenance* function.

### **How do I know how much the cost of service is when clearing SOC?**

Providers must enter the cost of service in the *Avatar Share of Cost Maintenance* screen. To determine the SOC, go to the *Avatar Client Ledger* to determine the Medi-Cal cost of service.

### **What if the cost of service is not in the Avatar Client Ledger?**

If the cost of service is not in the *Client Ledger* then it is probably because the clinician has not finalized the *Avatar Progress Note*. The *Progress Note* creates the billable service for most outpatient mental health and substance abuse treatment services.

### **What if the cost of service is more than a client's SOC?**

Providers must clear all SOC regardless if it fully covers or only partially covers the cost of services. This ensures Medi-Cal reimbursement for subsequent visits later in the month, when the cost of service exceeds the monthly SOC.

### **How much will Medi-Cal pay when there is a SOC?**

Medi-Cal will deduct the amount of the client's SOC from the Medi-Cal payment. If the cost of service is less than the client's SOC then Medi-Cal will pay \$0. If SOC is not cleared, Medi-Cal will deny the claim.

### **What do I do with SOC or UMDAP that I collect?**

If you are a mental health provider, send the SOC or UMDAP that you collect from the client to the CBHS Patient Billing Unit at 1380 Howard. If you are a substance abuse provider, you will retain the SOC or UMDAP collected from the client and report this as **Patient Fees Share of Cost** on your annual substance abuse cost report.