MAGELLAN HEALTH
MEMBERS’ RIGHTS AND RESPONSIBILITIES STATEMENT

Statement of Members’ Rights

Members have the right to:

➢ Be treated with dignity and respect.
➢ Be treated fairly, regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
➢ Have their treatment and other member information kept confidential. Only where permitted by law may records be released without the member’s permission.
➢ Easily access care in a timely fashion.
➢ Know about their treatment choices. This is regardless of cost or coverage by their benefit plan.
➢ Share in developing their plan of care.
➢ Receive information in a language they can understand, and free of charge.
➢ Receive a clear explanation of their condition and treatment options.
➢ Receive information about Magellan, its providers, programs, services and role in the treatment process.
➢ Receive information about clinical guidelines used in providing and managing their care.
➢ Ask their provider about their work history and training.
➢ Give input on the Members’ Rights and Responsibilities policy.
➢ Know about advocacy and community groups and prevention services.
➢ If asked, Magellan will act on the member’s behalf as an advocate.*
➢ Freely file a complaint or appeal and to learn how to do so.
➢ Know of their rights and responsibilities in the treatment process.
➢ Request certain preferences in a provider.
➢ Have provider decisions about their care made on the basis of treatment needs.
➢ Receive information about Magellan’s staff qualifications and any organization Magellan has contracted with to provide services.*
➢ Decline participation or withdraw from programs and services.*
➢ Know which staff members are responsible for managing their services and from whom to request a change in services.*

Statement of Members’ Responsibilities

Members have the responsibility to:

➢ Treat those giving them care with dignity and respect.
➢ Give providers and Magellan information that they need. This is so providers can deliver quality care and Magellan can deliver appropriate services.
➢ Ask questions about their care. This is to help them understand their care.
➢ Follow the treatment plan. The plan of care is to be agreed upon by the member and provider.
➢ Follow the agreed upon medication plan.
➢ Tell their provider and primary care physician about medication changes, including medications given to them by others.
➢ Keep their appointments. Members should call their provider(s) as soon they know they need to cancel visits.
➢ Let their provider know when the treatment plan is not working for them.
➢ Let their provider know about problems with paying fees.
➢ Report abuse and fraud.
➢ Openly report concerns about the quality of care they receive.
➢ Let Magellan and their provider know if they decide to withdraw from the program.*

* This standard is required for our Condition Care Management (CCM) products.

My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.

_______________________________________________
Member Signature

Date

The signature below shows that I have explained this statement to the patient. I have offered the member a copy of this form.

_______________________________________________
Provider Signature

Date

Members’ Rights and Responsibilities Statement
Approved January, 2016 (Last reviewed 08-07-2019)