COUNTY MEDICAL SERVICES PROGRAM (CMSP)
SHARE-OF-COST PROVIDER LETTER

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(Provider Address)

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③
(County Address)

RE: ____

The individual(s) shown above had been determined eligible for CMSP for the month(s) of ____ with a monthly share-of-cost of $__________________. Upon review, it has been determined that the share-of-cost for the month(s) indicated should have been only $__________________. Accordingly, the beneficiary is due a reimbursement of the difference between the share-of-cost amount paid to you and the recomputed share-of-cost. The following information is to assist you in making the required reimbursement.

- If the beneficiary actually paid the original share-of-cost amount to you and you billed CMSP for the balance of the charges, you may be eligible to receive an adjustment from the CMSP fiscal intermediary. Once you have billed the program, you are obligated to pay the beneficiary the excess share-of-cost amount previously paid to you.

- If the beneficiary actually paid the original share-of-cost amount to you and you did not bill the program because the charges equaled the original share-of-cost amount, you may now bill the program for the difference between your usual fee and the recomputed share of cost. Again, you are obligated to pay the beneficiary the excess share-of-cost amount previously paid to you.

- If the beneficiary has not paid but obligated to pay the original share-of-cost, the new adjusted amount should be used to reduce the obligation.

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Eligibility Worker's Signature

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Eligibility Worker's Phone Number