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Section M: Member Services

M1: Member Rights and Responsibilities

CenCal Health members have certain rights and responsibilities. The [Member Handbook](#) will explain those rights and responsibilities. Please visit the CenCal Health website to download the [Member Handbook](#).

You may also access the Member Rights & Responsibilities on their own dedicated webpage on CenCal Health’s website.

Reference Links:

Member Handbook

<https://www.cencalhealth.org/members/member-handbook/>

Member Rights & Responsibilities Webpage:

<https://www.cencalhealth.org/members/medi-cal/member-rights/>

M2: Nondiscrimination Notice

Discrimination is against the law. CenCal Health follows State and Federal civil rights laws. CenCal Health does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group, identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation. To learn more about Notice of Non-Discrimination, please visit the CenCal Health website and download the [Member Handbook](#).

Reference Link:

CenCal Health Member Handbook

<https://www.cencalhealth.org/members/member-handbook/>

M3: Mid-Month Process

Mid-Month changes are made to facilitate continuity of care and prevent access problems. Requests for Mid-Months can be made by either the member or the provider. If a provider calls CenCal Health to request a Mid-Month, we will need to speak with the member before the request can be approved.

The following are the guidelines regarding Mid-Months:

- The cut-off date (last date) to request a Mid-Month will vary from month to month, but it’s usually around the 13th or 14th of the month. After this date, we will no longer be able to change a member’s PCP retro-actively to the 1st of the current month.
- **All Mid-Month changes are retroactive to the first of the current month** regardless of the day in which the Mid-Month was processed and/or approved. By approving a Mid-Month, the provider agrees to case manage a member for all medical care received retroactively to the first day of the month.

- CenCal Health's eligibility system and website eligibility system will be updated immediately to reflect Mid-Month changes. Providers are urged to make notations to their capitation monthly report indicating a Mid-month addition to their list as well as a Mid-Month deletion. **Please remember that a provider can treat a member immediately, after the Mid-Month has been approved.**
- A Mid-Month Capitation Report is generated after the cut-off date and mailed out to the provider. It will list all members that were retroactively added back to the first of the current month.

The Member Services staff uses the following Mid-Month criteria:

- The member has an established relationship with the PCP they are requesting
- The member has an appointment in the current month
- The member needs ongoing or urgent care.
- The Member needs a Child Health and Disability Prevention Program "CHDP" exam and/or immunizations
- The member has not been seen in the current month by the PCP that they are currently assigned

If for whatever reason a Mid-Month does not process correctly, CenCal Health has an administrative referral process by which a provider's claim can be processed. Therefore, if the provider approves the Mid-Month and determines that the member does not appear on their capitation report, the provider can request an administrative referral from CenCal Health which will ensure that the provider's claim is processed and will not require a referral from the original PCP.

M4: Assistance with Member No-Shows

CenCal Health recognizes that members missing their appointments can create scheduling issues for providers. CenCal Health's Member Services Department offers support and assistance with member "no-shows" through member coaching and education, important tools when helping members understand the importance of keeping scheduled appointments and the consequences should they miss them.

Providers can request the following assistance by contacting the Member Services Department:

- Member Services contacts the member and provides "**direct one on one**" education regarding missed appointments. This should occur as soon as the provider identifies that the member has missed an appointment without cancelling, thereby addressing the issue before it becomes a problem.
- If transportation has been identified as a barrier to keeping appointments, Member Services can provide members with information regarding alternate transportation and offer referrals to community resources.
- Member Services will strive to identify and address any other issues that may be leading to the member missing appointments.

Articles regarding the importance of keeping scheduled appointments regularly appear in the CenCal Health Member Newsletter.

Providers can call the Member Services Department for assistance, Monday through Friday, 8AM to 5PM at (877) 814-1861 or fax a list of members to (805) 692-1684. Providers will be notified once education has been provided.