

SHARE-OF-COST MEDI-CAL PROVIDER LETTER

(COUNTY STAMP)

Provider name and address

Notice date: _____

Case name: _____

Case number: _____

EW name: _____

EW number: _____

EW address: _____

EW telephone number: _____

_____, _____, was determined eligible for Medi-Cal with a share of
 Beneficiary's name Beneficiary's Social Security number
 cost that has been changed for the following months:

Month/Year						
Original SOC						
Revised SOC						
Month/Year						
Original SOC						
Revised SOC						

The California Code of Regulations, Title 22, Section 51471.1, requires providers to cooperate with the Department of Health Care Services in making reimbursements to the beneficiaries for Medi-Cal program underpayments. The Welfare and Institutions Code, Section 14019.3 and the regulations further require that the provider accept an underpayment adjustment from the Medi-Cal program for such beneficiaries and reimburse such beneficiaries the full amount of that adjustment, up to the actual amount received in payment from the beneficiary for medical services in question.

You must do one of the following if the beneficiary paid or obligated to pay an original share of cost (SOC) amount to you.

If you...	And the share of cost...	Then you...
billed Medi-Cal for the balance of the charges,	has been reduced or is now zero,	may bill the program for the difference between the original share of cost and the adjusted share of cost. Submit a Claims Inquiry Form (CIF) with this MC 1054 attached. Note: Do not submit a new claim. It will be considered a duplicate claim and payment will be denied.
did not bill Medi-Cal because the charges equaled or were less than the original SOC,	has been reduced,	may bill the program if the services you rendered now exceed the adjusted SOC. Submit a claim with the adjusted SOC amount in the "Patient's Share of Cost" field, and attach this MC 1054.
	is now zero,	may bill the program for the services you rendered. Submit a claim with a zero (0) in the "Patient's Share of Cost" field, and attach this MC 1054 form.

Once the CIF is approved and payment is received, you are required to reimburse the beneficiary any share of cost paid for the services, or eliminate/adjust the outstanding share of cost obligated for the services billed.