



Beginning January 1, 2022, Magellan Medicaid Administration, Inc. (MMA) will provide administrative support and services for the Department of Health Care Services (DHCS) Medi-Cal Fee-for-Service (FFS) pharmacy benefits, collectively referred to as "Medi-Cal Rx."

Some Medi-Cal beneficiaries must pay, or agree to pay, a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits. This dollar amount is called Share of Cost (SOC). A Medi-Cal beneficiary's SOC is similar to a private insurance plan's out-of-pocket deductible.

If the Automated Eligibility Verification System (AEVS) indicates a beneficiary has an SOC, the SOC must be met or obligated before a beneficiary is eligible for benefits. Beneficiary SOC amounts vary according to income, and dependents can change from month to month. This SOC amount is determined by the county welfare department and will remain administered by Medi-Cal. For more detailed information related to AEVS, please refer to the applicable links in the *Medi-Cal Provider Manual*: [Share of Cost \(SOC\)](#), [Part 1 - Medi-Cal Program and Eligibility](#), and [Transaction Services Available](#).

Checking SOC

Medi-Cal Rx pharmacy providers should use their Point of Service (POS) system or the Beneficiary Eligibility Lookup tool accessible via the Medi-Cal Rx Secured Provider Portal to verify beneficiary eligibility.

The Beneficiary Eligibility Lookup tool has a **Remaining Share of Cost** field. In this field, values will display "Yes" or blank. If "Yes," a provider can contact AEVS to confirm the SOC amount.

Medi-Cal Rx pharmacy providers may use AEVS to look up SOC and SOC spend downs. AEVS is an interactive voice response system that allows users the ability—through a touch-tone telephone—to access and clear SOC liability. DHCS will track when SOC has been met.

SOC Clearance Transition

To clear a beneficiary's SOC, providers will need to access AEVS or Transaction Services on the Medi-Cal website, enter a provider number, Provider Identification Number (PIN), beneficiary identification number, Benefits Identification Card (BIC) issue date, billing code, and service charge. The SOC information is **updated**, and a response is displayed on the screen or relayed over the telephone. For more information on SOC clearance please consult the [Medi-Cal Rx Provider Manual](#).

Applying SOC on a Pharmacy Claim

For Medi-Cal Rx pharmacy claims, the following SOC fields are **not** required to be filled in and should be **left blank**: Field 28 (**Patient's Share**) on the *California Specific Pharmacy Claim Form (30-1)*, field 29 (**Patient's Share**) on the *California Specific Compound Pharmacy Claim Form (30-4)*, field 81 (**Patient Paid Amount**) on the *Universal Claim Form (UCF), Version D.0*, or field 433-DX (**Patient Paid Amount Submitted**) on the NCPDP Version D.0 B1 transaction.

If you receive a denial for SOC on your Medi-Cal Rx claim, you will need to clear the remaining balance and resubmit your claim. This will require you to follow the existing process to clear SOC. Please refer to the [AEVS: Transactions](#) section of the *Medi-Cal Provider Manual*.

Contact Information

- **AEVS** toll-free number: 1-800-456-AEVS (2387)
- **For AEVS and AEVS PIN-related inquiries and any non-Medi-Cal Rx related inquiries:**
Telephone Support Center: 1-800-541-5555
- **Medi-Cal Rx Customer Service Center** toll-free number: 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year
- **Medi-Cal Rx Education & Outreach:**
MediCalRxEducationOutreach@primetherapeutics.com