

Magellan of Virginia

Member Handbook Spotlight

What is Magellan of Virginia?

In Virginia, Magellan works with the Department of Medical Assistance Services (DMAS). Together, we manage behavioral health services for members of the Virginia Medicaid and FAMIS programs. (We refer to you as a member if you are signed up for the program.) FAMIS is the children's health insurance program in Virginia. For both Virginia Medicaid and FAMIS members, Magellan manages your behavioral health benefits and does not provide direct care. We help arrange your care. This makes it easier for you to get help for mental health and drug or alcohol problems. We can help you get the services that are right for you.

Call 1-800-424-4046 for more information or visit our website at www.MagellanofVirginia.com.

You can find the Virginia Member Handbook and spotlight at www.MagellanofVirginia.com or request a hard copy by calling: 1-800-424-4046.

Para solicitar una copia de este Boletín informativo en español, llame al Plan de Virginia al 1-800-424-4046.

Do you need help right away?

- Call 911 or go to the emergency room if you are experiencing any condition where your life may be at risk. Get help right away!
- Call your service provider. Do this if you have a mental health or substance use problem that is not an emergency, but you still need help right away.
- Call Magellan at 1-800-424-4046. People are there to help 24 hours a day and seven days per week.

This spotlight provides helpful information. It does not suggest a need for any type of health services. This spotlight is for people who have signed up for Medicaid.

Your benefits and access to care

Learn more about your benefits and services. Visit the “For Members” page on the Magellan of Virginia website.

Your member handbook is also available on the Magellan of Virginia website:

1. Go to MagellanofVirginia.com
2. Click on “[For Members](#)”
3. Click on “[Member Handbook and Additional Resources](#)”
4. Click on “[Member Handbook](#)”

Or call us to ask for a copy.

Rights and responsibilities

Member rights

As a member, you have the right to:

- A. Be treated carefully, with dignity, respect and the right to privacy.
 - Use your rights. This will not affect the way Magellan and its providers treat you.
 - Get care easily and when you need it.
- B. Be treated fairly, whatever your:
 - Race.
 - Religion.
 - Gender.
 - Ethnic background.
 - Sexual orientation.
 - Disability.
 - Source of payment.
- C. Have your treatment and other information kept private. The only time we share your treatment records is when required by law. (See “when Information Can’t be kept Private” section below.)
- D. Get care easily and when you need it.
- E. Learn about treatment in a way that:
 - Respects your culture.
 - You can understand.
 - Fits your needs.
- F. Take part in making your plan of care. Your signature will show that you agree with the plan and are choosing to participate.
- G. Get information in a language you can understand. And, get things translated for free.
- H. Get information in other ways if you ask for it.
- I. Get information about Magellan and its:
 - Providers.
 - Programs.
 - Services.
 - Role in the treatment process.
- J. Get information about clinical rules followed in your care.
- K. Ask your providers about their work history and training.
- L. Not be kept alone or forced to do something you do not want to do. This is based on a federal law.
- M. Give your thoughts on the Rights and Responsibilities policy.
- N. Ask for a certain type of provider.
- O. Have your provider make care decisions based on the treatment you need.
- P. Get healthcare services that obey state and federal laws about your rights.
- Q. Help make decisions about your health care. This includes the right:
 - To get a second medical opinion.
 - To say no to treatment. This is your right unless the court says otherwise.
- R. File a complaint or grievance about:
 - Magellan.
 - A provider.
 - The care you receive.
- S. File an appeal about a Magellan action or decision. You can ask for a State Fair Hearing if you are not happy with the result of the appeal.
- T. Sign a form saying that you know your health information may be shared in a public way during the State Fair Hearing process. This applies if your provider asks for a State Fair Hearing for you. Your provider will need you to sign this form.
- U. Get a copy of your medical records. You can ask that they be changed or corrected.
- V. Use your rights. This will not affect the way Magellan and its providers treat you.
- W. Get written information on advance directives and your rights under state law. (An advance directive tells doctors the kind of care you would want if you become too sick to decide.)

- X. Talk with your provider about the types of treatment that are right for you. The cost or benefit coverage do not affect this.
- Y. Get information about how and where to access benefits from the state that are not covered under your plan. This could include cost sharing. It could also include transportation.
- Z. Ask for information in a way that you can get to it easily. This applies if you have a visual, hearing or physical disability. This will help you know what benefits and services you have access to.
- H. Come to all your provider visits. You should call your provider as soon as you know you need to cancel a visit.
- I. Tell your provider when you think the treatment plan is not working.
- J. Tell your provider if you have problems paying co-pays.
- K. Share your worries about the quality of your care.
- L. Tell someone if you suspect abuse and fraud. (This is someone not being honest.)
 - Call the Corporate Compliance Hotline. You can reach this number 24 hours a day and seven days a week.
 - This hotline is run by an outside company.
 - You do not have to give your name when you call.
 - All calls will be looked into and will stay private.
 - You can report fraud, waste and abuse using one of the following.
 - Special Investigations Unit Hotline: 1-800-755-0850.
 - Special Investigations Unit Email: SIU@MagellanHealth.com
 - Corporate Compliance Hotline: 1-800-915-2108.
 - Corporate Compliance Email: Compliance@MagellanHealth.com.
 - You may also report fraud, waste and abuse to the state or federal government.

