

# Virginia Medicaid Client Appeals Process: At-A-Glance

An agency takes an adverse action and sends a notice that includes appeal rights to DMAS.



The DMAS Appeals Division notifies the agency of the appeal request.



Prior to the hearing, the agency sends an appeal summary to the appellant and the DMAS Appeals Division hearing officer. The summary explains the agency's reason for the action and authority relied on. The appellant should review the summary to prepare for the hearing.



The DMAS Appeals Division issues a written decision within the required timeframe.



A client has 30 days, plus 5 days for mailing, from the date on the notice to submit an appeal request to DMAS. If good cause for a delay in appealing is provided, an exception may be made. Managed Care Organization (MCO) appeals have different appeal timelines. You must file an appeal with DMAS within 120 days of receiving a final decision from the MCO (as opposed to 30 days) and the 120 days cannot be extended.

The DMAS Appeals Division sends a schedule letter informing all parties of the date, time, and location of the hearing.

The DMAS Appeals Division hearing officer holds a hearing on the scheduled date. The agency and appellant attend via telephone or in person, as determined by the DMAS Appeals Division.