



Medi-Cal Share of Cost Tips

Medi-Cal clients with incomes too high to qualify for cash assistance can still receive Medi-Cal benefits. Their plan requires them to pay a portion of the cost of services *each month* before the benefits from Medi-Cal kick in. Medi-Cal calls this “Share of Cost” (SOC). It’s the responsibility of your clinic to document if and when the share-of-cost has been met at the time of the visit.

The Share of Cost Snapshot

- ✓ Is open to adults with incomes above 138% FPL Medi-Cal eligibility.
- ✓ Is similar to a “deductible” but starts over each month
- ✓ Amount varies by patient income.
- ✓ Payment goes to you, the provider—not to Medi-Cal.
- ✓ Must be verified if SOC has been met at each visit.
- ✓ If met, clear the share of cost on the patient’s account.

TIP: *Medi-Cal SOC Patients may also be eligible for subsidized health insurance options from Covered California that could have comparable or even lower cost-sharing outside of Medi-Cal. You may want to refer patients with a high SOC to explore low-cost coverage options at www.CoveredCa.com.*

Sample Scenario

Mrs. Ramon comes to your clinic. Let’s say your clinic’s fee schedule sets a total charge for services at \$200.

The registration team verifies the patient’s Medi-Cal eligibility and finds that Mrs. Ramon has a \$100 share of cost. At this point, you’ll need to explain to the patient that the services total \$200, but she is only responsible for the \$100 today. Once the patient pays the \$100, the accounting team clears the share of cost.

For additional information,

Click on link (or paste this URL into your browser):

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/share_z01.doc