Member responsibilities

As a member, you have the responsibility to:

- A. Get treatment you need from a provider.
- B. Treat with respect anyone giving you care.
- C. Give providers and Magellan the information they need. This helps providers give you quality care. It helps us give you the right service.
- D. Ask questions about your care. This helps you and your providers understand your health problems. It helps create treatment goals and plans you agree on.
- E. Follow your treatment plan. You and your provider should agree on this plan.
- F. Follow the plan for taking your medicine. You and your provider should agree on the plan.
- G. Tell your providers and primary care doctor about changes in your medicine. This includes medicines other doctors give you.

A full list of member rights and responsibilities are located in the Magellan Member Handbook at www.MagellanofVirginia.com or you can request a hard copy by calling 1-800-424-4046.

Recovery and resiliency: Magellan’s core treatment principles

At Magellan, recovery, resiliency and wellness are part of our culture and values. We believe they should be included in all levels of mental health and substance use service delivery systems. These principles support members in meeting their goals for better health in communities of their choice.

The values of recovery and resiliency guide us as we work with providers. Together we want to deliver quality care to each member. To learn more, you can visit the [“Recovery and Resiliency”](#) page on our website.

Helpful tips

Magellan helps members and families get quality care.

We measure the quality of our services. We are proud of the care members get today. We are always looking for ways to get better.

Get a list of and information about Magellan of Virginia providers.

Call us at 1-800-424-4046.

You can also visit our website. The address is www.MagellanofVirginia.com.

You may need special services. At times, these might not be available through a plan provider. Call us for help. We can find a provider for you.

Advance directive

A psychiatric advance directive is a legal form. It tells a provider what to do about a person’s mental health care. This is filled out before a person might be too ill to do it. We will do our best to tell you if the law changes this form. We will do this 90 days before the changes start.

Resources and information for Mental Health Advance Directives

- [Mental Health America of Virginia](#)
- [Virginia Advance Directives](#)

Health and wellness programs

We always look for ways to help you stay healthy. To learn more, you can visit the [“The Health and Wellness Library”](#) on our website.

Medicaid grievance and complaint process

You might not be satisfied with the service you are getting. If not, try to solve problems by talking with your provider first. You can also make a formal complaint. We will work with you to fix the problem. The way we handle your complaint is called our “grievance process.” You will hear the words “filing a grievance.” This is what we call it when you make a complaint or voice your concern.

Reasons for complaints or grievances can include:

- You are unhappy with the quality of care or services.
- You believe a provider did not respect your rights.
- You believe a provider has been rude.
- You have been abused or mistreated by a provider.
- You have been put in a dangerous treatment setting.

[You can tell us about a complaint or grievance by calling or writing us.](#)

Call to make a complaint:

Call Magellan at 1-800-424-4046. If you are deaf or have trouble hearing, please call our TDD line. It is 1-800-424-4048. Or, call the TTY relay service at 711.

We will try to solve your problem on the telephone. You may also send your complaint in writing.

Written complaint:

Please write to:

Magellan of Virginia
Attention—Grievances
11013 W. Broad Street
Glen Allen, VA 23060

After a complaint or grievance is filed:

A letter will be mailed to you. The letter will explain that Magellan received your concern. After the grievance has been resolved, you will receive a second letter. The second letter explains the steps Magellan took to address your concern.

If you are not satisfied with this process, you have the right to ask for a second look. Your request must be sent within 30 business days of receipt of the second letter from Magellan. Please submit your written request for a second look to the address listed below.

Magellan of Virginia
Attention—Grievances
11013 W. Broad Street
Glen Allen, VA 23060

Medicaid reconsideration process

A reconsideration is an informal request. This is what it is called when you ask Magellan to “take another look” at a decision made about your behavioral health services. You have the right to ask Magellan for a reconsideration. You may also have an appointed representative file a reconsideration on your behalf, such as a provider, or a family member. But, you (filing as the covered member) may skip this step and make an appeal directly to the Department of Medical Assistance Services. This is described below.

If you choose to ask for a reconsideration, it will not affect your right to appeal. You must request a reconsideration in writing. It must be within 30 days of the denial letter date. Send your request to:

Magellan of Virginia
Attention—Reconsideration
11013 W. Broad Street
Glen Allen, VA 23060

When the reconsideration is complete, the provider and the member will receive a letter. The letter will state if the service was approved or if it still denied. If you are still not satisfied with the decision, you may then choose to appeal.

