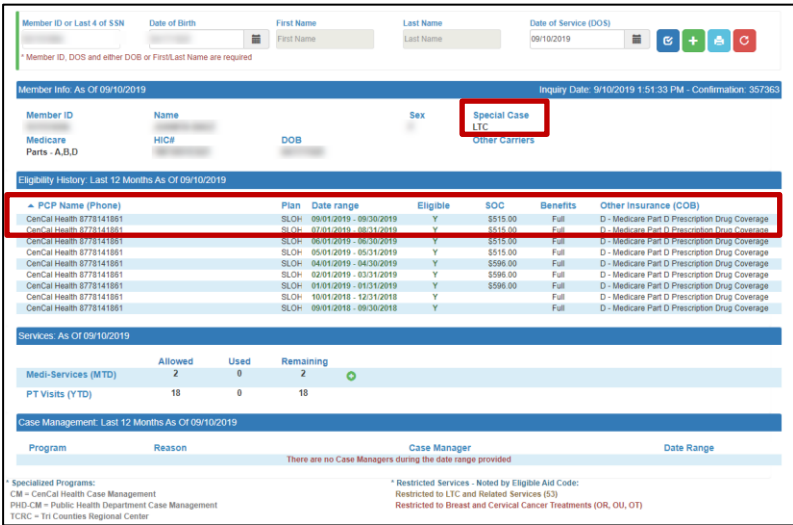


## Share of Cost Quick Reference Guide

Frequently asked questions & background	How to																																																																						
<p><b>WHAT IS A SHARE OF COST:</b></p>	<ul style="list-style-type: none"> <li>Share of Cost (SOC) is a monthly dollar amount which a member is required to pay before they become eligible with Medi-Cal and SBHI/SLOHI.</li> <li>The SOC amount is based on criteria supplied by the member to their Eligibility Worker at the Department of Social Services (DSS). The member can get more information on how this determination was made by contacting their eligibility worker at Department of Social Services (DSS).</li> </ul>																																																																						
<p><b>MEANING OF SOC:</b></p>	<p><b>What does “meeting share of cost” mean?</b></p> <ul style="list-style-type: none"> <li>This means a member’s total SOC amount is paid.</li> </ul> <p><b>What does “spending down a SOC” mean?</b></p> <ul style="list-style-type: none"> <li>This means the provider has applied or cleared SOC with the State.</li> </ul> <p><b>How do I apply or clear a SOC?</b></p> <ul style="list-style-type: none"> <li>Providers collect payments from the member or accept the member's payment plan to pay for services that rendered up to this SOC amount. Provider should immediately submit a SOC clearance transaction to the State using either of the methods below.</li> </ul>																																																																						
<p><b>TYPES OF SOC:</b></p> <p>LTC SOC - This type of SOC is associated with a Long Term Care (LTC) Facility. The SOC is paid to the nursing facility.</p> <p><b>TIP:</b> The LTC SOC is only collected by the LTC facility. If you do not operate as a LTC, the member is not obligated to pay the SOC to you.</p>	 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th>PCP Name (Phone)</th> <th>Plan</th> <th>Date range</th> <th>Eligible</th> <th>SOC</th> <th>Benefits</th> <th>Other Insurance (COB)</th> </tr> </thead> <tbody> <tr style="border: 2px solid red;"> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>09/01/2019 - 09/30/2019</td> <td>Y</td> <td>\$515.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>07/01/2019 - 08/31/2019</td> <td>Y</td> <td>\$515.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>06/01/2019 - 06/30/2019</td> <td>Y</td> <td>\$515.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>05/01/2019 - 05/31/2019</td> <td>Y</td> <td>\$515.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>04/01/2019 - 04/30/2019</td> <td>Y</td> <td>\$596.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>02/01/2019 - 02/29/2019</td> <td>Y</td> <td>\$596.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>01/01/2019 - 01/31/2019</td> <td>Y</td> <td>\$596.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>10/01/2018 - 12/31/2018</td> <td>Y</td> <td>\$596.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> <tr> <td>CenCal Health 8778141981</td> <td>SLOH</td> <td>09/01/2018 - 09/30/2018</td> <td>Y</td> <td>\$596.00</td> <td>Full</td> <td>D - Medicare Part D Prescription Drug Coverage</td> </tr> </tbody> </table>	PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)	CenCal Health 8778141981	SLOH	09/01/2019 - 09/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	07/01/2019 - 08/31/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	06/01/2019 - 06/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	05/01/2019 - 05/31/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	04/01/2019 - 04/30/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	02/01/2019 - 02/29/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	01/01/2019 - 01/31/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	10/01/2018 - 12/31/2018	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage	CenCal Health 8778141981	SLOH	09/01/2018 - 09/30/2018	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
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## TYPES OF SOC CONTINUED:

**SOC** members are NOT assigned to a PCP therefore, a RAF is not required for members to be seen by a specialist even after their SOC has been met.

