

Share of Cost (SOC) Frequently Asked Questions (FAQ)



What is Share of Cost?

Share of Cost (SOC) is a monthly dollar amount which a patient is required to pay before he/she becomes eligible with Medi-Cal and SBHI/SLOHI. The SOC amount is based on criteria supplied by the patient to his/her Eligibility Worker at the Department of Social Services.

CenCal Health is not involved with determining SOC or eligibility. SOC is only applicable to Medi-Cal and SBHI/SLOHI.

(Note: If the member does not have any medical expenses for a particular month, no SOC is paid)

Is a Share of Cost (SOC) 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 monthly and is based on the amount of income a recipient receives in excess of "maintenance need" levels (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.

To whom does the member pay a SOC payment?

A patient can pay or make a payment plan for his/her SOC with any Medi-Cal provider. SOC can also be met with providers who are not Medi-Cal certified. In this case, the member must get a receipt with the following information: provider name pre-printed company letterhead, procedure code, date of service, and total amount paid. The patient must take this to his/her Eligibility Worker to have applied towards SOC. Additionally, the patient can pay providers who are not medical providers (such as dentists), or pay for services which are not normally Medi-Cal benefits such as non-formulary medications and circumcisions.

What does "payment plan" mean?

If a patient cannot pay the total SOC amount or has a large SOC and needs to make payments, the patient can make a payment plan with the provider. The payment arrangements that are made will be entirely between the patient and the provider. CenCal Health does suggest that this agreement be made in writing.

SOC patients are considered 'cash pay' patients until SOC is met for a particular month. If the member does not fulfill an obligation, your office policy for "nonpayment" can apply. CenCal Health is not responsible and cannot be billed.

Important: When arrangements are made to accept payments for SOC amount owed, the entire SOC amount owed should be cleared immediately. Providers should never wait to clear the SOC until the entire amount is paid. This may keep the patient from obtaining other medical services if needed.

When does a SOC patient become SBHI/SLOHI/Medi-Cal eligible?

When the patient meets their monthly SOC and the provider clears the SOC amount as described below.

What does “meeting share of cost” mean?

This means a patient’s total SOC amount is paid.

What does “spending down SOC” mean?

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

How do I apply or clear SOC?

Providers collect payments from the patient or accept the patient’s payment plan to pay for services that are rendered up to this SOC amount. Providers should immediately submit a SOC clearance transaction to the State using either of the methods below.

CenCal Health Website Clearance: www.cencalhealth.org

From the restricted section, select ‘Transaction Services’ then select ‘SOC Clearance’ and enter the information requested. This information is sent to DHS to apply the payment information.

Note: You must have a password to get into this area. You can e-mail the Provider Services Department at providerservices@cencalhealth.org for a password so you can gain access to this secure area. Be sure to include the contact person’s name and phone number, and the provider NPI number. Be prepared to give the provider’s Tax Identification Number when you are contacted.

(Remember it is the State, not CenCal Health that clears SOC. Although CenCal Health has the ability to transmit this information to the State, no records are kept in our database. We strongly suggest that you print out the information and place in the member’s file.)

State Medi-Cal Website Clearance: www.medi-cal.ca.gov/Eligibility/Login.asp

Must have a Medi-Cal provider number, PIN number and have a Medi-Cal Point of Service (POS) Network/Internet Agreement form on file. For information on Provider Enrollment, visit the Provider Enrollment page.

Please call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.

A provider’s failure to immediately clear the patient’s SOC may prevent the patient from receiving necessary services or medicine, despite having fulfilled the SOC obligation.

Why does a patient’s SOC amount change?

Depending upon fluctuations in the patient’s monthly income, SOC amounts may change from month to month. Additionally, if a patient’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.

CenCal Health strongly suggests verifying eligibility at every visit to get updated SOC information.

Do SOC recipients have PCPs?

No, once a patient does meet the total SOC obligation, they will become an SBHI/SLOHI member and be classified as Special Class (not case managed). The member PCP will be indicated as "CenCal Health" when verifying eligibility.

What is an LTC SOC?

This type of SOC is associated with a Long Term Care (LTC) Facility. This SOC is paid to the nursing facility by the patient before the LTC can send a claim to Medi-Cal for the remaining difference. This SOC is always handled by the LTC on their monthly billing, other medical providers are not affected. If you are not an LTC provider, do not charge a SOC to the patient who resides in a LTC.

Do I need to submit a TAR for approval if the patient has a SOC?

If the total SOC amount will not cover the full billed charges and the SBHI/SLOHI allowable payment for the provider would be higher than the SOC amount, providers should follow the usual procedures for TAR approval. This authorization and a cleared SOC will allow you to bill CenCal Health the difference.

Example: Member has a SOC of \$50.00. The billed charges for the TAR required procedure are \$250.00. SBHI/SLOHI allowable is \$150.00. You will need to submit a TAR for authorization, spend down the SOC and after TAR is approved, and member is eligible with SBHI/SLOHI, bill SBHI for the remaining balance owed. SBHI/SLOHI pays up to the allowable, minus the SOC payment.

Do I submit a claim for a SOC patient?

If the patient's SOC equals or exceeds your total charges, do not submit a claim to CenCal Health. The paid/obligated SOC is considered to be your full payment and CenCal Health will not pay you more than that amount.

Only when the SOC payment you receive is less than the SBHI/SLOHI/Medi-Cal allowable and the patient's SOC has been met, making them eligible, then there will be additional payment consideration. If you do submit a claim, you will need to enter the SOC information (see "Where to Put SOC").

Where do I put the SOC information on the claim?

Medical & Allied Health Providers

On the CMS 1500 claim forms enter the amount paid in Box 29

For provider's who bill on UB-04 Claim Forms

On the UB-04 claim forms enter the amount paid in Box 39-41 (value codes amount).

You can refer to pages 'share' in your EDS Provider Manual for more details