Medicaid appeal process

An appeal is a request for a DMAS hearing officer to review our decision if you think we made a mistake and you do not agree with it. For example, we might decide that a service or drug that you want is not covered for your condition or Medicaid no longer covers it.

How to file an appeal

To file an appeal, you or your representative must send a written appeal request to DMAS within 30 days from the date on the letter we sent to tell you our decision. You may write a letter or complete an Appeal Request Form. Forms are available on the Internet at: www.dmas.virginia.gov. Or you may call 1-804-371-8488.

You must send DMAS a copy of the letter we sent to you. You must sign the appeal request and send it to the:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, VA 23219

Appeal requests may also be faxed to 1-804-452-5454

If you want your appeal to be a fast appeal, you must write that on your appeal request and ask your doctor to send a letter to tell DMAS why you need a fast appeal. After the date the doctor's letter is received, DMAS will give you an answer in three working days or fewer if you qualify for a fast appeal.

If your appeal is not a fast appeal, DMAS will give you an answer within 90 calendar days of when you filed your appeal.

A friend, relative, lawyer, doctor or other person can file the appeal for you, but first you must give that person written permission to act for you.

Deadline for filing an appeal

If you miss the deadline and have a good reason for missing it, DMAS may give you more time to file your appeal. Examples of a good reason are, but are not limited to:

- You had a serious illness or a death in the family.
- You did not get the letter about the decision you wish to appeal.
- You received the wrong information about the deadline for requesting an appeal.
- Another unusual situation.

Your benefits may continue if you request that DMAS continue them. Certain rules apply. For example, if you lose your appeal you may have to pay for the benefits that you received while the appeal was in progress.

DMAS will send you a letter explaining the appeal decision. If you do not agree with the decision, you may appeal to your Circuit Court. The appeal decision will give you information on how to do so. Please contact the Virginia Department of Medical Assistance Services if you have questions about appeals. Call 804-371-8488. This is also the TDD number.

We value your privacy

Is my behavioral health information private?

There are laws about who can access member health information. Magellan complies with these laws. When we talk with you, share papers with you, or send e-mail to you, we will protect your information.

- You may want to share information with your support team. Your support team may include your providers, family, or school. It could include others you choose to include in your care, too.
- Sometimes, different treatments can interfere with each other. For example, some medicines can cause bad reactions if you take them at the same time. To prevent this, you can share information with all your providers. You can also encourage them to coordinate with each other.
- You or your legal guardian can sign forms that authorize information exchange. This will allow Magellan, providers, schools, or individuals to communicate. These forms may be called Release of Information (ROI) forms. They are also called Authorization to Use and Disclose (AUD) forms. These forms say how you would like your information to be shared:
 - Who do I want to be able to exchange my information?
 - What kind of information do I want them to be able to share?
 - How long do I want this authorization to be in effect?
- If you have questions about the AUD form, please call Magellan:
 - Toll-free: 1-800-424-4046
 - TDD: 1-800-424-4048
 - TTY: 711

Magellan must be able to coordinate your care or manage your benefit plan. Unless the information contains substance abuse information, Magellan does not need permission to share information for these situations. To coordinate care or manage the plan, Magellan may share information with:

- Providers and others who deliver services.
- Your medical primary care provider (PCP).
- Some state agencies helping with treatment.
- Your health plan.

Your access to your information:

- You may see behavioral health information in your record.
- You may ask to have your record changed.
- You may get one free copy of your record.
- To get a copy of your record, you may contact your provider. You may also contact Magellan:
 - Toll-free: 1-800-424-4046
 - TDD: 1-800-424-4048
 - TTY: 711

When information can't be kept private

If health or safety is at risk, Magellan may have to share member information. To follow the law and to help keep members and others safe, Magellan may:

- Call the police if a member commits a crime or reports plans to commit a crime.
- Call the police if a member reports plans to hurt another person. We must also let the other person know, in order to protect him or her.
- Report cases of possible child abuse to local officials.
- Talk to service providers or other support people if a member may hurt himself or herself. We only share the information needed to help the member stay safe.
- Respond to a request for records ordered by a court.

Quality matters at Magellan

Quality care for Magellan of Virginia members and their families is important to us. We constantly measure the quality of services provided to our members. We are proud of the care that Magellan members receive today. And, we are always looking for ways to get better.

Please visit www.MagellanofVirginia.com for information about our quality and prevention programs.

1. Go to www.MagellanofVirginia.com
2. Click on “[About Us](#)”
3. Click on “[Quality Improvement \(QI\) Accomplishments and Opportunities](#)”

Tell someone if you suspect abuse and fraud.

(This is someone not being honest.)

Call the Magellan Corporate Compliance Hotline. You can reach this number 24 hours a day and seven days a week.

- Compliance Hotline: 1-800-915-2108
- Compliance email: Compliance@MagellanHealth.com