Member ID or Last 4 of SSN: 96450588E | Date of Birth: 09/01/1946 | First Name: First Name | Last Name: Last Name | Date of Service (DOS): 09/02/2019

Member is not eligible on 09/02/2019

Member Info: As Of 09/02/2019 | Inquery Date: 9/4/2019 10:06:15 AM - Confirmation: 3012/75

Member ID	Name	Sex	Special Case
96450588E	TEST4 CENCAL	M	None
Medicare Parts - A,B,D	HIC#	DOB	Other Carriers
	6TAGEN1KT73	09/01/1946	

Eligibility History: Last 12 Months As Of 09/02/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141881	SBH	09/01/2019 - 09/30/2019	N	\$678.00		D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141881	SBH	05/01/2019 - 06/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141881	SBH	04/01/2019 - 04/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141881	SBH	03/01/2019 - 03/31/2019	Y		Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141881	SBH	02/01/2019 - 02/28/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141881	SBH	01/01/2019 - 01/31/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141881	SBH	11/01/2018 - 12/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141881	SBH	04/01/2018 - 10/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage

Case Management: Last 12 Months As Of 09/02/2019

Program	Reason	Case Manager	Date Range
CM	(CM) Neurological (CVA, TBI, ALS, HK, dementia/Alz)	Maureen R	07/01/2019 - 08/31/2019

Specialized Programs:  
M = CenCal Health Case Management  
HD-CM = Public Health Department Case Management  
CRC = Tri Counties Regional Center

\* Restricted Services - Noted by Eligible Aid Code:  
Restricted to LTC and Related Services (53)  
Restricted to Breast and Cervical Cancer Treatments (OR, OU, OT)

## WHO COLLECTS A SOC:

The provider of service is responsible for collecting a member's share of cost.

Share of Cost members are considered "cash pay" members until their SOC is met each month.

**TIP:** SOC is determined on a monthly basis. Please check to be sure the members SOC has not changed prior to charging them.

- The member must pay their SOC each month before they are eligible for CenCal benefits.
- The current SOC amount that the member owes will appear when verifying eligibility on the CenCal Health website.
- If a SOC is paid, the amount should be cleared immediately.
- After meeting their SOC, the newly eligible CenCal member will not select a PCP, but will be made Special Class for the month.

## CAN A MEMBER MAKE PAYMENTS?

Yes, A member can pay or make a payment plan for their SOC with any Medical provider. The payment arrangements that are made will be entirely between the member and the provider.

If the member does not fulfill their obligation, your office can follow your policy for "nonpayment". CenCal Health cannot be billed until the SOC is met.

**EXAMPLE:** A member owes a \$75.00 SOC but cannot pay the full amount then the provider and member agree to have the member pay \$10.00 monthly payments. The provider must clear the full \$75.00 on the day they make the payment arrangement.

- To clear a SOC go to our website at [www.cencalhealth.org](http://www.cencalhealth.org) or through State Medi-Cal's website at [www.medical.ca.gov/Eligibility/login.asp](http://www.medical.ca.gov/Eligibility/login.asp).
- You must have a Medi-Cal provider number, PIN number. If you do not have Medi-Cal PIN #, or unable to clear a member Share of Cost, please call DHS Telephone Service Center at 1-800-541-5555

## HOW DO I SPEND DOWN A SOC THROUGH CENCAL HEALTH'S WEBSITE:

[www.cencalhealth.org](http://www.cencalhealth.org)

1. Select Eligibility on the left hand column, and then choose the 'Check Eligibility' option.
2. If a member is not eligible due to a SOC, you will have the option to then click on 'SOC Trans' icon

### Data Requirements:

1. Provider NPI#
2. Provider PIN#
3. Issue Date
4. Type (Clearance/Reversal)
5. Procedure Code
6. Billed Amount (Customary charge for service)
7. SOC Applied (Amount collected from the Member)



**TIPS:** Providers can also access the Medi-Cal website at [www.medi-cal.ca.gov/Eligibility/login.asp](http://www.medi-cal.ca.gov/Eligibility/login.asp) to spend down a SOC.

Member ID or Last 4 of SSN: 9545058E | Date of Birth: 09/01/1946 | First Name: First Name | Last Name: Last Name | Date of Service (DOS): 09/02/2019

Member is not eligible on 09/02/2019

Member Info: As Of 09/02/2019 | Inquiry Date: 9/4/2019 10:06:15 AM - Confirmation: 301275

Member ID	Name	Sex	Special Case
9545058E	TES14 CENCAL	M	None
Medicare Parts - A,B,D	HICP	DOB	Other Carriers
	6TAGE1K173	09/01/1946	

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SBH	09/01/2019 - 09/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBH	07/01/2019 - 08/31/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
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Case Management: Last 12 Months As Of 09/02/2019

Program	Reason (CM) Neurological (CVA, TBI, ALS, HK, dementia/Az)	Case Manager	Date Range
CM		Maureen R	07/01/2019 - 08/31/2019

Specialized Programs:  
 M - CenCal Health Case Management  
 H/D/CM - Public Health Department Case Management  
 CSC - Tri Counties Regional Center

\* Restricted Services - Noted by Eligible Aid Code:  
 Restricted to LTC and Related Services (S3)  
 Restricted to Breast and Cervical Cancer Treatments (OR, OI, OT)

Member is not eligible on 09/10/2019

NPI: 1 | PIN: 2 | Issue Date: mm/dd/yyyy 3 | Type: Clearance 4 | Procedure: 5 | Billed Amount: 6 | SOC Applied: 7 | Submit

## SOC SPEND DOWN RECEIPT:

This receipt confirms the dollar amount paid. The members remaining SOC and the amount that was spent down.



**TIP:** Retain a copy in your records and provide a copy to the member. Providing the receipt to the patient is important as it can take up to 48 hours to update on the Medi-Cal Website.

Member Info: DHS Response 07/16/2017

Confirmation

## ELIGIBLE WITH SPECIAL CLASS:

After a member pays their SOC they will default to Special Class Eligible.

**TIPS:** Special Class Members will be assigned to CenCal Health. "CenCal Health" will appear under the Primary Care Section of the member's eligibility if they are a special class member.